Description 2012 Description This form is required to be filed under sections 104 and 4065 of the Employee (more section 8007), Advancemento method 80007, Advancemento Description 8007, Advancemento Section 8007, Advancemento Description 8007, Adva	Form 5500-SF		Short Form Annual Re	/ee	OMB Nos. 1210-0110 1210-0089							
Department of Later Retirement Income Security Act of 1974 (ERISA), and sections 0507(b) and 6058(a) of the internal Report Letting Action Information This Form is Open to Public Inspection Person beam Beam Beam Beam Beam Beam Beam Beam B			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			e	2	2012				
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning of 101/2012 and ending iterative plan information For calendar plan year 2012 or fiscal plan year beginning iterative plan information for calendar plan year 2012 or fiscal plan year beginning information for calendar plan year 2012 or fiscal plan year beginning information for calendar plan year 2012 or fiscal plan year beginning information for calendar plan year 2012 or fiscal plan year beginning information for calendar plan year 2012 or fiscal plan year beginning information in			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058		B(a) of This Form is Open to Pu				blic			
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	Filed with authorized/va	lid electronic signature.	07/02/2013	MARCO D'AMBROSIC							
	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ame of individual signing as employer or plan spor				sor		
	Preparer's			room or suite number								

Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year		
a Total plan assets	7a	7850	9		113641		
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	7850	9	113641			
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
a Contributions received or receivable from:		004					
(1) Employers	8a(1)	324					
(2) Participants	8a(2)	2004	1				
(3) Others (including rollovers)	8a(3)	4000	0				
b Other income (loss)	8b	1389	0		07170		
 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 	8c				37172		
to provide benefits)	8d	1578					
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	462	2				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				2040		
Net income (loss) (subtract line 8h from line 8c)	8i				35132		
Transfers to (from) the plan (see instructions)	8j						
Part V Compliance Questions							
0 During the plan year:				Yes No	Amount		
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 	ciary Correct	tion Program)	10a	Yes No	Amount		
During the plan year:a Was there a failure to transmit to the plan any participant contribut	uciary Correct ? (Do not incl	tion Program) lude transactions reported			Amount		
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	iciary Correct ? (Do not incl	tion Program) lude transactions reported	10a	X	Amount		
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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		
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