	Form 5500-SF	Short Form Annual Ret	turn/Report o enefit Plan	of Small Employ	yee	OMB Nos. 1210-01 1210-00			
	Department of the Treasury Internal Revenue Service	Be This form is required to be filed u	~	2	2012				
Emplo	Department of Labor byee Benefits Security Administration	ctions 6057(b) and 6058 ode).	B(a) of This Form is Open to Public						
Pens	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part		Ientification Information			0/04/				
	lendar plan year 2012 or fisca	× · · · ·			2/31/2	-			
A Th	is return/report is for:	Ξ Η		an (not multiemployer)		a one-partici	oant plan		
<b>B</b> Th	is return/report is:	╡ ! !!	e final return/report						
		an amended return/report	short plan year return	/report (less than 12 mo	onths)	)			
C Ch	eck box if filing under:	Form 5558	utomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part	II Basic Plan Inform	mation—enter all requested information	on						
<b>1a</b> N	ame of plan				1b	Three-digit			
PERIDO	OT FINANCIAL GROUP, LLC	401(K) PLAN				plan number	001		
					10	(PN)			
						Effective date o	•		
2a PI	an sponsor's name and addre	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identi		ıber	
					2c	Sponsor's telep	hone numbe	ər	
	AST WOODFIELD ROAD MBURG, IL 60173				2d	847-240-2571 Business code (see instructions)			
20.0				<u> </u>	26	52510			
Ja P	an administrator's name and	address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	30	Administrator's	EIN		
					3c	<b>3c</b> Administrator's telephone number			
<b>A</b> 10				a de la calación de a	41				
		plan sponsor has changed since the last per from the last return/report.	t return/report filed to	r this plan, enter the	40	EIN			
	oonsor's name	·			4c	PN			
<b>5</b> a ⊤	otal number of participants at	t the beginning of the plan year			5a			2	
<b>b</b> T	otal number of participants at	t the end of the plan year			5b			3	
		count balances as of the end of the pla							
					5c			2	
		luring the plan year invested in eligible a					X Yes	No	
		ne annual examination and report of an See instructions on waiver eligibility and					X Yes	No	
		er line 6a or line 6b, the plan cannot					100		
		incomplete filing of this return/repor							
		r penalties set forth in the instructions, I					able, a Sche	dule	
SB or		signed by an enrolled actuary, as well a							
SIGN	Filed with authorized/va	lid electronic signature.	07/15/2013	MARY NIEUWSMA					
HERE	Signature of plan adr	ature of plan administrator Date Enter name of individu		ual sig	gning as plan adr	ninistrator			
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sig	gning as employe	r or plan spo	onsor	
Prepa		me, if applicable) and address; include r				parer's telephone			
1									

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

a       Total plan issets       7a       695437       73         b       Total plan isbitities       7b       0       0       73         b       Total plan isbitities       7b       0       0       73         b       Total plan isbitities       7b       0       0       73         contributions received or receivable from:       (a) Amount       (b) Total       0         a       Contributions received or receivable from:       8a(3)       0	Par	t III Financial Information						
b       Total plan labilities	7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
c       Net plan assets (subtract line 7b from line 7b)	a	Total plan assets	7a					737333
8       income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       94(1)       250         (c)       Participants.       94(2)       0         (c)       Participants.       94(2)       0         (c)       Other income (loss).       86(3)       0       4         (c)       Total income (loss).       86(3)       0       4         (c)       Total income (loss).       86(3)       0       4         (c)       Total expenses       8(3)       0       4         (c)       Contrained and/or corrective distributions (see instructions).       86       0       4         (c)       Contrained and/or corrective distributions (see instructions).       86       0       4         (c)       Total expenses       8g       0	b	Total plan liabilities	7b		0			0
a) Contributions received or receivable from:       Be(1)       250         (1) Employers       Be(2)       0         (2) Participants       Be(3)       0         (3) Others (including rollovers)       Be(3)       0         (4) Employers       Be(3)       0         (5) Others (including rollovers)       Be(3)       0         (6) Other income (dod lines 8a(1), 6a(2), 8a(3), and 8b)       Bc       4         (7) Encode (dod lines 8a(1), 6a(2), 8a(3), and 8b)       Bc       4         (8) Other senvice providers (salaries, fees, commissions)       Bf       1293         (9) Other service providers (salaries, fees, commissions)       Bf       1293         (9) Other services providers (salaries, fees, commissions)       Bf       1293         (9) Other services end (inc) sd, 8a, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d, 8d	С	Net plan assets (subtract line 7b from line 7a)	7c	69543	57			737333
