## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information					
For c	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012	
<b>A</b> T	his ret	urn/report is for: 🛛 a single-employer plan 🔲 a	multiple-employer pl	lan (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is: the first return/report X th	e final return/report				
		an amended return/report as	short plan year returi	n/report (less than 12 m	onths)	)	
<b>C</b> 0	Check b	pox if filing under: Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description)				_	
Pai	rt II	Basic Plan Information—enter all requested information	on				
	Name (		<u></u>		1b	Three-digit	
		LECTRICAL COMPANY DEFINED BENEFIT PLAN				plan number	
					4 -	(PN) •	001
					10	Effective date of 01/01/	•
2a	Plan sr	consor's name and address; include room or suite number (emp	nlover if for a single-	employer plan)	2h	Employer Identif	
VILAN	IOVA E	ELECTRICAL COMPANY LLC	sicyon, in for a onigio	omployor plany			61830
					2c	Sponsor's telep	hone number
605 W	/EST 4	7TH ST				212-247	
NEW	YORK,	NY 10036			2d		see instructions)
0			П		01	23821	
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	30	Administrator's I	EIN
					3c	Administrator's t	telephone number
							•
4	lf tha n	and and/or FIN of the plan approach has shapped since the less	t raturn/ranget filed fo	ar this plan antar the	46	- FINI	
		name and/or EIN of the plan sponsor has changed since the last EIN, and the plan number from the last return/report.	t return/report illed it	or this plan, enter the	40	EIN	
		or's name			4c	PN	
5a	Total n	number of participants at the beginning of the plan year			5a		6
b	Total n	number of participants at the end of the plan year			5b		0
С		er of participants with account balances as of the end of the pla			_		
	•	ete this item)			5c		
		all of the plan's assets during the plan year invested in eligible	•	•			X Yes   No
b		ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot					
Caut	tion: A	penalty for the late or incomplete filing of this return/report	rt will be assessed	unless reasonable cau	ıse is	established.	
		alties of perjury and other penalties set forth in the instructions,					
		dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.	as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
DCIIC	1, 10 13 0	rue, correct, and complete.	T	T			
SIGN		Filed with authorized/valid electronic signature.	07/01/2013	JOE PEREZ			
HER	E	Signature of plan administrator	Date	Enter name of individ	ual siç	ning as plan adn	ninistrator
SIGN	١	Filed with authorized/valid electronic signature.	07/01/2013	JOE PEREZ			
HER	E	Signature of employer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
Prep	arer's i	name (including firm name, if applicable) and address; include i	room or suite numbe				number (optional)

Form 5500-SF 2012 Page **2** 

Part III   Financial Information  7  Plan Assets and Liabilities	0 0 0
a Total plan assets	0 0 0
b Total plan liabilities	0 0
C Net plan assets (subtract line 7b from line 7a)	0
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers	
a Contributions received or receivable from: (1) Employers	
(1) Employers	
(2) Participants	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(3) Others (including rollovers)	
<b>b</b> Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8285
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8297
i Net income (loss) (subtract line 8h from line 8c)	0012
j Transfers to (from) the plan (see instructions)	
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:  1A 1G 3D	
<b>b</b> If 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:  Yes No Amou	ınt
a 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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	200000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	200000
or dishonesty?	
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.)	
f Has the plan failed to provide any benefit when due under the plan?	
