### 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).

0044

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	1 the instructions to the Form 55	00-5F.		
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
A	This return/report is for: $\overline{igwedge}$ a single-employer plan $igwedge$	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final re	eturn/report			
	x an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program	
	special extension (enter descriptio	n)		_		
Pa	art II Basic Plan Information—enter all requested informa	,				_
	Name of plan	ation		1b ·	Three-digit	
	POD PAWN BROKERS, INC. PENSION PLAN				plan number	
					(PN) ▶ 002	
				1c	Effective date of plan	
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single-employer plan)	2h 1	01/01/2009	
SEA	POD PAWN BROKERS, INC.	inployer, ii	ioi a single-employer plan		Employer Identification Number (EIN) 11-3553349	
				<del></del>	Sponsor's telephone number	
439 (	CRESCENT STREET				718-272-7296	
BRO	OKLYN, NY 11208			2d 1	Business code (see instructions)	,
					453990	
	Plan administrator's name and address (if same as plan sponsor, er POD PAWN BROKERS, INC. 439 CRESCE			3b /	Administrator's EIN 11-3553349	
	BROOKLYN,			3c /	Administrator's telephone numb	er
					718-272-7296	
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
	Total number of participants at the beginning of the plan year			-		
b	Total number of participants at the end of the plan year					_
C	Number of participants with account balances as of the end of the p			30		_
	complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes	No
b	Are you claiming a waiver of the annual examination and report of a				Voc □	NIA
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes	No
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	300.		_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets	. 7a	288898		408807	_
b	Total plan liabilities	7b	0		0	_
С	Net plan assets (subtract line 7b from line 7a)	7c	288898		408807	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:		, i			
	(1) Employers	8a(1)	95000			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	27864			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			122864	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2955			
е	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			2955	
i	Net income (loss) (subtract line 8h from line 8c)	8i			119909	
j	Transfers to (from) the plan (see instructions)		0			

Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Chara	cteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

29 CFR 2510.3-102? (See ins			Yes		1		
<b>a</b> Was there a failure to transmit 29 CFR 2510.3-102? (See ins	and the second s			No		Amoun	
	the plan any participant contributions within the time period described in ructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		Amoun	•
, ,	sactions with any party-in-interest? (Do not include transactions reported	10b		X			
<b>C</b> Was the plan covered by a fide	ity bond?	10c		X			
•	er or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X			
insurance service or other orga	paid to any brokers, agents, or other persons by an insurance carrier, nization that provides some or all of the benefits under the plan? (See	10e		X			
<b>f</b> Has the plan failed to provide a	y benefit when due under the plan?	10f		X			
g Did the plan have any participa	nt loans? (If "Yes," enter amount as of year end.)	10g		X			
	an, was there a blackout period? (See instructions and 29 CFR	10h					
	ck the box if you either provided the required notice or one of the se applied under 29 CFR 2520.101-3	10i					
Part VI Pension Funding C	ompliance			•			
11 Is this a defined benefit plan su	ject to minimum funding requirements? (If "Yes," see instructions and con					X Ye	es 🗆 1
If a waiver of the minimum fund granting the waiver  If you completed line 12a, completed lin	2c, 12d, and 12e below, as applicable.)  ng standard for a prior year is being amortized in this plan year, see instru	ith					
·	tribution for this plan year			12c			
<b>d</b> Subtract the amount in line 12c	the employer to the plan for this plan year from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d			
-	nt reported on line 12d be met by the funding deadline?				Yes	No	N/
	and Transfers of Assets						
	lan been adopted in any plan year?				'es X	No	
	plan assets that reverted to the employer this year		3a		<u> </u>		
	ted to participants or beneficiaries, transferred to another plan, or brought			ontrol		П үе	es X N
C If during this plan year, any ass which assets or liabilities were	ets or liabilities were transferred from this plan to another plan(s), identify transferred. (See instructions.)	he pla	n(s) to			ш	- Ш
13c(1) Name of plan(s):			13	<b>c(2)</b> El	N(s)	13c	<b>(3)</b> PN(s
Ocutions A manateur for the late as in					اد ماد:		
· · ·	complete filing of this return/report will be assessed unless reasonable enalties set forth in the instructions, I declare that I have examined this ret						