(1) Employers       8s(1)       250         (2) Participants       8s(2)       0         (3) Other income (loss)       8b       42939         C Total income (add lines 8s(1), 8s(2), 8s(3), and 8b)       8c       4         0 Benefits paid (including influence) provides the instructions)       8d       0       4         0 E Critin deemed and/or corrective distributions (see instructions)       8d       0       6         9 Other expenses       8g       0       6       6         1 Transfers to (from) the plan (see instructions)       8d       0       6         1 Transfers to (from) the plan (see instructions)       8i       4       4         1 Transfers to (from) the plan (see instructions)       8i       4       4         2 Correction destructions       8j       0       6         2 Correction destructions       8j       0       6         2 Correction destructions       8j       0       6         2 Correction destructions       8i       4       4         3 Transfers to (from) the plan (see instructions)       8j       0       7         2 Correction destructions and DOL's Voluntary Fiduciary Correction Program       10a       ×         2 Correctin destructions and DOL's Voluntary Fiduciary	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
(2) Participants			0-(4)	05	0			
(3) Other's (including rollovers)       84(3)       0         (3) Other income (loss)       8b       42339         (C) Total income (loss)       8b       42339         (2) Other income (loss)       8c       4         (3) Other income (loss)       8c       4         (4) Benefits paid (including direct rollowers and insurance permisms to provide benefits).       8d       0       6         (5) Other expenses.       8g       0       0       6       0         (7) Other expenses.       8g       0       0       6       0         (7) Total expenses (add lines 80, 8e, 8f, and 8g)       8h       0       0       6         (7) Total expenses       8g       0       0       0       0         (7) Total expenses       8d       0       0       0       0         (8)       0       0       0       0       0       0         (7) Total expenses       8d       0       0       0       0       0         (8)       0 </td <td></td> <td></td> <td>, <u>, , , , , , , , , , , , , , , , , , </u></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>			, <u>, , , , , , , , , , , , , , , , , , </u>			_		
b       Other income (loss)       8b       42939         c       Total income (loss)       8c       4         d       Benefits paid (including direct rollowers and insurance premiums and provide benefits)       0       4         d       Benefits paid (including direct rollowers and insurance premiums and provides benefits)       0       6         f       Administrative service providers (salaries, Eece, commissions)       8f       1283         g       Other expenses.       8g       0       6         f       Administrative service providers (salaries, Eece, commissions)       8f       1283         g       Other expenses.       8g       0       6         f       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       6       6         f       Transfers to (from) the plan (see instructions)       8j       0       6         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       7         g       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       10a       X         10       During the plan yaaz:       10a       X <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>					-			
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					-	_		
d Bordits paid (including direct rollovers and insurance premiums to provide benefits)				4293	9	-		10100
to provide benefits).       ed       0         e       Cartain deemed and/or corrective distributions (see instructions)	-		80			_		43189
f       Administrative service providers (salaries, fees, commissions)			8d		0			
g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8l, and 8g)       8h       4         i Net income (loss) (subtract line 8h from line 8c)       8i       0         j Transfers to (from) the plan (see instructions)       8i       0         Part IV       Plan Characteristics       8i       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2G 2J 2K 3D 2T         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       Yes       No         10       During the plan year:       Yes       No       Amou         a Was there a failure to transmit to the plan any participant contributions within the time period describe in 10a       X       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       10a       X         c       Was there a failure to orison 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).       10a       X       10a       X       10a <t< td=""><td>е</td><td>Certain deemed and/or corrective distributions (see instructions)</td><td>8e</td><td></td><td>0</td><td></td><td></td><td></td></t<>	е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subtract line 8h from line 8c).       8i       4         j       Transfers to (from) the plan (see instructions)       8i       0         Part IV       Plan Characteristics       9a       0         Sa       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2f       2f       2G       2J       2K       3D       2T         b       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part IV       Compliance Questions       10a       X       2       2F 2 210.21 (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       2         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10c       X       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X       10d <td>f</td> <td>Administrative service providers (salaries, fees, commissions)</td> <td>8f</td> <td>129</td> <td>3</td> <td></td> <td></td> <td></td>	f	Administrative service providers (salaries, fees, commissions)	8f	129	3			
i       Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0			
j       Transfers to (from) the plan (see instructions)       Bj       0         Part IV       Plan Characteristics       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:	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1293