C Did the place have a constitute of the control of	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a Enter the amount from Schedule SB line 39.	. 20 / 110
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
<b>a</b> 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 lett granting the waiver	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	

	Form 5500-SF 2012 Page <b>3 - 1</b>				
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?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

Department of the Triabby   Seminary   Sem		The state of the s			- D		
Depetition of Law Months Surviva (Autor Security Act of 1974 (ERINS), and action 605(1976) and 6056(e) of 1974 (ERINS), and action 605(e) of 1974 (ERINS), and action 605(e) of 1974 (ERINS).  **Complete all entires of action from the interview of 1974 (ERINS) and entire from 6500-65.  **This return/report is a single-employer plan   a multiple-employer plan (interview of 1974) and entire from 6500-65.  **This return/report is a single-employer plan   a multiple-employer plan (interview of 1974) and entire from 6506   a cone-participant plan enterview of 1974 (ERINS) and	Department of the Treasury	Short Form Annua	I Return/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0088
The form is Open to Promotional Code (the Code).   This Form is Open to Promotional Code (the Code).   This Form is Open to Promotional Code (the Code).		This form is required to b	e filed under sections 104	and 4065 of the Employ			2012
Annual Report Identification information   Development and information   Development	Employee Benefits Security Administration	the I	Act of 1974 (ERISA), and nternal Revenue Code (th	aection 6057(b) and 605 e Cade).	8(2) of	This Form	
The name and/or EIN of the plan aponsor has changed since the last return/report is received and address.   XY 10036		➤ Complete all entries in a	ccordance with the inetr	uctions to the Form 550	10-8F.	!	nspection
A This return/report is for:  B This return/report is the first return/report to a short plan year return/report (less than 12 months)  C Check box if filing under:  Form 5556  an animal return/report to a short plan year return/report (less than 12 months)  psecial return		entification information					
B This return/report is:    In a mended return/report   In a short plan year return/report   In a short plan year return/report   In a mended return/report   In a short plan year return/report   In a mended return/report   In a short plan year return/report   In Three-digat plan number   In Three-digat plan number   In Three-digat plan number   In Three-digat plan number   In Internation   In Three-digat plan number   In Internation   In Internation   In Internation   In Internation   In Internation   In Internation   Interna	For calendar plan year 2012 or fisca	plan year beginning	01/01/2012	and ending	1	2/31/2012	
C Check box if filing under:    an amended return/report   a short plan year return/report (less than 12 months)	A This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partic	ipant plan
C Check box if filing under.	B This return/report is:	the first return/report	the final return/repor	t			
C Check box if filing under:    Part 27   Basic Plan Information   private description     Part 27   Basic Plan Information   private description     Part 28   Plan Information   private description     10   Three-digit plan number     10   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     10   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     11   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     12   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     13   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     13   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     14   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     15   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     16   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     17   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     18   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     18   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     18   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     18   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     18   Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)     19   Plan sponsor's name and address; include room or suits number (employer including a plan number (employer or p		an emended return/report	a short plan year ret	um/report (less then 12 n	nonths	)	
Sesic Plan Information - enter all requested information	C Check box if filling under:	Form 5558				-	2m
Name of plan  Vilanova Electrical Company Defined Benefit Plan  1b Three-digit plan number  (PN) > 1c Effective date of plan  01/01/1996  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-amployer plan)  2b Employer identification Number (EIN) 13-4161830  2c Sponsor's behaphone number (213) 247-3056  2d Business code (see instruction 239210  2d Sponsor's behaphone number (213) 247-3056  2d Business code (see instruction 239210  3d Plan administrator's name and address	To the state of th	special extension (enter descri	ription)				MODEL
Vilanova Electrical Company Defined Benefit Plan    10   Three-digit plan number (PN)	Part of Basic Plan Inform	nation enter all requested	information	· · · · · · · · · · · · · · · · · · ·	a - 63164		