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	Filed with authorized/valid electronic signature.	10/15/2012	RALPH PATRICK MOREA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	RALPH PATRICK MOREA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

### **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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attach	ment to	Form	5500 or	5500-	SF.					
For	caler	ndar p	lan year	2011	or fiscal pla	an yea	ar beginning 0	1/01/2011	1				and end	ing 12	2/31/20	011		
					earest dol 000 will be		ssed for late filing o	of this repo	ort unles	ss reaso	nable ca	ause is	s establish	ed.				
		of pla		ŒRS,	INC. PEN	SION	PLAN					В	Three-di	•	I)	<b>)</b>	002	
			or's name			e 2a	of Form 5500 or 55	600-SF					Employer -3553349	Identific	ation	Number	(EIN)	
E Ty	pe o	f plan	: X Sin	gle	Multiple	-A	Multiple-B	F	F Prior	year pla	n size:	X 100	or fewer	101	-500	More	than 500	
Pa	rt I	R	asic In		ation	<u> </u>	<b>_</b>				<u> </u>							
1			valuation			М	onth <u>01</u> [	Day01		Year 2	011							
2	Ass	ets:						,										
	а	Mark	et value.											2a				284791
	b	Actu	arial valu	ıe										2b				284791
3	Fun	ding t	arget/pai	rticipa	nt count br	eakdo	own:				<b>(1)</b> N	lumbe	er of partic	ipants		(2)	Funding Ta	arget
	а	For	retired pa	articipa	ants and be	enefic	ciaries receiving pay	ment		3a					0			0
	b	For	terminate	ed ves	ted particip	ants				3b					1			948
	С	For	active pa	rticipa	ınts:													
		(1)	Non-ves	sted b	enefits				3	c(1)								9370
		(2)	Vested I	benefi	ts				3	c(2)								182810
		(3)	Total ac	tive						c(3)					2			192180
	d									3d					3			193128
4	If the	e plar	is in at-	risk st	atus, check	the I	box and complete li	ines (a) ar	nd (b)									
	а	Fund	ding targe	et disr	egarding p	escri	bed at-risk assump	tions						4a				
	b						sumptions, but disre											
5	Effe	ctive	interest r	ate										5				6.20 %
6	Targ	get no	rmal cos	st										6				98734
S S	o the b ccorda ombina	pest of ince with	h applicable	ge, the i	nformation sup d regulations.	ln my o	n this schedule and accon pinion, each other assum rience under the plan.									expectations	) and such othe	
H	ERE											_				09/11/2	2012	
ARTI	HUR	E. TE	ILER, AS	SA	Si	gnatu	ire of actuary									Date 11-01	157	
DANI	EL R	. SAL	JNDERS	ASS	Type o	•	t name of actuary							Mos	recei		nent numbe 92-6799	r
			PLAZA, , NJ 076		E 412	Fir	m name					<del>-</del>	Т	elephon	e num	nber (incl	uding area	code)
					,	Addre	ss of the firm					_						
If the	actua	arv ha	s not full	v refle	cted anv re	egulat	tion or ruling promu	llgated und	der the	statute i	n compl	etina t	his sched	ule, che	ck the	box and	see	П
instru		•		,	, 10	55.00		J=			···pi	9		,				Ш