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:         2E       2F       2G       2K       3D       2T         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       Yes       No       Amou         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a).       X       Image: Compliance Correction Program instructions and DOL's Voluntary Fiduciary Correction Program instructions.       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       Image: Compliance 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, instructions, and plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.101-3).       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       <	i	Net income (loss) (subtract line 8h from line 8c)	8i					41896
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2t       2F       2G       2J       2X       30       2T         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       Yes       No       Amou         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)       10a       X         c       Was there a nonexempt transactions with any party-in-interest? (Do not include transactions reported to n line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10d       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       10d       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end,)	j	Transfers to (from) the plan (see instructions)	8j		0			
2E       2F       2G       2J       2K       3D       2T         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       Yes       No       Amou         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 199 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       C         c       Was the plan covered by a fidelity bond?       10c       X       C       C       Was the plan covered by a fidelity bond?       10c       X       C       C       Was the plan covered by a fidelity bond?       10c       X       C       C       C       Was the plan covered by a fidelity bond?       10c       X       C       C       C       Was the plan covered by a fidelity bond?       10c       X       C       C       C       Was the plan covered by a fidelity bond?       10d       X       C       C       C       Was the plan covered by a fidelity bond?       10d       X       C       C       C       Was the plan covered by a fidelity bond?	Par	t IV Plan Characteristics						
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)	Part	V Compliance Questions						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       X         e       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.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         i       If the vas 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.       10h       X       X         11a       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         11a       Is this a defined contribution plan subject to the minimum funding requirements of	10	During the plan year:				Yes	No	Amount
on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       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.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: Comparison of the plan have any participant loans? (If "Yes," comparison of the plan have any par	а				10a		x	
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       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.)       10d       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       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.       10h       X         Part VI       Pension Funding Compliance       11a       11a         11       Is this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       11a         13       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       11a </td <td>b</td> <td></td> <td>•</td> <td>•</td> <td>10b</td> <td></td> <td>x</td> <td></td>	b		•	•	10b		x	
or dishonesty?       10d       X         e       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.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       Image: transmitted to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: transmitted to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       Image: transmitted to provide any benefit when due under the plan?       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       Image: transmitted to provide the provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10h       X         ext VI       Pension Funding Compliance       10i       Image: transmitted to plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).       11a         11a       Enter the amount from Schedule SB line 39.       11a	С	Was the plan covered by a fidelity bond?			10c	Х		10000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		x	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	e	insurance service or other organization that provides some or all o	of the benefits	s under the plan? (See	10e		x	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR         10h       X         10h       X         11       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 under the plan	n?		10f		Х	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR         10h       X         2520.101-3.)       10h       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.       10i       X         Part VI       Pension Funding Compliance       10i       Ioi       Ioi         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).       I1a       I1a         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?       Ioi         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 granting the waiver.       Month	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	l.)	-		Х	
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	h	If this is an individual account plan, was there a blackout period?	(See instructi	ions and 29 CFR			х	
