Fo	rm 5500-SF	Short Form Annual	OMB Nos. 1210-0110 1210-0089						
	artment of the Treasury rnal Revenue Service	This form is required to be fil			012				
Employee E	epartment of Labor Benefits Security Administration	Retirement Income Security Act of the Interr		s(a) of	This Form i	s Open to Public pection			
	enefit Guaranty Corporation	Complete all entries in acco	ordance with the instru-	ctions to the Form 550	0-SF.				
Part I		entification Information	10	and an diam. A	0/04/	2010			
For calend	lar plan year 2012 or fisca	-			2/31/	-			
A This re	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
B This re	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	onths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descript	tion)						
Part II	Basic Plan Inform	nation—enter all requested inform	mation						
1a Name					1b	Three-digit			
		NC. PROFIT SHARING PLAN				plan number			
						(PN) 🕨	001		
					1c	Effective date of	•		
2a Plans	ponsor's name and addre	ess; include room or suite number	(employer, if for a single-	-employer plan)	2b	12/31/ Employer Identit			
CONSOLID	ATED TEA COMPANY					(EIN) 11-18	67691		
300 MERRI					2c	Sponsor's telep 516-887	7-1144		
LYNBROOP	K, NY 11563-2503				2d	Business code (see instructions) 424400			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
4 If the	name and/or EIN of the p	lan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN			
name		er from the last return/report.		·		PN			
		the beginning of the plan year			5a		4		
-		the end of the plan year							
					5b		4		
	· ·	count balances as of the end of the		•	5c		4		
		uring the plan year invested in elig					X Yes No		
	•	e annual examination and report of	,	,					
	,	See instructions on waiver eligibility	•				X Yes No		
		er line 6a or line 6b, the plan car							
		incomplete filing of this return/re							
SB or Sch		r penalties set forth in the instruction signed by an enrolled actuary, as v te.							
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2013	ELLIOT LABINER					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individe	ual się	gning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sid	ning as emplove	r or plan sponsor		
Preparer's		ne, if applicable) and address; inclu					number (optional)		

