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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information						
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	10/31/2	2012		
A This re	turn/report is for:	multiple-employer pl	an (not multiemployer)		a one-partici	oant plan	
B This re	turn/report is: the first return/report	e final return/report			_		
	an amended return/report	short plan year returr	n/report (less than 12 m	onths))		
C Check	box if filing under: Form 5558	utomatic extension			DFVC progra	am	
	special extension (enter description)				_		
Part II	Basic Plan Information—enter all requested information	on					
1a Name	· · · · · · · · · · · · · · · · · · ·			1b	Three-digit		
KESSLER &	GEHMAN ASSOCIATES, INC. PROFIT SHARING PLAN				plan number		
				4.	(PN) •	002	
				1C	Effective date o	•	
2a Plan s	ponsor's name and address; include room or suite number (emp	olover, if for a single-	emplover plan)	2b	Employer Identi		
KESSLER 8	GEHMAN ASSOCIATES, INC.		omproyer plany			48959	
				2c	Sponsor's telep	hone number	
507 NW 607	TH STREET				352-33		
SUITE C GAINESVIL	LE, FL 32607-2055			2d		(see instructions)	
3a Dian a	dministrator's name and address XSame as Plan Sponsor Nar	no Deama ao Blan	Sponsor Address	3h	54133 Administrator's		
Ja Flall a	uninistrators hame and address Same as Fian Sponsor Nar		Sponsor Address	36	Administrator s	EIIN	
				3c	Administrator's	telephone number	
4 If the	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4h	EIN		
	, EIN, and the plan number from the last return/report.	r return/report med ic	ir tilis plati, efiter tile	40	EIIN		
a Spons	or's name			4c	PN		
5a Total	number of participants at the beginning of the plan year			5a		5	
b Total	number of participants at the end of the plan year			5b		0	
	er of participants with account balances as of the end of the pla lete this item)	•	•	5c		0	
	all of the plan's assets during the plan year invested in eligible				I	X Yes No	
_	ou claiming a waiver of the annual examination and report of an						
	29 CFR 2520.104-46? (See instructions on waiver eligibility and	,				X Yes No	
lf you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
	A penalty for the late or incomplete filing of this return/repor						
	alties of perjury and other penalties set forth in the instructions,						
	edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic vers	sion of this return/repor	ı, and	to the best of my	knowledge and	
	Lancia de la compansión de	0.4/4.7/0.040	<u> </u>				
SIGN HERE	Filed with authorized/valid electronic signature.	04/17/2013	ROBERT GEHMAN,	JR.			
TILICE	Signature of plan administrator	Date		individual signing as plan administrator			
SIGN HERE	Filed with authorized/valid electronic signature.	04/17/2013	ROBERT GEHMAN,	JR.			
	Signature of employer/plan sponsor	Date		dual signing as employer or plan sponsor Preparer's telephone number (optional)			
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

	rt III Financial Information		1 ()		-						—	_
7	Plan Assets and Liabilities	_	(a) Beginning of Year			(b) End of Year						
	Total plan assets	7a 	239123	80	-		<u> </u>					
	Total plan liabilities	7b	 			-						
	Net plan assets (subtract line 7b from line 7a)	7c	239123	80	-		0					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
	Other income (loss)	8b	18143	80								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	18143	30		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	257266	60					1014	<u> </u>		
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
q	Other expenses	8g										
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	5726	60		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i							3912			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	rt IV Plan Characteristics	<u> </u>										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	s:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:				
Par	t V Compliance Questions											
10					Yes	No		A			—	
	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tions withi	in the time period described in	l	162	NO	 	Am	ount		—	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X						
N	on line 10a.)	,		10b		X						
	Was the plan covered by a fidelity bond?			10c	Χ		1			4.0	2000	00
	Did the plan have a loss, whether or not reimbursed by the plan's			100						10	0000	JU
	or dishonesty?			10d		X						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of											
	instructions.)			10e		X						
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	1					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i								
Part	i i i i i i i i i i i i i i i i i i i											
11												
110	Enter the amount from Schedule SB line 39									- /	<u>`</u>	_
12						11a	EDICAG	Г	Ye	s \		No
12	Is this a defined contribution plan subject to the minimum funding			or se	CUON (ou∠ Of	ERIOA!		1.6	.J /	<u>y</u> 19	•0
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		he le Yea		rulin	g	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		1 6	41		_	_
	Enter the minimum required contribution for this plan year	•				12b	Ī					_
	= and minimum required contribution for this plan year					-						