Vilanova Zlectrical Company Defined Benefit Plan    CPN   P   001   16 Effective date of plan   01/01/1996     CPN   P   0101/1996     CPN   P   0101/		Control of the Contro	Americacom		1h	Three-dinit	<del>1</del>
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Plan sponsor's name and address; include room or suits number (employer, if for a single-employer plan)  22 Employer Identification Number (EIN) 13-4161830  23 Employer Identification Number (EIN) 13-4161830  24 Employer Identification Number (EIN) 13-4161830  25 Sponsor's telephone number (212) 247-2050  26 Business code (see instruction 239210  37 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address  38 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address  39 Administrator's telephone number (212) 247-2050  30 Administrator's telephone number (212) 247-2050  30 Administrator's telephone number (212) 247-2050  31 Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address  30 Administrator's telephone number name, Elin, and the plan number from the last return/report.  40 EIN  40			IC FARM				3.7.7
Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  Vi anova Electrical Company ILC  20 Sponsor's telephone number (212) 247-3050  20 Sponsor's telephone number (212) 247-3050  21 Submass code (see instruction 239210  32 Plan administrator's name and address See instruction 239210  33 Plan administrator's name and address See instruction 239210  34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 Sponsor's name  5 Total number of participants at the beginning of the plan year  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not comolete this left).  5 C Number of participants with account balances as of the end of the plan year (defined benefit plans do not comolete this left).  6 Were all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  6 Rever all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  6 Rever all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  6 Rever all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  6 Rever all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  6 Rever all of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  7 Repart of the file of the plan year invested in eligible sasets? (See instructions.)  7 Repart of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  7 Repart of the plan's assets during the plan year invested in eligible sasets? (See instructions.)  8 Repart of the plan's		U. III WANGO III AN BOWN TALL			10		
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36 Administrator's telephone nur  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, emer the name. EIN, and the plan sponsor has changed since the last return/report filed for this plan, emer the name. EIN, and the plan number from the last return/report.  3 Sponsor's name  4 CPN  5 Total number of participants at the beginning of the plan year  5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flern)  6 Were all of the plan's assets during the plan year invested in eligible severa? (See instructions.)  5 Are you claiming a waiver of the sinual examination and report of an independent qualified public accountant (IQPA)  1 If you answered "No" to either time fig. or time fib. the plan cannot use Form \$500-\$F and must instead use Form \$500.  Caution: A pensity for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Under pensities of partury and other pensities set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheel of the plan of plans and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.  8 One Peaces  6 Enter name of individual eigning as pien administrator  1 Date  1 Enter name of individual eigning as employer or plan sponsor					2d		(see instructions)
If the name and/or EIN of the plan sponsor has changed since the test return/report filed for this plan, enter the annual plan number from the last return/report.  2 Sponsor's name  3 Total number of participants at the beginning of the plan year  5 Total number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this flam).  5 Number of participants with account belances as of the end of the plan year (defined benefit plans do not complete this flam).  5 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IGPA) under 26 CFR 2520-104-867 (See instructions on waiver eligibility and conditions.)  6 If you answered "No" to either line sig or line sig, the plan cannot use Form 5600.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Under penalties of partyry and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Scheeler it is true, dorrect, and complete.  6 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is satisfished.  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless r			sasar Nama 🔲 Sassa sa	Olas Cassas Add	75	00000 MAG	
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Total number of participants at the beginning of the plan year	name, EIN, and the plan numbe		ener raper i les commissions de la constitución de la 🗷 de cris despos en Augustico.	•	4.	Date:	
Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this flam)  Formulate annual examination and report of an independent qualified public accountant (IQPA)  Under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  Formulate this flam is subject to the state or incomplete filling of this return/report will be assessed united responsible cause is setablished.  Under penalties of parjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MS completed and aligned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a bellef, it is true, correct, and complete.  Formulate this return/report and other penalties are included actuary.  Formulate this return/report and other penalties of plans deministrator  Formulate this return/report, and to the best of my knowledge a bellef, it is true, correct, and complete.  Formulate this return/report and complete.  Formulate this return/report and this return/report and to the best of my knowledge a bellef, it is true, correct, and complete.  Formulate this return/report and to the best of my knowledge a bellef, it is true, correct, and complete.  Formulate this return/report and to the best of my knowledge a bellef, it is true, correct and complete.  Formulate this return/report and to the best of my knowledge a bellef, it is true, correct and complete.  Formulate this return/report and to the best of my knowledge and the return/report and to the best of my knowledge a bellef, it is true, correct and complete.  Formulate this return/report and to the best of my knowledge and the return/report and to the best of my knowledge and the return/report and to the best of		the hadiseine of the elen year	00 00 00 00 00 00 00 00 00 00 00 00 00		_	<u> </u>	<del></del>
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Were all of the plan's assets during the plan year Invested in eligible secents? (See instructions.)	C Number of perticipants with acc	count balances as of the end of	the plan year (defined ber	efit plans do not			
D Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line Se or line Sb, the plan cannot use Form 5600-8F and must instead use Form 5600.  Caution: A penalty for the fate or incomplete filling of this return/report will be assessed unless reasonable cause is setablished.  Under panalties of parjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule MS completes and aigned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.  Signature of plans administrator  Date Enter name of individual signing as plan administrator  Stephal Completes Signature of employersplan aponsor  Date Enter name of individual signing as employer or plan sponsor				tions.)	44		▼Yes □No
Myou answered "No" to either line Se or line Sh, the pian cannot use Form 5600-SF and must instead use Form 5600.  Caution: A pensity for the late or incomplete filling of this return/report will be assessed unless reasonable cause is setablished.  Under pensities of perjury and other pensities set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.  See Person  Higher Signature of page edministrator  Date  Enter name of individual signing as pion administrator  See Person  Signature of employer/plan aponsor  Date  Enter name of individual signing as employer or plan aponsor			S <del>-1</del>	, Married Control of the Control of	PAL	****************	MI 134 LINY
Caution: A pensity for the late or incomplete filing of this return/report will be assessed unless reasonable cause is setablished.  Under pensities of perjury and other pensities set forth in the instructions, I declare that I have examined this return/report, including, If applicable, a Schedule MB complete and agned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.    Complete   Co					1176 <b>-</b> 00 35		X Yes No
Under penalties of perjury and other penalties set forth in the instructions, i declare that I have examined this return/report, including, if applicable, a Schedule MB complete and aigned by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.    CONTROL   CONTRO	If you answered "No" to eithe	r line 6 <u>a or line 6b, the plan o</u>	annot use Form 6600-81	and must losteed use	Form	5000.	46040 00 100 100 0000
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete.    Complete   Complete	Caution: A penalty for the late or	incomplete filing of this retur	n/report will be assesse	i unices reaconable ca	use is	established.	
######################################	Under penalties of parjury and other SB or Schedule MB completed and belief. It is true, correct, and complete	penalties set forth in the instru signed by an enrolled actuary, its.	ctions, I declare that I have se well as the electronic v	e examined this return/re eraion of this return/repor	port, ii t, and	ncluding, if appli to the best of m	cable, a Schedule ly knowledge and
Signature of page administrator  Date  Enter name of individual algring as plan administrator  (21/3 Jose Peres  Signature of employer/plan aponsor  Date  Enter name of individual algring as employer or plan sponsor	1 600/20		4/127/13			****	
HISTARE Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan sponsor		nteres (Control of Control of Con	26/6/11/2	seed of the same constitution			
FISPE: Signature of employer/plan sponsor Date Enter name of Individual signing as employer or plan sponsor		PURIOR	Dete		i eign	ng as pion aom	nistrator
Preparer's farme (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)	Tues/	·	K6/67/13		2 347 32		
Preparer's pame (including nim name, if appricable) and address; include room of suite number (optional)	and arms of publichment		Date	Enter name of Individua			
	Preparer's fame (including firm nam	te, if applicable) and address; if	nclude room or suite num	ser (obsoust)	Prepa	irer's telephone	number (optional)