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II E	Beginning of year	carryove	er and prefunding bal	ances							
						(a) C	Carryover balance		(b) F	Prefundir	ng balance	Э
		0 0 1 1		cable adjustments (line 13 fr				0			2	3388
8		·	•	unding requirement (line 35				0				0
9								0			2	3388
10	Interest or	n line 9 using prior yea	's actual ret	urn of <u>6.14</u> %				0				1436
11	Prior year	's excess contributions	to be added	d to prefunding balance:								
	<b>a</b> Preser	nt value of excess cont	ributions (lin	e 38 from prior year)							3	3709
				rate of6.71_% excep								2262
	C Total a	vailable at beginning of	current plan	year to add to prefunding bala	nce						3	5971
	<b>d</b> Portion	n of (c) to be added to	orefunding b	alance							3	5971
12	Other redu	uctions in balances due	to election	s or deemed elections				0				0
13	Balance a	t beginning of current y	ear (line 9 -	- line 10 + line 11d – line 12)	)			0			6	0795
Pá	art III	Funding percen	ages									
14	Funding ta	arget attainment percei	ntage							14	115.9	98 %
				je						15	147.4	16 %
	Prior year	's funding percentage t	or purposes	of determining whether car	yover/prefur	nding balan	ices may be used to	o reduce		16	100.0	00 %
17	If the curre	ent value of the assets	of the plan i	s less than 70 percent of the	funding tare	get, enter s	uch percentage			17		%
Pa	art IV	Contributions a	nd liauidi	tv shortfalls								
			•	ear by employer(s) and emp	olovees:							
	(a) Date M-DD-YYY	(b) Amount	paid by	(c) Amount paid by employees	(a) Da (MM-DD-		<b>(b)</b> Amount pai employer(s		(0	Amour emplo	nt paid by byees	
09/	/07/2012		95361	0								
					Totals ►	18(b)		95361	18(c)			
19	Discounte	d employer contributio	ns – see ins	tructions for small plan with	a valuation d	late after th	e beginning of the	year:				
	<b>a</b> Contribu	utions allocated toward	unpaid min	imum required contributions	from prior ye	ears		19a				0
	<b>b</b> Contribu	utions made to avoid re	estrictions a	djusted to valuation date				19b				0
	<b>C</b> Contribu	utions allocated toward r	ninimum req	uired contribution for current y	ear adjusted	to valuation	date	19c			8	83648
20	Quarterly	contributions and liquid	lity shortfalls	3:								
	a Did the	plan have a "funding s	hortfall" for t	the prior year?							Yes X	No
	<b>b</b> If 20a is	s "Yes," were required	quarterly ins	tallments for the current yea	r made in a t	timely man	ner?		<u></u>		Yes	No
	<b>C</b> If 20a is	"Yes," see instruction	and compl	ete the following table as ap	plicable:							
		(4)		Liquidity shortfall as of er	nd of quarter		•			(4)		
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: 3.61%		2nd segment: 2.62%		3rd segment: 6.53 %		N/A, full yield curve used
	<b>b</b> At	pplicable month	(enter code)					21b	3
22								22	62
23		ality table(s) (see		_	escribed - combined		scribed - separate	Substitut	
Do		Miscellane	_	_	L		,		
				ad aat	uarial assumptions for the co	ırront	plan year? If "Vaa " aaa	inatruations	rogarding required
		•	•		uariai assumptions for the co		•		· · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🔀 No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No
27					nding rules, enter applicable			27	
	rt VII		· · · · · · · · · · · · · · · · · · ·		m required contribut		· · · · · · · · · · · · · · · · · · ·		
					years			28	0
29					l unpaid minimum required c			29	0
30	Rema	aining amount of	f unpaid minimum requir	ed con	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see in	nstructi	ions):				
	<b>a</b> Tai	rget normal cost	(line 6)					31a	98734
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	30868
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					0	0
	<b>b</b> Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	67866
		3 - 1 - 1			Carryover balance		Prefunding balar		Total balance
35			use to offset funding		,				
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).			l	36	67866
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	83648
38			ess contributions for curr						
- 30					ai (see iristructions)			38a	15782
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40								40	
	rt IX				nsion Relief Act of 20			70	
41			<del>_</del>		rsuant to an alternative amo				
	<b>a</b> Sch	nedule elected							2 plus 7 years 15 years
	<b>b</b> Elig	gible plan year(s)	) for which the election i	n line 4	41a was made				8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

