## 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 accord	ance with the motion	ctions to the Form 550	00-3F.				
Part I		Identification Information							
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/2012				
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant plan				
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
<b>5</b> 5.105.11	zen i ilinig anaen	special extension (enter description	n)						
Part II	Basic Plan Info	rmation—enter all requested informa	tion						
1a Name		That of the all requested information	шоп		<b>1b</b> Three-digit				
	HOPPE PROFIT SHAF	RING PLAN			plan number				
					(PN) • 002				
					1c Effective date of plan				
					01/01/1992				
	ponsor's name and add HOPPE BOUTIQUE, II	dress; include room or suite number (en	nployer, if for a single-	-employer plan)	<b>2b</b> Employer Identification Number				
FASITION 3	HIOPPE BOOTIQUE, II	NC.			(EIN) 59-1517968				
					<b>2c</b> Sponsor's telephone number				
	ST OCEAN AVE. BEACH, FL 33435				561-736-9977	`			
DO THI OIL	DE/10/1, 1 2 00 100				2d Business code (see instructions 448120	5)			
<b>3a</b> Plan a	dministrator's name an	d address XSame as Plan Sponsor Na	omo Deamo as Plar	n Sponsor Address	3b Administrator's EIN				
Ja Fiaila	ummistrator s name an	d address Againe as Flan Sponson No		1 Sponsor Address	Administrator's Env				
					<b>3c</b> Administrator's telephone numb	er			
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN				
	, Ein, and the plan hun or's name	nber from the last return/report.			4c PN				
		at the beginning of the plan year			1	9			
		at the end of the plan year			- Ju				
					5b	8			
		account balances as of the end of the pl	• '	•	.   5c	8			
·	,	during the plan year invested in eligible				No			
		the annual examination and report of a							
		(See instructions on waiver eligibility a				No			
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form 5500.				
Caution: A	A penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is established.				
					eport, including, if applicable, a Schedul				
	edule MB completed ar true, correct, and comp		ll as the electronic ver	rsion of this return/repor	rt, and to the best of my knowledge and				
DCIICI, It IS	rue, correct, and comp	note.	1	·					
SIGN	Filed with authorized/v	valid electronic signature.	03/05/2013	JOHN MARQUEZ					
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual signing as plan administrator				
SIGN	Filed with authorized/v	valid electronic signature.	03/05/2013	JOHN MARQUEZ					
HERE	Signature of employ		Date		dual signing as employer or plan spons				
Preparer's	name (including firm name	ame, if applicable) and address; include	room or suite number	er (optional)	Preparer's telephone number (option	al)			

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Pai	t III Financial Information								
7	Plan Assets and Liabilities	(a) Beginning of Ye					(b) End of Year		
a	Total plan assets	7a	106481			1162733			
	Total plan liabilities	7b		0			4094		
	C Net plan assets (subtract line 7b from line 7a)		106481			1158639			
			(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) runount				(5) 10141		
	(1) Employers	8a(1)	1271	7					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	9851	6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					111233		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1510	2					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
q	Other expenses	8g	231	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17412		
	Net income (loss) (subtract line 8h from line 8c)	8i					93821		
	Transfers to (from) the plan (see instructions)	8j		0					
Par		, oj		0					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:		
_	V 0 " 0 "								
Part	•				.,		<u> </u>		
10	During the plan year:	da a a a a dual	andra Caramania di danamina di Sa	ı	Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X			
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10		X			
	instructions.)			10e			<del>                                     </del>		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X		32749		
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)									
11a									
12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

2012

OMB Nos. 1210-0110

12:0-0089

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 This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2012 01/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a multiple-employer plan (not multiemployer) a one-participant plan a single-employer plan A This return/report is for: the final return/report the first return/report B This return/report is: a short clan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) that the Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan nian number 002 Fashion Shoppe Profit Sharing Plan (PN) ► 1C Effective date of plan 01/01/1992 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Fashion Shoppe Boutique, Inc. (EIN) 59-1517968 2C Sponsor's telephone number (561) 736-9977 515-517 East Ocean Ave. 2d Business code (see instructions) 448120 US Boynton Beach 33435 3b Administrator's EIN 3a Plan administrator's name and address 🗵 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3c Administrator's telephone number 4b EIN 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 4c PN 5a 9 Total number of participants at the beginning of the plan year ......... 5b Total number of participants at the end of the plan year ..... 8 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 8 complete this item) ..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes □No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) X Yes 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. John Marquez œ^ Signature of plan administrator Date Enter name of individual signing as plan administrator o John Marquez 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) 

12b

FSB

b Enter the minimum required contribution for this plan year

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自动证 Financial Information									
7 Plan Assets and Liabilities	1	(a) Beginning of Year			(b) End of Year				
a Total plan assets				1,162,733					
b Total plan liabilities	7b		0		4,094				
C Net plan assets (subtract line 7b from line 7a)	7c	1,064,818					1,158,63	9	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To			
a Contributions received or receivable from:					湯器	A PARTY	F		
(1) Employers	Ba(1)	12,7	17 8						
(2) Participants	8a(2)		0 3			7.7			
(3) Others (Including rollovers)	8a(3)		0	422	0) (1)				
b Other Income (loss)	86	98.5	16 1888		1100				
Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)     Benefits paid (including direct rollovers and insurance premiums	8c	的一种 医神经性	-0.25	50 -700 13	LONG.	anne de la Section	111,23	3 	
to provide benefits)	8d	15,1	02					1.5	
9 Certain deemed and/or corrective distributions (see instructions)	8e		0	**				A	
f Administrative service providers (salaries, fees, commissions)	8f		Ö	12	AND THE STATE OF T			1	
g Other expenses	8g	2,3	10	12			WO LEAD		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		W.C.				17,412		
Net income (loss) (subtract line 8h from line 8c)	18		4	1			93,821		
j Transfers to (from) the plan (see instructions)	8j		0	ĒL.		7 P	THE WAY		
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 2B 2J  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
<b>PITIVA</b> Compliance Questions							_		
O During the plan year:							Amount		
Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fiducations and DOL's Voluntary Fiducations	ions within iary Corre	the time period described in	10a		x				
D Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions renorted	10b		х				
C Was the plan covered by a fidelity bond?	********	*************************************	10c	х			150,	000	
d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bon	d, that was caused by fraud	10d		x				
Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	persons to the benef	by an insurance carrier, its under the plan? (See	10a		×				
f Has the plan failed to provide any benefit when due under the plan	?		101		x				
g Did the plan have any participant loans? (If "Yes," enter amount as	of year en	id.)	10g	x			32	740	
h If this is an individual account plan, was there a blackout period? (\$			10h		×		32,	749	
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	nequired	notice or one of the	10î					10-1	
Partiving Pension Funding Compliance							Control of the last of the las	Water of	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
1a Enter the amount from Schedule SB line 39									
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X 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 granting the waiver	amortize	d in this plan year see instruction	ons, a	ind en					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									

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	Enter the amount contributed by the employer to the plan for this plan year	00000 100000 1 0000 0 00000 0 1 0000 0 0 0 000 0 0 0 0 0 0 0 0 0 0 0 0	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left of a	12d					
6	Will the minimum funding amount reported on line 12d be met by the funding dead			Yes [	□ No □ NA			
	Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	D10000122000012000011100000111111000001110000011100000110000		es 🗷 r	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this yes		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	control		☐ Yes ※ No				
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s)	0					
	I3c(1) Name of plan(s):	3c(2) EIN	(s)	13c(3) PN(s)				
	Trust Information (optional)		<u>.</u>	<del></del>				
440		1445	Table 1 200					
14a Name of trust					14b Trust's EIN			