Intermed Revenue Stores 2012 Intermed Revenue 1 avor Interprese Narrow 1 avor Interprese Narow 1 avor Interprese Narrow 1 avor Interprese Narrow	For	m 5500-SF	Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089		
Dependence of Lawar Enterment Income Security Act of 1974 (EIRSA), and sections 6057(b) and 6056(a) of the Internal Revenue Code (Inter Code). This Form is Open to Public Impediation Part I Annual Report Learning Compete all entries in accordance with the instructions to the Form 5000-SF. This Form is Open to Public Impediation Part I Annual Report Learning Compete all entries in accordance with the instructions to the Form 5000-SF. This return/report is and ending 12/01/2012 a come-participant plan B This return/report is an amended return/report is a single-employer plan an emended return/report is a short plan year return/report is an emended return/report is a short plan year return/report is a short plan year return/report is a name data accession (enter description) DPVC program Part II Dasie Plan Information is a namediat return/report is a name data accession (enter description) DPVC program Part II Dasie Plan Information is a name data accession (enter description) DPVC program Part II Dasie Plan Information is a none-participant plan number (RN) POSENBAUM LEP DPVC program 2a Plan sponsor's name and address; include room or suite number (employer; if for a single-employer plan) (RON, ROSENBAUM LEP DE Employer Identification Number (RN) 19-2339140 2b Fine Network is a sponsor's name and address; include room or suite number (employer; if for a single-employer plan) (Ent) 19-2339140 De Employer Iden					ee 2012		2012		
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Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional					Enter name of individual signing as employer or plan sponsor				
	Preparer's	name (including firm nan	ne, if applicable) and address; include r	oom or suite number	r (optional)	Prep	parer's telephone	number (opt	ional)

 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 	7b	(a) Beginning of Yea 154172				(b) End of Year 1845137
 b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 	7b			_		
 C Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year 			0			
8 Income, Expenses, and Transfers for this Plan Year	7c					0
		154172	4			1845137
a Contributions received or receivable from:		(a) Amount				(b) Total
	a (1)	5407				
(1) Employers		5187				
(2) Participants		6355				
(3) Others (including rollovers)			0			
b Other income (loss)		18798	3			
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 						303413
to provide benefits)		0				
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		0			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0	
i Net income (loss) (subtract line 8h from line 8c)	8i					303413
j Transfers to (from) the plan (see instructions)	····· 8j		0			
Part IV Plan Characteristics						
3B 2E 2J 2H 3D b If the plan provides welfare benefits, enter the applicable welfare	e feature codes	from the List of Plan Charac	cteristi	ic Cod	es in the	e instructions:
Part V Compliance Questions				Yes	N	
					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)				Х	
					х	
C Was the plan covered by a fidelity bond?	Was the plan covered by a fidelity bond?			Х		250000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				x	
insurance service or other organization that provides some or a	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)				х	
${f f}$ Has the plan failed to provide any benefit when due under the p	Has the plan failed to provide any benefit when due under the plan?				Х	
g Did the plan have any participant loans? (If "Yes," enter amoun	d the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х		3475
${f h}$ If this is an individual account plan, was there a blackout period	d the plan have any participant loans? (If "Yes," enter amount as of year end.)				x	0410
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Yes	," see instructions and com	plete	Sched	lule SB	(Form
11a Enter the amount from Schedule SB line 39					11a	
	ing requirements	of section 412 of the Code	or se	ction 3	302 of E	RISA? 🗌 Yes 🗙 No
12 Is this a defined contribution plan subject to the minimum fundi						
12 Is this a defined contribution plan subject to the minimum fundi (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 12b, 12c, 12d, and 12e below	ow, as applicable	∋.)				
· · · ·	being amortized	in this plan year, see instruc		and e	enter the Day _	e date of the letter ruling Year
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is b	being amortized	n this plan year, see instruc		, and e		•

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	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 Trust's EIN