					WILL CO	meters view	Phase Z. referrings
	For Paperwork Reduction Act Not	ice and OMB Control Humber	rs, see the instructions i	or Form 6500-6F.		F	oven 5600-SF (2012) v.120126

Pa	a	e	2

Total income (edd lines 88(1), 8a(2), 8a(3), and 8b) 8c  Benefits paif (including direct rollovers and insurance premiums 8d 2,628,297  Certain deemed and/or corrective distributions (see instructions) 8e  Cother expenses 8d 7 care service providers (calaries, fees, commissions) 8f  Cother expenses (add lines 8d, 8e, 8f, and 8g) 8h  2,628,297  Net income (loss) (subtract line 8h from line 8c) 8h  Net income (loss) (subtract line 8h from line 8c) 8h  Net income (loss) (subtract line 8h from line 8c) 8h  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1 A 1G 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  1 A 1G 3D  1 A 1G 3D  During the plan year  2 Was there a failure to transmit to the plan any participant contributions within the time period described in line 10a. 10a	Form 5500-SF 2012		Page 2		le d		_	
Figure Assets and Liabilities	Part III Financial Information						The state of the s	
Total plan assets 75 2, 330, 0.12 0 0 0 0 0 Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan assets (subtract lime 75 from line 75) Net plan (15 plan lime) Net plan (see several lime) Net plan (see several lime) Net plan (see sevice providers (salaries, fees, commission) Net plan (see sevice providers (salaries, fees) Net plan (see sevice providers (salaries, fees) Net plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1 for the plan provide welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  1 for the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  1 for the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char		4.45	(a) Beginning of Year				(b) End of Y	ear
Total plan liabilities   Total content   Total plan liabilities   Total content   Total plan liabilities   Total content   Total plan liabilities   Total plan liabilitie		7a	2,530,012	2				00
Net plan assets (subtract line for from line 79) 7c 2,530,032 0  Continuous expenses, and transfers for the Plan Year					86		- 2	0
Income, Expenses, and Transfers for this Plan Year  (a) Amount  (b) Enployers  (b) Enployers  (c) Enployers  (d) Enployers  (d) Enployers  (e) Amount  (d) Enployers  (e) Amount  (d) Enployers  (e) Amount  (d) Enployers  (e) Sa(2)  (e) Participation  (e) Sa(2)  (e) Participation  (e) Sa(3)  (f) Enployers  (f) Enployer			2,530,012	2				0
Contributions received or receivable from:  (2) Employers	Income Expenses and Transfers for this Plan Year		(a) Amount		8	991	(b) Tota	<u> </u>
(1) Employers   Sal(2)	Contributions received or receivable from:		ny.					Late Mise
Solitions (including rollovers)   Sea   Solition   Sec   Solition   Sec   Sea   Sec   Se	(1) Employers				VIX.			
Total income (dotal lines 8d(2), 8a(3), and 8b)	(2) Participants				100	al fi		
Total income (add lines Sa(1), Sa(2), Sa(3), and 8b)	(3) Others (including rollovers)							
Fotal income (add lines 8a(1), 8a(1), 8a(2), sind out)  Benefits paid (including direct orlicolvers and insurance premiums to provide benefits)  Benefits paid (including direct orlicolvers and insurance premiums to provide benefits)  Between the provide providers (salaries, fees, commissions)  Between the provides provides (salaries, fees, commissions)  Between the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Between the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits and the provides welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  In the plan provides welfare			98,28		13.40	1000	described in	00 005
Contain deemed and/or corrective distributions (see instructions) 8d	: Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					V. 3243		98,285
Certain deemed and/or corrective distributions (see instructions) 86  Administrative service providers (salaries, fees, commissions) 87  Other expenses (add lines 8d, 8e, 8f, and 8g) 8h  Total expenses (add lines 8d, 8e, 8f, and 8g) 8h  Part IV   Plan Characteristics   17	Benefits paid (including direct rollovers and insurance pre	miums 8d	2,628,29	7				
Administrative service providers (salaries, fees, commissions)							ga 12	1776
Compliance Questions    Region   Plan Characteristic   Plan Charac					. 1	100		a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela com
Compliance Questions   State					al :	<u> </u>		entite (Militia
Note income (loss) (subtract line 8h from line 8c) 81  Transfers to (from) the plan (see instructions) 81  Transfers to (from) the plan (see instructions) 81  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1 A 16 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  3 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) 10a					and the			
Net income (loss) (subtract line 8h from line 8c)   61  Transfers to (from) the plan (see instructions)   8]  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  1								
### Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    1			the state of the s	1245.AC				
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    1		8]	W. San	- 3				V 740-1847 1130
During the plan year:  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) 10a x  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10c x 200, or 10c x 2		welfare feature codes	from the List of Plan Character	15(10-0		S 111 1111		