### 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 section 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

### 2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information						
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12/	/31/2011	
A	This return/report is for: x a single-employer plan	a multiple-e	employer plan	(not multiemployer)		a one-partici	pant plan
в -	This return/report is:	the final ret	urn/report				
		a short plar	n vear return/re	eport (less than 12 mo	onths)		
c		automatic e	-		П	DFVC progra	ım
C 1	Check box if filing under:     X   Form 5558						
1007790						Hall to the	
_	art II Basic Plan Information enter all requested information	mation.			1h T	hree-digit	
та	Name of plan					lan number	
	Seapod Pawn Brokers, Inc. Pension Plan				-	PN) ▶	002
						ffective date of 1/01/2009	fplan
22	Plan sponsor's name and address; include room or suite number (emp	olover if for	single-employ	er plan)			ification Number
Za	Seapod Pawn Brokers, Inc.	noyer, ir ior	single employ	cr piany	The state of the s	EIN) 11-35	
							telephone number
	120 0				100	718) 272-	
	439 Crescent Street						(see instructions)
US	Brooklyn NY 11208				4	53990	
	Plan administrator's name and address (If same as plan sponsor, enter	er "Same")			3b A	dministrator's	EIN
	Same				1		
					3c A	dministrator's	telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren/	ort filed for this	nlan enter the	4b E	IN	
4	name, EIN, and the plan number from the last return/report.	returnrept	ort med for triis	plan, enter the	1.25		
_	Sponsor's Name				4c F	'N	
	Total number of participants at the beginning of the plan year				5a 5b		3
b	Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan				30		3
С	complete this item)				5c		1.1.
6a	Were all of the plan's assets during the plan year invested in eligible a						X Yes No
b	Are you claiming a waiver of the annual examination and report of an		nt qualified pub	lic accountant (IQPA)	)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		The same of the sa				X Yes No
ъ.	If you answered "No" to either 6a or 6b, the plan cannot use Form	1 5500-SF a	and must inste	ead use Form 5500.			
_	art III Financial Information		(a) P.	eginning of Year		(b) Enc	l of Year
7	Plan Assets and Liabilities	Na Alliana	(a) D		_	(b) Life	The second second
	Total plan assets	7a		288,898	_	-	408,807
	Total plan liabilities	7b		0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		288,898 (a) Amount		(h)	408,807 Total
a	Contributions received or receivable from:			(a) Alliount	1000	(6)	
_	(1) Employers	8a(1)		95,000			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	. 8b		27,864			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	36 (Alberta)				122,864
d	Benefits paid (including direct rollovers and insurance premiums	. 8d	1 1	2,955			
0	to provide benefits)	8e		0	100		
e f	The control of the second of the control of the con	8f		0			
	Administrative service providers (salaries, fees, commissions)			0			
g	Other expenses (add lines add as of and as)	. 8g					2,955
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					119,909
1	Net income (loss) (subtract line 8h from line 8c)	. 8i		0			
- 1	Transfers to (from) the plan (see instructions)	. 8j		U	Section 1		

	Form 5500-SF 2011 Page 2-				
Part	IV Plan Characteristics				
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character  1A 1G  the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character				
Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
	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		х	
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
•	Was the plan covered by a fidelity bond?	10c		х	
c 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		х	
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See	10e		x	
f	instructions.)			х	
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			x	
g	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109			
	2520.101-3.)	10h			
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		15		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				· · · Kites Lin
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or secti	on 30	2 of ERISA	? □Yes XN
a If v	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	ions, a	and en	ter the date Day	e of the letter ruling Year
b	Enter the minimum required contribution for this plan year	٠		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 left of negative amount)	of a • •		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u>L</u>	Yes No N/
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		 [	13a	□Yes XN
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upof the PBGC?	nder th	ne con	trol	Yes XN
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(	s) to		
	13c(1) Name of plan(s):		1	3c(2) EIN(	s) 13c(3) PN(s)

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.

