## 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	Annual Report	Identification Information						
For calen	dar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending 1	2/31/2012			
A This re	eturn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)	a one-partio	cipant plan		
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report					
		an amended return/report	short plan year retui	rn/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC prog	ram		
	3	special extension (enter description	n)					
Part II	Basic Plan Info	rmation—enter all requested informa	tion					
1a Name	•		•		1b Three-digit			
UNITED ST	ΓATES LUGGAGE CO.,	L.P. 401(K) PROFIT SHARING PLAN			plan number	000		
					(PN)	002		
					1c Effective date	of plan 31/1976		
2a Plan	sponsor's name and ad	dress; include room or suite number (en	nployer, if for a single	e-employer plan)	2b Employer Iden			
UNITED S	TATES LUGGAGE CO.	L.P.		, , , ,		3511970		
					2c Sponsor's tele			
	LESS BLVD.					34-7070		
ПАОРРАО	GE, NY 11788				2d Business code			
3a Plan	administrator's name an	d address XSame as Plan Sponsor Na	ma Sama as Pla	n Sponsor Address	<b>3b</b> Administrator's			
Ou i laii	administrator 3 name ar	d address Donne as Fian Opensor Na	inic Danic as i la	in oponson Address	OD Administrator	) LIIV		
					<b>3c</b> Administrator's	s telephone number		
4 If the	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed f	for this plan, enter the	4b EIN			
		nber from the last return/report.						
	sor's name				4c PN			
_		at the beginning of the plan year			5a	84		
		at the end of the plan year			5b	86		
		account balances as of the end of the pl	• •	-	5c	81		
	· · · · · · · · · · · · · · · · · · ·	during the plan year invested in eligible				X Yes No		
<b>b</b> Are	you claiming a waiver of	the annual examination and report of a	n independent qualifi	ed public accountant (IQI	PA)			
		(See instructions on waiver eligibility a				X Yes No		
		ther line 6a or line 6b, the plan canno						
		or incomplete filing of this return/repo				inable a Cabadula		
		ner penalties set forth in the instructions ad signed by an enrolled actuary, as wel						
belief, it is	s true, correct, and comp	olete.						
SIGN	Filed with authorized/	valid electronic signature.	06/19/2013	RICHARD KRULIK				
HERE	Signature of plan a	dministrator	Date	Enter name of individu	vidual signing as plan administrator			
SIGN		valid electronic signature.	06/19/2013	RICHARD KRULIK				
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual signing as emplo	ver or plan sponsor		
Preparer'		ame, if applicable) and address; include				ne number (optional)		

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Do	t III Financial Information										
Pa	t III Financial Information		/\		$\top$						
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End o				
	Total plan assets	7a 	279594		3624			24284			
	Total plan liabilities	7b		0				0			
	Net plan assets (subtract line 7b from line 7a)	7c	279594	14					24284		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal			_
а	Contributions received or receivable from: (1) Employers	8a(1)	20209	9							
	(2) Participants	8a(2)	29792	25							
	(3) Others (including rollovers)	8a(3)	4358	37							
	Other income (loss)	8b	34286								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3.233	_				88	6473		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5621	4				- 00	0470		
	Certain deemed and/or corrective distributions (see instructions)	8e		9							
<del>-</del>	,	8f	183								
<u>'</u>	Administrative service providers (salaries, fees, commissions)										
	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g		0					-0400		
-:-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							58133		
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i		_				82	28340	)	
		8j		0							
	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char.	acteris	tic Co	ndes in	the instruct	ions:			
Ju	2E 3H 2G 2J 2K 3D	reature co	aco from the List of Flair Chair	aotorio		Juo 111	tile illetiaet	10110.			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Co	des in t	he instruction	ns:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amou	unt		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	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	Χ					4500	100
d						X				1000	00
	or dishonesty?			10d							
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X					152	74
f	· · · · · · · · · · · · · · · · · · ·					X				153	74
				10f							
<u>g</u>		•		10g	X					123	62
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			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	x 1	No
11a	Enter the amount from Schedule SB line 39					11a				<u> </u>	_
12	Is this a defined contribution plan subject to the minimum funding			or se	ction		FRISA?	П	Yes	x 1	No
-14		-		, UI 3E	JUIT	JUZ UI	LINIOA!		. 55	^	<u></u>
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 amortize	ed in this plan year, see instru		and	_			er ruli	ing	
	granting the waiver										
If	you completed line 12a complete lines 3, 9, and 10 of Schedule	e MR (For	m 5500), and skin to line 13								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule  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

