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.

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Part I					
For cale	ndar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending	12/31/	2012		
A This	return/report is for: X a single-employer plan a multiple-employer plan (not multiemploy	er)	a one-particip	oant plan	
B This	return/report is: the first return/report the final return/report				
	an amended return/report a short plan year return/report (less than 12	months	3)		
C Chec	ck box if filing under: Form 5558 automatic extension		DFVC progra	ım	
	special extension (enter description)				
Part I	Basic Plan Information—enter all requested information				
1a Nan	ne of plan	1b	Three-digit		
PIERRE-F	RICHARD LIMOUSIN, M.D. 401(K) PLAN		plan number		
		4.	(PN) •	001	
		1C	Effective date o	•	
2a Plar	n sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b	Employer Identi		
PIERRE-	RICHARD LIMOUSIN, M.D., P.A.			44612	
		2c	Sponsor's telep		
8950 N. K SUITE 30	ENDALL DRIVE	-	305-27		
MIAMI, FI		20	Business code (
3a Plar	n administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address	3b	Administrator's	EIN	
		30	Administrator's	telephone number	
			Administrator 3	icicprione number	
	ie name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ne, EIN, and the plan number from the last return/report.	4b	EIN		
	insor's name	4c	PN		
5a Tot	al number of participants at the beginning of the plan year	5a		3	
b Tot	al number of participants at the end of the plan year			3	
	mber of participants with account balances as of the end of the plan year (defined benefit plans do not	Ea		3	
_	nplete this item)	•		X Yes No	
	ere all of the plan's assets during the plan year invested in eligible assets? (See instructions.) By you claiming a waiver of the annual examination and report of an independent qualified public accountant			M 163 140	
	der 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			X Yes No	
lf y	ou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead t	se Form	า 5500.		
Caution	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cause is	established.		
	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re				
	is true, correct, and complete.	ort, and	to the best of my	knowledge and	
0.011	Filed with authorized/valid electronic signature. 06/05/2013 CAMERON KELL)				
SIGN HERE					
	Signature of plan administrator Date Enter name of ind	viduai si	gning as pian adr	ninistrator	
SIGN HERE					
	Signature of employer/plan sponsor Date Enter name of ind r's name (including firm name, if applicable) and address; include room or suite number (optional)			r or plan sponsor number (optional)	
riepare	i s name (including inin name, ii applicable) and address, include room or suite number (optional)	Pre	parer s telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year	r	
	Total plan assets	. 7a	13580				(5) 2.10 0.		3073	
	Total plan liabilities	7b	68						0	
	Net plan assets (subtract line 7b from line 7a)	7c	13512					193	3073	
8	Income, Expenses, and Transfers for this Plan Year	1.0	(a) Amount				(b) Tot		3010	
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı		
	(1) Employers	8a(1)	3819	0						
	(2) Participants	8a(2)	1878	33						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1146	55						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						68	3438	
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	1048	6						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						10	0486	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						57	7952	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	des in t	he instruction	ns:		
Par	t V Compliance Overtions									
Par	t V Compliance Questions									
40	Don's a the sales are a				Vac	Na	Ι .		_	
10	During the plan year:	tions within	a the time period described in	l	Yes	No	A	mour	nt	
	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	Yes	No	А	mour	nt	2017
а	Was there a failure to transmit to the plan any participant contribu	uciary Corr ? (Do not i	ection Program)nclude transactions reported	10a		No	A	mour	nt	2017
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not i	nclude transactions reported	10b			A	mour		
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	ciary Correction (Do not in the control of the cont	nclude transactions reported	10b 10c	X		A	mour		2017
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	ciary Corr	nclude transactions reported	10b	X	X	A	mour		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nclude transactions reported nd, that was caused by fraud s by an insurance carrier,	10b 10c	X	X	A	mour		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all oinstructions.)	fidelity boner persons of the bene	nclude transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c	X	X	A	mour		
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6 Part 11 11a 11a 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to 11 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	fidelity both mer persons of the benefits of year expenses of the series	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Cotion	X X X Adule SE	B (Form ERISA?	Y	/es [20000 1134 1556 X No
6 Part 11 112 12	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (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 the standard for a prior year is being the standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding standard for a prior year is being the plan subject to the minimum funding the plan subject to the plan subject to the minimum funding the plan subject to the plan subject	fidelity borner persons of the benefits of year experience (See instruments? (If "\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X X Cotion	X X Audule SE 11a 302 of	B (Form ERISA?	Y	/es [20000 1134 1556 X No

	Form 5500-SF 2012 Page 3 - 1			
	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