	and control, and complete		
SIGN	0 1 0		Ralph Patrick Morea
Fillment by carbon and the	Signature of plan administrator & Ralph P. Morly	Date 10/0/2013	Enter name of individual signing as plan administrator
SIGN			Ralph Patrick Morea
	Signature of employer/plan sponsor & Ralell P. Moreg	Date / 1/20/2	Enter name of individual signing as employer or plan sponsor

# Schedule SB, line 22 - Description of Weighted Average Retirement Age

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002 For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

### Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 1/1/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	9/7/2012	\$95,361					
Applied to Additional Contribution	1/1/2011	17,463	15,782	0	0	6.2	0
Applied to MRC	1/1/2011	16,818	15,199	0	0	6.2	0
Applied to Quarterly Contribution	4/15/2011	15,270	12,940	0	15,270	6.2	11.2
Applied to Quarterly Contribution	7/15/2011	15,270	13,089	0	15,270	6.2	11.2
Applied to Quarterly Contribution	10/15/2011	15,270	13,242	0	15,270	6.2	11.2
Applied to Quarterly Contribution	1/15/2012	15,270	13,396	0	15,270	6.2	11.2
Totals for Deposited Contribution		\$95,361	\$83,648	\$0	\$61,080		

## Schedule SB, Part V Summary of Plan Provisions

### Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2011 through 12/31/2011

**Employer:** Seapod Pawn Brokers, Inc.

Type of Entity - S-Corporation

**Dates:** Effective - 1/1/2009 Year end - 12/31/2011 Valuation - 1/1/2011

Top Heavy Years - 2010, 2011

Eligibility: All employees excluding non-resident aliens, members of an excluded class, union.

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62

Early - Attainment of age 55 and completion of 10 years of participation

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

3% of average monthly compensation per year of service after 1/1/2004 beginning year 1 limited

to 25 year(s)

Accrued Benefit - Pro-rata based on service. Service prior to 1/1/2004 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years

Annuity Guaranteed for 0 Years

Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date

# Schedule SB, Part V Summary of Plan Provisions

### Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2011 through 12/31/2011

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.02
Segment 2	6 - 20	4.56
Segment 3	> 20	5.75

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security Administration** 

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).

Single-Employer Defined Benefit Plan

**Actuarial Information** 

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	File as a set of the s				1	nspection	
For calendar plan year 2011 or fiscal p	File as an attachme  blan year beginning 01/01/		5500 or 5500-SF. and endin	n 12/3	31/2011		+
▶ Round off amounts to nearest do			and criain	9 12/5	11/2011		
Caution: A penalty of \$1,000 will b	e assessed for late filing of this report u	unless reaso	onable cause is establishe	d.			
A Name of plan Seapod Pawn Brokers, Inc.			B Three-digition plan number	t	•	002	
C Plan sponsor's name as shown on I	ine 2a of Form 5500 or 5500 SE		D Employer Id	ontification	n Number (	FIND	
Seapod Pawn Brokers, Inc.	ine 2a of Form 5500 of 5500-5F			1-35533		EIN)	
E Type of plan: X Single Multiple	e-A Multiple-B	rior year pla	an size: X 100 or fewer	101-500	) More	than 500	
Part I Basic Information							
1 Enter the valuation date:	Month 01 Day 01	_ Year _	2011				
2 Assets:				4	The sales		113-15
a Market value				2a			284,791
b Actuarial value	•••••			2b			284,791
3 Funding target/participant count to	oreakdown		(1) Number of participa	ants	(2)	Funding Targe	
a For retired participants and t	peneficiaries receiving payment	3a	(1) Hamber of participa	0	(2)	unung rarge	0
	ipants	3b		1			948
C For active participants:				IS DON'T	(F. 23 )		340
		3c(1)					9,370
							182,810
				3			192,180
		3d		4			193,128
4 If the plan is in at-risk status, cher	ck the box and complete lines (a) and (			-	1.5-1.500		193,126
	prescribed at-risk assumptions			40		The state of	
b Funding target reflecting at-r	isk assumptions, but disregarding trans ive consecutive years and disregarding	ition rule for	r plans that have been	4a 4b			1
ELIC TECHNOLOGY STOCKS TO SELECT THE SECOND				5		6.20	+
				6		0.20	00 734
Statement by Enrolled Actuary				0			98,734
To the best of my knowledge, the information si	upplied in this schedule and accompanying schedule. In my opion, each other assumption is reasonable ed experience under the plan.	es, statements a (taking into acc	and attachments, if any, is complete ount the experience of the plan an	e and accura d reasonable	te. Each presrit expectations)	oed assumption wa and such other ass	is applied in sumptions, in
SIGN HERE Ax	hum & Teiler			0:	9/11/201	.2	
	Signature of actuary				Date		
Arthur E. Teile	r, ASA	9		1:	1-01157		
Туре	or print name of actuary			Most rece	ent enrollme	ent number	
Daniel R. Saunde	ers Associates, PC			(201	) 592-67	799	
1 University Pla	Firm name aza, Suite 412		Tele	ephone nu	ımber (inclu	uding area cod	e)
US Hackensack	NJ 07601						
	Address of the firm						
If the actuary has not fully reflected any instructions	regulation or ruling promulgated under	the statute i	in completing this schedul	e, check t	he box and	see	