	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year
а	Total plan assets	7a	194275					2095949
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	194275	6				2095949
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:							
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	15319	3	_			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_			153193
u	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						153193
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
Par	t V Compliance Questions							
10	During the plan year:				Vee	Ne		
а					Yes	No	A	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within uciary Corre	the time period described in ection Program)	10a	res	X	A	Amount
b	Was there a failure to transmit to the plan any participant contribut 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 Corre ? (Do not in	ction Program) clude transactions reported	10a 10b	res			Amount
b	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.)	ciary Corre ? (Do not in	ction Program)		×	x		Amount 2600
	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.) Was the plan covered by a fidelity bond?	(Do not in fidelity bond	ction Program) Include transactions reported 	10b		x		
c d	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.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Corre ? (Do not in fidelity bond ner persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c		X X		
c d	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.) 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 of the plan brokers.	iciary Corre ? (Do not in fidelity bon- her persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d		X X X		
c d e	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.) 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 or instructions.) Has the plan failed to provide any benefit when due under the plan	Iciary Corre ? (Do not in fidelity bond ner persons of the benef	action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f		x x x x x		
c d e f g	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.) 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 c instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Corre ? (Do not in fidelity bond fidelity bond fide	Action Program) Include transactions reported actions reported actions and 29 CFR	10b 10c 10d 10e		x x x x x x		
c d e f g	 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.) 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 c 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 at this is an individual account plan, was there a blackout period? 	iciary Corre ? (Do not in fidelity bond fidelity bond fidelity fidel	Action Program) Actude transactions reported actude transactions reported actual transactions reported actual transactions reported actual transactions reported by an insurance carrier, its under the plan? (See actual transactions and 29 CFR actual transactions and 29 CFR actual transactions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x x x x x x		
c d e f g	 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.) 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 c 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 at 1f 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 	iciary Corre ? (Do not in fidelity bond fidelity bond fidelity fidel	Action Program) Actude transactions reported actude transactions reported actual transactions reported actual transactions reported actual transactions reported by an insurance carrier, its under the plan? (See actual transactions and 29 CFR actual transactions and 29 CFR actual transactions and 29 CFR	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x		
c d e f g h	 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.) 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 of 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 are 1520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101- 	Iciary Corre ? (Do not in fidelity bond fidelity	action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) ind.) its and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Iule SB	(Form	
c d e f g h i Part	 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.) 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 c 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 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 th exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	Iciary Corre ? (Do not in fidelity bond fidelity bond her persons of the benef n? s of year er (See instruct he required 1-3	action Program) include transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X Iule SB	(Form	2600
c d e f f y h i i Part	 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.) 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 c instructions.) Has the plan have any participant loans? (If "Yes," enter amount at 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Corre ? (Do not in fidelity bon- mer persons of the benef n? s of year er (See instruct me required 1-3 ents? (If "Y	action Program) aclude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) ttions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X X Iule SB	(Form	2600
 d f f h i Part 11	 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.) 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 c 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 at 1 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 2520.107 t 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. 	Iciary Corre ? (Do not in fidelity bond fidelity	action Program) include transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) totions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X Schee	X X X X X X X Iule SB	(Form	2600
c d e f f 9 h i 11 11a 12	 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.) 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 c instructions.) Has the plan have any participant loans? (If "Yes," enter amount as 11 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding 	Iciary Corre (Do not in fidelity bond fidelity b	action Program) aclude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) ad.) btions and 29 CFR anotice or one of the actions and compared to the code ble.) d in this plan year, see instructions	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X X X X X Iule SB 11a 302 of E	(Form ERISA?	260(
d f f f i i i 	 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.) 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 c instructions.) Has the plan have any participant loans? (If "Yes," enter amount as 11 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 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 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 beir 	Iciary Corre (Do not in fidelity bond her persons of the benef n? s of year er (See instruct he required 1-3 ents? (If "Year requiremer a s applical ng amortize	action Program) aclude transactions reported d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) ad.) btions and 29 CFR and 29 CFR and 29 CFR and 29 CFR and 29 CFR and 20 C	10b 10c 10d 10e 10f 10g 10h 10i e or se	X Schec	X X X X X X X X X Iule SB 11a 302 of E	(Form ERISA?	260(

С	Enter	the amount contributed by the employer to the plan for this plan year	12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d					
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			
С	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