During the plan year:  a 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h x 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  If 11 is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  (If "Yes," complete line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Part X Compliance Questions			T,	Vac	No	Δn	nount
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commisions 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.)  f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)  f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  if If 0h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  if If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  if It is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39  11b Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	0 During the plan year:	. t	the time period described in		163		200	
on line 10a.)  C Was the plan covered by a fidelity bond?	29 CFR 2510.3-102? (See instructions and DOL's Volu	intary Flouciary Correct	don Program)	10a		х		
C Was the plan covered by a fidelity bond?	on line 10a.)	***************	***************************************			х		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan? 106 x  Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 109 x  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h x  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  If 1 sthis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a  Enter the amount from Schedule SB line 39 11a  It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes [X] (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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 (If 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 for the waiver (If the code or section 302 of ERISA? Year	c Was the plan covered by a fidelity bond?	P. D. C. G. C.	***********************************	10c	X			200,0
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.)  f Has the plan failed to provide any benefit when due under the plan?	d. Did the plan have a loss whether or not reimbursed by	the plan's fidelity bond	d, that was caused by fraud	10d		x		
insurance service or other organization that provides some or all of the elefelts the plan? (see instructions.)	a Mars any face or commissions paid to any brokers, age	ents, or other persons b	by an insurance carrier,	5				
f Has the plan failed to provide any benefit when due under the plan?	incurance service or other organization that provides so	ome or all of the benef	its under the plant: (See	100		×		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  10g	instructions.)	**************************	**********************************		-			· - ·
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	f Has the plan failed to provide any benefit when due un	der the plan?	0,1111111101000000000000000000000000000	101		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	Did the plan have any participant loans? (If "Yes," ente	r amount as of year er	nd.)	10g		x		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  In a Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  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  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	h. If this is an individual account plan, was there a blacko	ut period? (See instruc	ctions and 29 CFR	10h		x		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39	i was assured "Yes " check the how if you either	provided the required	notice or one of the	10i				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39	TO SHOW THE PARTY OF THE PARTY	300 300	122					
11a Enter the amount from Schedule SB line 39	11 La this a defined benefit plan subject to minimum fundi	ng requirements? (If ")	res," see instructions and com	olete S	Sche	dule S	B (Form	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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	11a Enter the amount from Schedule SB line 39	***********************	2506608602000668655398888888556868688869555000311111	********	*****	11a		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  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	12 Is this a defined contribution plan subject to the minim	um funding requireme	nts of section 412 of the Code	or sec	tion :	302 of	ERISA?	Yes X
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 fulling granting the waiver Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	usms - II	l 12e helow as applica	ible.)					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	a If a waiver of the minimum funding standard for a prior granting the waiver	year is being amortize	ed in this plan year, see instruc	tions, th _	and	enter t Da	he date of th	e letter ruling Year
b. 5 the minimum required contribution for this plan year.	If you completed line 12a, complete lines 3, 9, and 10 of	of Schedule MB (For	n 5500), and skip to line 13.					
	b Enter the minimum required contribution for this plan	ar		********	440=1	12b	N	

	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   	□ No □ N/A
'ant	Plan Terminations and Transfers of Assets		-
3a	Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year	X Yes   13a	No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	**********	X Yes 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.)	) 	<b>—</b>
	3c(1) Name of plan(s): 13c	(2) EIN(s)	13c(3) PN(s)