Cabadida	On	(F		004	
Schedule	SB	(Form	5500)	201	

Page 2

Pa	rt II Be	eginning of year ca	arryov	er and prefunding bala	ances							
						(a) (	Carryover balance		(b) F	Prefundi	ng balar	nce
7	Balance at year)	beginning of prior year a	after app	licable adjustments (line 13 fr	om prior			0				23,388
8	Portion electron prior year)	cted to use to offset prior	r year's f	funding requirement (line 35 f	rom			0				0
9		V. 500 Tay						0				
10				eturn of6.14%				0				23,388
11				ed to prefunding balance:		- Property	SECTION ALS	A STATE OF	SLOVE	NO FIE		1,436
				ne 38 from prior year)								33,709
	b Interest of otherwise	on (a) using prior year's e provided (see instructi	effective	e rate of6.71 % exce	ot as							2,262
				an year to add to prefunding t	and the second s			350				35,971
				palance								35,971
12				ns or deemed elections				0				0
				+ line 10 + line 11d - line 12)				0				60,795
Pa	rt III F	unding percentag	ges									
14	Funding targ	get attainment percentag	ge							14	115	5.98 %
				ge						15		7.46 %
16	Prior year's	funding percentage for p	purposes	s of determining whether carr	vover/prefi	unding bala	nces may be used	to reduce		16		
17	If the curren	t value of the assets of	the plan	is less than 70 percent of the	funding ta	rnet enter	such percentage			17	100	0.00 % %
13.370.00	Total Control of the Control	Contributions and			randing to	agot, critor	oddii percentage			1.7		70
				year by employer(s) and emp	lovoos:							-
	(a) Date M-DD-YYYY)	(b) Amount paid		(c) Amount paid by employees	(a	) Date D-YYYY)	(b) Amount		(		unt paid	by
09/	07/2012	95	5,361		,,,,,,,	/	cmploy	31(3)	+-	ciripi	Dyces	
									_			
									+-			
									_			
									_			
									+			
									+			
					Totals	► 18(b)		95,36	18(c)			
				structions for small plan with a				e year:				
	a Contributi	ons allocated toward un	npaid mir	nimum required contribution fr	om prior y	ears		19a				0
	<b>b</b> Contributi	ons made to avoid restr	rictions a	djusted to valuation date				19b				0
				equired contribution for curre				19c			1	83,648
		ntributions and liquidity						17		NE G	WE SAN	PALE IN
9	a Did the pla	an have a "funding shor	tfall" for	the prior year?						[	Yes 🛭	K No
	<b>b</b> If 20a is "	Yes," were required qua	arterly ins	stallments for the current year	made in a	timely mar	nner?			🗀	Yes [	
9	C If 20a is "	Yes," see instructions ar	nd comp	lete the following table as app						HELD		233
	241	. dat		Liquidity shortfall as of end	of Quarte							
	(1)	1st		(2) 2nd		(3)	3rd		(4	4) 4th		
_												