Department of Labor Employee Benefits Security Administration

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	ension belieff oderatty corporation	► Complete all entries in accord	ance with the instru	ictions to the Form 550	0-SF.	<u> </u>	
		t Identification Information		£ . W		104 10040	
	calendar plan year 2012 or f		01/01/2012	and ending	1,2	2/31/2012	
A	This return/report is for:	x a single-employer plan	a multiple-employer ı	olan (not multiemployer)	Į	a one-partici	pant plan
B	This return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
C .	Check box If filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	)				
P	rall Basic Plan Info	ormation enter all requested inform	nation				
	Name of plan	STERRIGORIA CIRCO DI TOGRACOTO MIONI	Idilon		1b	Three-digit	
	•	C- Y D 401/W D	. Ohnming Dinn			plan number	002
	United States Lugg	age Co., L.P. 401(K) Profit	snæring Pian			(PN) ► Effective date o	
						12/31/1976	
2a	Plan sponsor's name and a	ddress; include room or suite number (er	nployer, if for a singl	e-employer plan)			ification Number
	United States Lugg	age Co., L.P.				(EIN) 13-35	
					2c	Sponsor's telep	hone number
	400 Wireless Blvd.					(631) 434-	
						Business code 423990	(see instructions)
	Hauppauge	NY 11788					
за	Plan administrator's name a	and address X Same as Plan Sponsor	Name [_] Same as	Plan Sponsor Address	(ល	Administrator's	EIN
					3C	Administrator's	telephone number
				•			
4	If the name and/or FIN of the	ne plan sponsor has changed since the la	st refurn/report filed	for this plan, enter the	4b	EIN	
•		imber from the last return/report.					
a	Sponsor's name			,	4c	PN	
5a	Total number of participants	s at the beginning of the plan year	******************************	******************	5a		84
b		s at the end of the plan year			5b		86
C		account balances as of the end of the pi			5c		81
6a		s during the plan year invested in eligible			*******		x Yes ☐ No
b	Are you claiming a waiver o	of the annual examination and report of ar	ı independent qualifi	ed public accountant (IQI	PΑ)		•
		? (See instructions on waiver eligibility ar		*******************************		**********	X Yes ☐ No
	If you answered "No" to e	ither line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form (	5500.	
		or incomplete filing of this return/rep	· · · · · · · · · · · · · · · · · · ·	A			······································
		other penalties set forth in the instructions					
	or Schedule MB completed lef, it is true, correct, and cet	and signed by an enrolled actuary, as we	ni as the electronic v	ersion of this returnifepor	t, and	to the best of m	y knowledge and
F				Richard Krulik		*	
1.06 (7.04)	GN J	Training of the state of the st	Date C 12/2		d olem	an on plan ad	iniofrator
器具	RE Signature of plan adj	ninistrator	Date to 1213	Enter name of individua	ı sıgını	ig as plan adm	msuatoi
	GN		al 1-	Richard Krulik		-	
	Signature of employe		Date 6 12 13	Enter name of Individua			
Pr€	parer's name (including firm	name, if applicable) and address; include	e room or suite numb	өг (ортюпат)	r-repa	rers reiebnone	number (optional)
	. *						
1					ALTY TEST	SANGER AND THE PROPERTY OF THE PARTY OF THE	THE PARTY OF THE P