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

OMB Nos. 1210-0110 1210-0089

2012

Employee Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public								
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I Annual Report Identification Information								
For calendar plan year 2012 or fisca		/01/2012	and ending	12/31/20	12			
A This return/report is for:	a single-employer plan	multiple-employer p	lan (not multiemployer)					
71 This rotation operation.			ian (not multiemployer)	a one-partic	pant plan			
B This return/report is:	1 7	the final return/report						
L	an amended return/report	a short plan year retu	m/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC progr	am			
F	special extension (enter description)						
Part II Basic Plan Inform	nation—enter all requested informat	ion		WI THE STATE OF TH				
1a Name of plan	THE STATE OF THE S	1011	T	1b Three-digit				
	ousin, M.D. 401(k) Plan			plan number				
Fielle-Wichard Dime	dsin, M.D. 401(k) Flan			(PN) •	001			
				1c Effective date o	f plan			
				04/01/200				
2a Plan sponsor's name and addre	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b Employer Identi	fication Number			
Pierre-Richard Limo	ousin, M.D., P.A.			(EIN) 26-024	4612			
			Γ	2c Sponsor's telep	hone number			
				(305) 274-	-2511			
8950 N. Kendall Dri Suite 305	ve		Γ	2d Business code	(see instructions)			
Miami			33176	621111				
3a Plan administrator's name and	address 🏿 Same as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b Administrator's	EIN			
			<u> </u>					
				3c Administrator's	telephone number			
4 If the name and/or EIN of the p	lan sponsor has changed since the la	t roturn/roport filed fo	or this plan, antor the	41				
name, EIN, and the plan numb		st retainmeport med ic	ins plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants at	the beginning of the plan year	*********************		5a	3			
b Total number of participants at	the end of the plan year		<u> </u>	5b	3			
	count balances as of the end of the pla			30	3			
				5c	3			
	uring the plan year invested in eligible				X Yes No			
	e annual examination and report of a				M 163 UNO			
under 29 CFR 2520.104-46? (S	See instructions on waiver eligibility ar	nd conditions.)	- paono associntante (rae)	, y	X Yes No			
	er line 6a or line 6b, the plan canno							
Caution: A penalty for the late or	incomplete filing of this return/repo	rt will be assessed	unless reasonable caus	e is established.				
Under penalties of perjury and other	penalties set forth in the instructions.	I declare that I have	examined this return/repo	ort, including, if apolic	able a Schedule			
SB or Schedule MB completed and	signed by an enrolled actuary, as well	as the electronic ver-	sion of this return/report,	and to the best of my	knowledge and			
belief, it is true, correct, and complet	ie.							
SIGN	W.	5/23/13	Pierre-Richard	Timounin M	_			
UEDE /								
Signature of plan adm	ninistrator	Date	Enter name of individua	al signing as plan adr	ninistrator			
sign 💮		5/23/13	Pierre-Richard	Limousin, M.	D.			
HERE Signature of employe	r/plan sponsor	Date	Enter name of individua	al signing as employe	er or plan sponsor			
	ne, if applicable) and address; include			Preparer's telephone				
			95 58 5526					
			-					
			I					