Part V	Assumption	s used to determine	funding target and target	normal cost			
21 Discou	int rate:						
a Seg	ment rates:	1st segment: 3.61 %	2nd segment: 2.62 %	3rd segment: 6.53	: %	N/A, full yield curv	e used
<b>b</b> App	licable month (er	nter code)			21b	3	
					22		6
	ty table(s) (see in			scribed - separate	Substitu	ite	
Part VI	Miscellaneou	us items		to the second se			
		A CONTRACTOR OF THE CONTRACTOR	ctuarial assumptions for the curren	t nlan year? If "Vec " cor	e instruction	ne regarding required	
			· · · · · · · · · · · · · · · · · · ·				X No
25 Has a	method change b	een made for the current p	plan year? If "Yes," see instructions	regarding required atta	chment .	Yes	X No
			e Participants? If "Yes," see instruc				
27 If the p	lan is eligible for	(and is using) alternative for	unding rules, enter applicable code	and see instructions	27		
Part VII			um required contributions				
28 Unpaid			years		28		
			rd unpaid minimum required contrib				1
(line 19	a)				29		
30 Remain	ning amount of ur	npaid minimum required co	ontributions (line 28 minus line 29)		30	+	
Part VIII	Minimum re	quired contribution	for current year		9		
31 Target	normal cost, adju	usted, if applicable (see ins	structions)				
<b>a</b> Targe	et normal cost (lir	ne 6)			31a		98,73
			131a		31b		30,86
The second secon	zation installment			Outstanding Bala	ance	Installment	
a Nets	hortfall amortizat	ion installment			0		
<b>b</b> Waiv	er amortization ir	nstallment			0		(
33 If a wai	ver has been app	proved for this plan year, er	nter the date of the ruling letter gra) and the waived amount .	nting the approval	33		
			r/prefunding balances (lines 31a - 3		34		
	g requirement	a belove removing carryove	Carryover balance	Prefunding Bala	-	Total balance	67,866
35 Dalana		to offset funding	ourry over building	r returning bara	ince	Total balance	
require	ment	to offset funding	0		0		,
			)		36		67 06
37 Contrib	utions allocated t	oward minimum required of	contribution for current year adjuste	d to valuation date	50.07		67,866
(line 19	c)				37		83,648
38 Present	value of excess	contributions for current ye	ear (see instructions)				
a Total	(excess, if any, o	of line 37 over line 36)			38a		15,782
			prefunding and funding standard c		38b		
39 Unpaid	minimum require	ed contribution for current y	rear (excess, if any, of line 36 over	line 37)	39		
40 Unpaid	minimum require	ed contribution for all years	**********		40		
Part IX	Pension fur	nding relief under Pe	ension Relief Act of 2010 (s				
41 If a short	fall amortization	base is being amortized pu	ursuant to an alternative amortization	on schedule:			
						2 plus 7 vears 145	years
151247575055015							
			41a was made		1025	8 2009 2010 2	2011
			d over to future plan.years		42		
LAUCSS II	notaminent accele	radon amount to be carnet	d over to luture plantyears		43		

### Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

### Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2011 through 12/31/2011

Valuation Date: 1/1/2011

**Funding Method:** As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed 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 the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Third Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	3.61
Segment 2	6 - 20	6.20
Segment 3	> 20	6.53

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:** 

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8.5%

Post-Retirement - Interest -8.5%

> Applicable Mortality Table - IRC 417(e)(3) Mortality Table -

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Age 65 or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

# Schedule SB, line 26 - Schedule of Active Participant Data

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349/002 For the plan year 1/1/2011 through 12/31/2011

#### **Years of Credited Service**

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49		1	1							
50 to 54										
55 to 59										
60 to 64	1									
65 to 69										
70 & up										