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)	i		•		10i			
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)	Part							-
11a       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?         (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 granting the waiver.         Month       Day	11	Is this a defined benefit plan subject to minimum funding requirem						
(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 letter granting the waiver.         Month       Day         Year	11a							
(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 letter granting the waiver.         Month       Day         Year	12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	e or se	ection :	302 of	ERISA? Yes 🗙 No
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 granting the waiver		· · · ·						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MR (Form 5500), and skin to line 12	а	If a waiver of the minimum funding standard for a prior year is beir	ng amortized	in this plan year, see instru		, and e		•
	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	b	Enter the minimum required contribution for this plan year					12b	

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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Part	art 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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF	yee		OMB Nos. 1210-01 1210-00					
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Emp						2012		
Department of Labor	e (a) of		s Open to Publi					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	ode). ctions to the Form 5500	0.95		pection	C			
Part I Annual Report Id	entification Information	ance with the instru	LIGHS to the Form 550	мог,				
For calendar plan year 2012 or fisca		1/01/2012	and ending		12/31/201	.2		
A This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		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	m/report (less than 12 m	onths	;)			
C Check box if filing under:	ox if filing under:							
	special extension (enter descriptio	•						
	nation-enter all requested information	ation						
<b>1a</b> Name of plan				1b	Three-digit plan number			
Peridot Financial G	roup, LLC 401(k) Plan				(PN)	001		
				1c	Effective date o			
					01/01/2008	3		
2a Plan sponsor's name and addre Peridot Financial G		mployer, if for a single-	employer plan)	2b	Employer Identit (EIN) 26-011	ication Number		
	roup, me			2c	Sponsor's telep	hone number		
1515 East Woodfield	Road			2d	(847) 240- Business code (	·2571 see instructions)		
Schaumburg		IL	60173		525100	,		
3a Plan administrator's name and	address XSame as Plan Sponsor N	lame 🗌 Same as Plan	Sponsor Address	3b	Administrator's I	EIN		
			·	20	C Administrator's telephone number			
				90	Multimisuators	elephone numbe	24	
4 If the name and/or FIN of the n	an sponsor bas changed since the la	ast return/report filed fo	r this plan, apter the	4h	#"IKI			
4 If the name and/or EIN of the pl name, EIN, and the plan numb	an sponsor has changed since the k er from the last return/report.	ast return/report filed fo	r this plan, enter the	4b	EIN			
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Page **2** 

	t III Financial Information		(a) Beginning of Yea	r	Τ		(b) End o	f Year	
<b>-</b> -	Plan Assels and Liabilities	7a		5,43	7				7,333
	Fotal plan assets	7a 7b			0				(
	Fotal plan liabilities Net plan assets (sublract line 7b from line 7a)	70 7c	695	5,43	7			73	37,333
			(a) Amount	., 10	-		(b) To		
	ncome, Expenses, and Transfers for this Plan Year						(0) 10		
	1) Employers	8a(1)		25	0				
1	2) Participants.	8a(2)			0				
	3) Others (including rollovers)	8a(3)			0			<u> </u>	
	Other income (loss)	. 8b	42	2,93	9		· · · · · · · · · · · · · · · · · · ·		
c ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						4	3,189
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			0		1.1.1	· · · · · · · · · · · · · · · · · · ·	
f	Administrative service providers (salaries, fees, commissions)	8f	-	1,29	3				
g (	Other expenses	. 8g			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,293
1	Net income (loss) (subtract line 8h from line 8c)	. 8i			. •			4	1,896
J .	Transfers to (from) the plan (see instructions)	8j			0				
Parl	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruct	ions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	-	-	10Ь		x			
C	Was the plan covered by a fidelity bond?			10c	х			10	00,00
d	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 other insurance service or other organization that provides some or all	of the ben	efits under the plan? (See	40		x			
	instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			1
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			1 <b>0i</b>					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No
	Enter the amount from Schedule SB line 39	<u></u>				11a			
11a	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	orse	ction	302 of	ERISA?	Yes	X Na
11a 12									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below		able.)						
12		, as applic ng amortiz	ed in this plan year, see instruc		, and (	enter II Day		e letter n Year	iling

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c	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					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [	No N/A			
Part							
	Has a resolution to terminate the plan been adopted in any plan year?		Yes 🔀 N	0			
	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?			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.)			100 B			
		3c(2) E	.IN(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)							
14a	Name of trust	14b T	rust's EIN				