189 P.	int III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	(b) End of Year				
a	Total plan assets	7a		2,795,944				3,624,284	
b	Total plan liabilities	7b		0			· /	0	
Ç	Net plan assets (subtract line 7b from line 7a)	7c	2,795,9	44				3,624,284	
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(b) T	otal	
a	Contributions received or receivable from:	8a(1)	202,0	aa					
	(1) Employers	8a(2)	297,9						
•—	(3) Others (including rollovers)	8a(3)	43,5				A STATE OF THE STA		
<u>b</u>	Other income (loss)	8b	342,8		1000				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200000		200	886,473	
	Benefits paid (including direct rollovers and insurance premiums		CANAL AND CONTRACTOR	e delociosios				0007170	
	to provide benefits)	8d	56,2						
	Certain deemed and/or corrective distributions (see instructions)	8e		89	200				
	Administrative service providers (salaries, fees, commissions)	8f	1,8						
<u>.g</u> _	Other expenses	8g		0	W SEE				
<u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Harris and the second s		ğ 			58,133	
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i			\$6 \$55500	SARTA SAR	CENSTIONES	828,340	
	Transfers to (from) the plan (see instructions)	8j		0					
	RING Plan Characteristics						<del></del>		
9a	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan Charac	terist	ic Cod	es in t	he instruct	ions:	
_	2E 3H 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fee	iture codes	s from the List of Plan Characte	ristic	Code	s in th	e instructio	ns:	
Pa	n V Compliance Questions			********					
10	During the plan year:				Yes	No	1	Amount	
a				10a		х			
b						5			
~		•	<del>-</del>	10b		ж	l		
	on line 10a.)		184915141617339314604054114416391148553965697559916	10b	х			450,000	
	on line 10a.)	***********************		-	х			450,000	
C	on line 10a.)	fidelity bon	d, that was caused by fraud	-				450,000	
C	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	fidelity bon	id, that was caused by fraud	10c		х		450,000	
c d	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 or organization.	fidelity bon r persons f the bene	d, that was caused by fraud by an insurance carrler, fits under the plan? (See	10c 10d		х			
c d	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	idelity bon r persons f the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e		x		450,000 15,374	
c d e	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 or instructions.)  Has the plan failed to provide any benefit when due under the plantage of t	r persons f the bene	d, that was caused by fraud by an insurance carrler, fits under the plan? (See	10c 10d 10e 10f	ж	х		15,374	
d e f	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 commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant Did the plan have any participant toans? (If "Yes," enter amount as	fidelity bon or persons of the bene of year e	by an insurance carrier, fits under the plan? (See	10c 10d 10e	ж	x			
c d e	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o 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 as If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bon or persons of the bene of year e See instru	by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f	ж	x		15,374	
d e f	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 commisions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant toans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (	idelity bon r persons f the bene ?	by an insurance carrier, fits under the plan? (See	10d 10d 10e 10f 10g	ж	x		15,374	
c d e f g h	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	idelity bon r persons f the bene ?	by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f 10g 10h	ж	x		15,374	
c d e f g h	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101	idelity bon r persons f the bene s of year e See instru- e required	d, that was caused by fraud by an insurance carrier, fits under the plan? (See  nd.)  ctions and 29 CFR  notice or one of the	10d 10d 10e 10f 10g 10h 10i	х	X X X	•	15,374	
c d e f g h i	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	r persons f the bene of year e s of year e required onts? (If ")	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10d 10d 10f 10g 10h 10i	x	x x	•	15,374	
c d e f g h i l 22	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 cor dishonesty?  Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plant Did the plan have any participant toans? (If "Yes," enter amount as 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 2520.101  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	r persons of the bene of year e See instru e required of the services of year e	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See  nd.)  nd.)  rotions and 29 CFR  notice or one of the	10c 10d 10e 10f 10g 10h 10i	x x Schec	X X X A A A A A A A A A A A A A A A A A	*************	15,374  12,362  □ Yes ☒ No	
c d e f g h i	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  This is 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 to the subject to the minimum funding the subject to the minimum funding the subject to the subject to the minimum funding the subject to the subject to the subject to the minimum funding the subject to the subject	r persons f the bene f of year e s of year e required and the series of the series of year e for the	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h 10i	x x Schec	X X X A A A A A A A A A A A A A A A A A	*************	15,374	
c d e f g h i 11 11:	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  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,	r persons f the bene f the bene f of year e s of year e required for the requirements of the bene	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See and.)  ctions and 29 CFR  notice or one of the  res," see instructions and companies of section 412 of the Code (able.)	10c 10d 10e 10f 10g 10h 10i	x  Scheo	X X X 11a 02 of l	ERISA?	15,374  12,362  Yes X No	
c d e f g h i l 22	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 commisions paid to any brokers, agents, or othe 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 Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101  The 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,	r persons of the bene of year e of year e of year e required of the bene of year e of	nd, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the fres," see instructions and companies of section 412 of the Code (able.)	10c 10d 10e 10f 10g 10h 10i	x  Scheo	X X X 11a 02 of l	ERISA?	15,374  12,362  19 Yes X No  Yes X No  he letter ruling	
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	Enter the amount contributed by the employer to the plan for this plan ye	ear	644641744544455144144544	12c	**************************************		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	•		12d			
е	Will the minimum funding amount reported on line 12d be met by the ful	nding deadline?	1495244444144444444444444444	🔲	Yes [	□ No □ N/A	
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year? .	**	**************	☐ Ye	s XI	10	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer 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?						☐ Yes 区 No	
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), ide	ntify the plan(s) to	)		-	
	3c(1) Name of plan(s):		130	(2) EIN(	s)	13c(3) PN(s)	
Ran	VIII Trust Information (optional)						
14a Name of trust					14b Trust's EIN		
			=				

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