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Pa	rtill Financial Information									
a Total plan sasels. 7a 135,809 193,073 b Total plan sasels (aubitact line 75 from line 7a). 7b 1689 7c 133,121 193,073 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contribution resolved or receivable from: (1) Employers. 8a (1) 38,190 (2) Participants. 8a (2) 18,783 (3) Others (including rollowers). 8a (3) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7	Plan Assets and Liabilities	社会的 法统计的	(a) Beginning of Yea	r	T		(b) End o	of Year	·-	
C. Net plan assets (authrach line 75 from line 7a). 7c 135,121 193,073 8 income, Expenses, and Transfers for his Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Emotopera. 84(1) 38,190 (3) (1) Emotopera. 84(1) 38,190 (3) (1) Emotopera. 84(1) 38,190 (3) (1) Emotopera. 84(1) (1) Emotopera. 84(2) (1) Emotopera. 84(3) (1) Emotopera. 84(4) Emotopera. 84(3) (1) Emotopera. 84(4) Emotopera.	a	Total plan assets	7a			9			193,0	073	
8 Income, Expanses, and Transfers for this Plan Year 1 Contributions received or receivable from: 2 Participants. 3 (1) Enabyte (hotelding followers). 8 (1) 38, 190 (2) Participants. 6 (12) 18, 783 (3) Other (hotelding followers). 8 (3) Other (hotelding followers). 8 (4) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ь	Total plan liabilities	7b		68	8				0	
a Contributions received or receivable from: (1) Employers (2) Participents. (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Others (including rollovers) (6) Other income (loss) (6) Other loss Ba(1), Ba(2), Ba(3), and 8b) (7) Other loss Ba(1), Ba(2), Ba(3), and 8b) (8) Other loss Ba(1), Ba(2), Ba(3), and 8b) (8) Other loss Ba(1), Ba(2), Ba(3), and 8b) (9) Other expenses (10) Other expenses (10) Other loss (loss) (subtract lines 8h from line 8b) (10) Other expenses (1	C	Net plan assets (subtract line 7b from line 7a)	7c	135	5,12	1.			193,0	073	
(1) Employers (2) Participants (3) Other knotuding rollovers) (3) Other knotuding rollovers) (4) Set (3) Set (4) S	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
(2) Participants. (3) Others (including rollovers) (3) Others (including rollovers) (4) Sea (3) 0 (5) Other increase (act of lines 84(1), 84(2), 84(3), and 8b). (6) C Total income (sets lines 84(1), 84(2), 84(3), and 8b). (7) Sea (8) Sea (8	а		8a(1)	38	3,19	10					
(3) Others (Including rollovers)						55.00	14.0	27-64-64		3:24	
b Other income (cess) c Total income (add lines Bart), Bar(2), 8a(3), and 8b)						12.13.1		Zarrest vg/ville.			
C Total income (add lines Bar(1), Bat(2), Ba(3), and Bb)	b			1.	1,46	5					
d Benefits paid (including direct rollowers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions)			8c			缓		68,,			
e Cortain deemed and/or corrective distributions (see instructions)	****	Benefits paid (including direct rollovers and insurance premiums	8d			o					
F Administrative service providers (salaries, fees, commissions)	6					0 💯	2(2)			510	
g Other expenses 8g			i	1(0,48	6	Magazia Magazia			¥6.8	
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 10, 486 I Net Income (loss) (subtract line 8h from line 8c) 8i 9 57, 952 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: 2£ 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2£ 2G 2J 2K 3D b Using 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: 4 Was there a fallure to transmit to the plan any participant contributions within the lime period described in 29 CFR 26103-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 2,017 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b X 2,017 c Was the plan covered by a fidelity bond? 10c X 20,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishnesty? e Were any fees or commissions paid to any brokers, agents, or other porsons by an insurance carrier, Insurance service or other organization that provides some or all of the benefits under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when due under the plan? 10d X 1,134 f Has the plan failed to provide any benefit when a benefit pla						0		a digital		3.50 ·	
Net income (loss) (aubtract line 8h from line 8c)					90.00	577	.,		10,	486	
Transfers to (from) the plan (see instructions) 8j 0 Part W Plan Characteristics Part W Plan Characteristics Part W Plan Characteristics Part W Plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part W Compliance Questions During the plan payear: W Was there a failure to transmit to the plan any participant contributions within the time period described in 2e OFR 2810.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Dever there are pronexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) C Was the plan covered by a fidelity bond? C Was the plan covered by a fidelity bond? Dever there are pronexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) C Was the plan aver a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishoncesty? Dever 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) Dever 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) Dever 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) Dever any fees or commissions paid to any brokers, agents, or other provides under the plan? (See instructions) Dever any fees or commissions	- ;					58		•			
Plan Characteristics 26 27 2K 3D If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 27 2K 3D	i		1	The second secon		0 3				1	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2D 2K 3D	Da		<u> </u>			- Division	n ve gez assess	ALCONOMICS TO THE	Out Supplier of Supplement of the	<u>Adagte</u> ,	
During the plan year: A		If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D									
10 During the plan year:	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructio	ins:		
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29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No		Amount		
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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	f Par 11	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. VII Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bother person of the bening sof year of (See instruction). The require of the require o	rection Program)	10b 10c 10d 10e 10f 10g 10h 10l	X X X	X X X	3 (Form	20,	134	
granting the waiver		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If this is a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bother person of the bentance (See instruction). The require 11-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10h	X X X	X X X dule SI	3 (Form	2, 20, 1, 1, Yes 🖹	0000 134 556	
	C C C C C C C C C C	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirent 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	fidelity bother person of the benton (See instruction) fidelity bother person of the benton of the	rection Program)	10b 10c 10d 10e 10f 10g 10h 10l	X X X X EScheection	X X X dule Si	3 (Form	2, 20, 1, 1, Yes X	0000 134 - 556 No	
b Enter the minimum required contribution for this plan year		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. Pension Funding Compliance Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (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.	fidelity bother person of the benton (See instruction) in the require of the requirement of the requi	rection Program)	10b 10c 10d 10e 10f 10g 10h 10l nplete	X X X X EScheection	X X X X Aule Si 11a 302 of	3 (Form ERISA?	2, 20, 1, 1, Yes X Per letter ruling	0000 134 - 556 No	
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	Form 5500-SF 2012		Page 3 -						
C	Enter the amount contributed by the employer to the	ne plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in negative amount)				12d				
e	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	n any plan year?	(**************************************			Yes X	No		
	If "Yes," enter the amount of any plan assets that	reverted to the employer thi	s year		13a				
b	Were all the plan assets distributed to participants of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See in		to another plan(s), identify the	plan(s)	to				
	3c(1) Name of plan(s):			1	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)								
14a Name of trust					14b 1	rust's Ell	1		

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