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos.									
Department of the Treasury Internal Revenue Service	Deparation of all freedouty								
Department of Labor Employee Benefits Security Administration	ctions 6057(b) and 6058 code).		This Form	is Open to Public					
Pension Benefit Guaranty Corporation	Complete all entries in accord	ance with the instruc	ctions to the Form 5500	0-SF.					
Part I Annual Report For calendar plan year 2012 or fit	Identification Information scal plan year beginning 01,	/01/2012	and ending		12/31/2013	2			
A This return/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	yer) 🗌 a one-participant plan					
B This return/report is:	the first return/report	the final return/report							
	onths)							
C Check box if filing under:									
special extension (enter description)									
Part II Basic Plan Info 1a Name of plan	rmation—enter all requested information	tion		1h	Three-digit	1			
	MPANY, INC. PROFIT SHARI	ING PLAN			plan number (PN)	001			
				1c	Effective date of 12/31/1972				
2a Plan sponsor's name and ad CONSOLIDATED TEA CON	dress; include room or suite number (en	ployer, if for a single-	employer plan)	2b	Employer Ident				
CONSOLIDATED TEA CON	MPAN I			20	(EIN) 11-186 Sponsor's telep				
300 MERRICK ROAD				20	516-887-1				
LYNBROOK	NY 11563-2503			2d	Business code 424400	(see instructions)			
3a Plan administrator's name ar	nd address XSame as Plan Sponsor Na	ame XSame as Plar	Sponsor Address	3b	Administrator's	EIN			
				30	Administrator's	telephone number			
	e plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN				
name, EIN, and the plan nur a Sponsor's name	mber from the last return/report.			40	PN				
<u></u>	at the beginning of the plan year	·····		5a	T				
b Total number of participants	at the end of the plan year			5b					
	account balances as of the end of the pl			5c	• •				
	s during the plan year invested in eligible					4 X Yes No			
b Are you claiming a waiver of	the annual examination and report of a	n independent qualifie	ed public accountant (IQI	PA)					
	? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan canno	•				X Yes No			
	or incomplete filing of this return/repo					IFAMIAII			
Under penalties of perjury and ot	her penalties set forth in the instructions	, I declare that I have	examined this return/rep	port, i	ncluding, if applic				
SB or Schedule MB completed at belief, it is true, correct, and completed at	nd signed by an enrolled actuary, as wel plete.	I as the electronic ver	sion of this return/report,	, and	to the best of my	knowledge and			
SIGN 8/11/7	TIMLE	6-3-13	ELLIOT LABINER	2					
HERE Signature of plan a	dministrator	Date	Enter name of individu		ning as plan ad	ninistrator			
SIGN		Date		ual sig	jiiniy as plait au				
HERE Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual si	ning as employe	er or plan sponsor			
	ame, if applicable) and address; include					number (optional)			
For Danonwork Doduction Act Matin	a and OMB Control Numbers are the inst	uctions for Econ EEOO	9E			Form 6600 CE (2040)			
TOT F APELMORK REDUCTION ACL NOTIC	e and OMB Control Numbers, see the instr	actions for Form 5500+				Form 5500-SF (2012) v. 120126			
3									

-

Form 5500-SF 2012

Page 2

Pa	rt III Financial Information										
7	Plan Assets and Liabilities	(a) Beginning of Year			Τ	(b) End of Year					
а	Total plan assets	7a	194275			5 2			209	5949	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	194	1275	6	20959				5949	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:					and the second					
	(1) Employers	8a(1)		÷							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		5319	2						
	Other income (loss)	8b	<u> </u>		, , ,				1 5	3193	
 d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	80			888 2878				<u> </u>	2132	
u	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							15	3193	
j	Transfers to (from) the plan (see instructions)	- 8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	nt		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х					
t	 Were there any nonexempt transactions with any party-in-interest on line 10a.) 	•	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	х				26	0000	
c	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all					x					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х					
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
ł	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR										
-	2520.101-3.)	•		10h		х			100034933		
i	2520.101-3.)	he require	d notice or one of the	10h 10i		x					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the			X					
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the Yes," see instructions and corr	10i		Jule SE			Yes [] No	
i Par 11	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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	he require 1-3	d notice or one of the Yes," see instructions and corr	10i	 T	Jule SE			Yes [<u>] No</u>	
i Par 11	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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	he require 1-3	d notice or one of the Yes," see instructions and corr	10i		dule SE			Yes [
i Par 11 11a 12	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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a 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	he require 1-3 nents? (If " g requirem y as applic	d notice or one of the Yes," see instructions and corr ents of section 412 of the Code sable.)	10i nplete e or se	ection	dule SE 11a 302 of	ERISA?		Yes [X No	
i Par 11 11a 12 a	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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a 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 beil granting the waiver.	he require 1-3 nents? (If " g requirem g as applic ng amortiz	d notice or one of the Yes," see instructions and com ents of section 412 of the Code rable.) red in this plan year, see instru-	10i nplete e or se	ection	dule SE 11a 302 of	ERISA?		Yes [X No	
i Par 11 11a 12 a	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 t VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) a 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 beil	he require 1-3 nents? (If " g requirem g as applic ng amortiz	d notice or one of the Yes," see instructions and com ents of section 412 of the Code rable.) red in this plan year, see instru-	10i nplete e or se	ection	dule SE 11a 302 of	ERISA?	he lette	Yes [X No	

Form 5500-SF 2012

Page **3** -

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 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):	I3c(2) ⊟	IN(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				