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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?		res 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		X Yes 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		
	3c(1) Name of plan(s):	3c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part Annual Report Identification Information O1/01/2012 and ending 10/31/2012	For calendar plan year 2012 of fiscal plan year beginning 01/01/2012 and ending 10/31/2012 A This return/report is for:		Pension Benefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.					
A This return/report is for: A this return/report I the first return/report I t	A This return/report is for: A this return/report I the first return/report I t		Part I Annual Repor	t Identification Information								
B This return/report is: the first return/report	B This return/report is: the first return/report	Fo	r calendar plan year 2012 or f	iscal plan year beginning	01/01/2012	and ending	10/	/31/2012				
C Check box if filing under: Form 5558	C Check box if filing under: Form 5558	A	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemployer)	yer) 🔲 a one-participant plan					
C Check box if filling under:	C Check box if filling under:	В	This return/report is:	the first return/report	x the final return/report	•						
Part II Basic Plan Information — enter all requested information	Part II Basic Plan Information — enter all requested information			an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)					
Part II Basic Plan Information enter all requested information	Part II Basic Plan Information enter all requested information	С	Check box if filing under:	Form 5558	automatic extension		П	DFVC program				
18 Name of plan Resiler & Gehman Associates, Inc. Profit Sharing Plan 10 C	18 Name of plan Resiler & Gehman Associates, Inc. Profit Sharing Plan 10 C		-	special extension (enter descri	ption)							
18 Name of plan Kessler & Gehman Associates, Inc. Profit Sharing Plan 29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessler & Gehman Associates, Inc. 20 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessler & Gehman Associates, Inc. 20 Plan sponsor's name and address; Inc. 20 Sq inesville 21 Plan administrator's name and address	18 Name of plan Kessler & Gehman Associates, Inc. Profit Sharing Plan 29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessler & Gehman Associates, Inc. 20 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessler & Gehman Associates, Inc. 20 Plan sponsor's name and address; Inc. 20 Sq inesville 21 Plan administrator's name and address		Part II Racic Plan Info	ormation enter all requested in	nformation							
Ressler & Gehman Associates, Inc. Profit Sharing Plan Complete P(N) P(N)	Ressler & Gehman Associates, Inc. Profit Sharing Plan Complete P(N) P(N)			OTTHOUGH enter an requested in	monnation		1b T	bree-digit				
1c Effective date of plan 01/01/1997 2b Employer 1d plan 01/01/1997 2b 2d plan 01/01/1997 2d 2d plan 01/01/1997 2d 2d plan	1c Effective date of plan 01/01/1997 2b Employer 1d plan 01/01/1997 2b 2d plan 01/01/1997 2d 2d plan 01/01/1997 2d 2d plan		•		** * ***		pl	an number				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessiler & Gehman Associates, Inc. 2b Employer Identification Number (EIN) 59-2048959 2c Sponsor's telephone number (352) 332-3157 3d Plan administrator's name and address S are as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number (352) 341330 3c Administrator's telephone number (352) 341330 3c Administrator's telephone number (352) 3b Administrator's telephone number (352) 3c Administrator's EIN 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. 3 Sponsor's name 4 EIN 5a Total number of participants at the beginning of the plan year 4c PN 5 Total number of participants at the end of the plan year 4c PN 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 8 Yes No 4 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 252.0104-46? (See instructions on waiver eligibility and conditions.) 8 Yes No 4 Hyou answered 'No' to either line & ago in line & b, 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 Blory plete and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Blory Plan administrator 4 // / / / / / / / / / / / / / / / / /	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Kessiler & Gehman Associates, Inc. 2b Employer Identification Number (EIN) 59-2048959 2c Sponsor's telephone number (352) 332-3157 3d Plan administrator's name and address S are as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number (352) 341330 3c Administrator's telephone number (352) 341330 3c Administrator's telephone number (352) 3b Administrator's telephone number (352) 3c Administrator's EIN 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. 3 Sponsor's name 4 EIN 5a Total number of participants at the beginning of the plan year 4c PN 5 Total number of participants at the end of the plan year 4c PN 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) 8 Yes No 4 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 252.0104-46? (See instructions on waiver eligibility and conditions.) 8 Yes No 4 Hyou answered 'No' to either line & ago in line & b, 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 Blory plete and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Blory Plan administrator 4 // / / / / / / / / / / / / / / / / /		Kessler & Genman A	ssociates, inc. Profit S	sharing Plan		 	<u> </u>				
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5500-SF Electronic Filing Authorization

Plan Name: Kessler & Gehman Associates, Inc. Profit Sharing Plan

EIN/PN: 59-2048959/002

Plan Year: 01/01/2012 - 10/31/2012

I hereby authorize Bliss Consultants, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

(date)

Plan Sponsor

(sign)

(date)