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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

				uctions to the Form 550			
art I							
calenda	ar plan year 2012 or fis			<u> </u>	12/31/2		
This ret	urn/report is for:		a multiple-employer	plan (not multiemployer)		a one-particip	oant plan
This ret	urn/report is:	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter desc	cription)				
art II	Basic Plan Info	rmation—enter all requested ir	nformation				
	•				1b		
ERCUT	MANAGEMENT, L.L.). PROFIT SHARING PENSION	PLAN AND TRUST			•	001
					1c	\ /	
					.	01/01/	•
Plan sp	oonsor's name and ad	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identii	fication Number
ERCUT	MANAGEMENT, L.L.	C.				(EIN) 36-42	96545
					2c		
JAGO, II	L 00022				20		
Plan a	dministrator's name ar	nd address VSame as Plan Spor	seor Name Same as Pl	an Spansor Address	3h		
riaii a	ummistrator s name ar	d address Moanie as Flan Spon	ISOI Name Dame as Fig	an Sponsor Address	35	Auministrator 5	LIIN
					3c	Administrator's t	telephone number
If the n	name and/or FIN of the	nlan snonsor has changed since	the last return/report filed	for this plan, enter the	4h	EINI	
			, the last return/report mea	ioi tilis piari, criter tile	40	LIIN	
Sponso	or's name				4c	PN	
Total r	number of participants	at the beginning of the plan year			5a		2
Total r	number of participants	at the end of the plan year			5b		2
			' '	•	F		2
	<i>'</i>						2 Vac D Na
							X Yes No
						•••••	X Yes No
ution: A	penalty for the late	or incomplete filing of this retur	rn/report will be assessed	l unless reasonable cau	ıse is	established.	
der pena		ner penalties set forth in the instru					
		•		vaion of this rature/ranari		to the hest of my	
or Sche		nd signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	i, and i	to the best of my	knowledge and
or Sche	dule MB completed ar rue, correct, and comp		as well as the electronic vo	ersion of this return/report	i, and i	to the best of my	knowledge and
or Sche lef, it is t	rue, correct, and comp		as well as the electronic ve	STEPHEN HUTTON	i, and i	to the best of my	knowledge and
or Sche lef, it is t	rue, correct, and comp	valid electronic signature.	Γ	· -			
or Sche lef, it is t GN RE	Filed with authorized/ Signature of plan a	valid electronic signature.	07/18/2013	STEPHEN HUTTON			
or Sche ief, it is t in ief, it is t	Filed with authorized/ Signature of plan a Filed with authorized/	valid electronic signature. dministrator valid electronic signature.	07/18/2013 Date	STEPHEN HUTTON Enter name of individ STEPHEN HUTTON	ual sig	ining as plan adn	ninistrator
or Sche ief, it is t N RE N RE	Filed with authorized/ Signature of plan a Filed with authorized/ Signature of emplo	valid electronic signature. dministrator valid electronic signature.	07/18/2013 Date 07/18/2013 Date	STEPHEN HUTTON Enter name of individ STEPHEN HUTTON Enter name of individ	ual sig	ining as plan adn	ninistrator
or Sche ief, it is t N RE N RE	Filed with authorized/ Signature of plan a Filed with authorized/ Signature of emplo	valid electronic signature. dministrator valid electronic signature. yer/plan sponsor	07/18/2013 Date 07/18/2013 Date	STEPHEN HUTTON Enter name of individ STEPHEN HUTTON Enter name of individ	ual sig	ining as plan adn	ninistrator er or plan sponsor
or Sche ief, it is t N RE N RE	Filed with authorized/ Signature of plan a Filed with authorized/ Signature of emplo	valid electronic signature. dministrator valid electronic signature. yer/plan sponsor	07/18/2013 Date 07/18/2013 Date	STEPHEN HUTTON Enter name of individ STEPHEN HUTTON Enter name of individ	ual sig	ining as plan adn	ninistrator er or plan sponsor
or Sche ief, it is t N RE N RE	Filed with authorized/ Signature of plan a Filed with authorized/ Signature of emplo	valid electronic signature. dministrator valid electronic signature. yer/plan sponsor	07/18/2013 Date 07/18/2013 Date	STEPHEN HUTTON Enter name of individ STEPHEN HUTTON Enter name of individ	ual sig	ining as plan adn	ninistrator er or plan sponsor
	Calenda This ret	Calendar plan year 2012 or fise This return/report is for: This return/report is: Check box if filing under: Cha	This return/report is for: This return/report is for: This return/report is: This first return/report is: The first return/report is: This first return	Calendar plan year 2012 or fiscal plan year beginning 01/01/2012 This return/report is for:	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending This return/report is for:	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2 This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) This return/report is: the first return/report the final return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension special extension (enter description) art II Basic Plan Information—enter all requested information Name of plan Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c N. MILWAUKEE, STE. 401 AGO, IL 60622 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3c 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. Sponsor's name 4c Total number of participants at the beginning of the plan year 5a Total number of participants at the end of the plan year 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 3c Hy ou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-8F and must instead use for penalties set forth in the instructions, I declare that I have examined this return/report, if server in the plan year and the penalty for the late or incomplete filing of this return/report, if the plan's declare that I have examined this return/report, if the plan's declare that I have examined this return/report, if the plan's declare that I have examined this return/report, if the plan's declare that I have examined the set of th	calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 This return/report is for:

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>		_					
<u> </u>	<u> </u>		(a) De nieute e a (Va				(h) F. d. a () (a -)			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea			(b) End of Ye				
	Total plan assets	7a 7b	22090)4			251621			
	Net plan assets (subtract line 7b from line 7a)	76 7c	22690	14	+	251621				
	Income, Expenses, and Transfers for this Plan Year	70		/ -	+					
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2471	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					24717			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0			
i_	Net income (loss) (subtract line 8h from line 8c)	8i					24717			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension ${\sf 2E} = {\sf 2J} = {\sf 3D}$	feature co	des from the List of Plan Char	acterist	tic Code	es in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Codes	s in tl	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X				
	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				
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 a					X				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h						
D =1	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>	. 0 (16 11	· · · · · · · · · · · · · · · · · · ·				\(\(\)			
	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									
	Ta Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30	2 of	ERISA? Yes X No			
	(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 beir granting the waiver.		Mon	ıth		ter th Day	ne date of the letter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	-			1 .	O.L.	<u> </u>			
<u> </u>	Enter the minimum required contribution for this plan year				1	2b				

	Form 5500-SF 2012 Page 3 - 1			
	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 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treesury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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).

► 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

For	calendar plan year 2012 or fise	cal plan year beginning	01/01/2012	and ending	12/31/201	2			
A	This return/report is for:	x a single-employer plan	a multiple-employer (olan (not multiemployer)	er) a one-participant plan				
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
С	Check box if filing under:	x Form 5558		☐ DFVC p	rogram				
		special extension (enter description	1)		_				
	Basic Plan Info	rmation enter all requested inform	mation						
1a	Name of plan				1b Three-digit				
	Uppercut Management	, L.L.C. Profit Sharing Pe	ension Plan and	d Trust	plan numb (PN) ▶	er 001			
			1c Effective date of plan						
22	Plan engreed's same and add	dress; include room or suite number (er	malayar if far a sizel		01/01/1				
24	Uppercut Management	, L.L.C.	mployer, ir for a singi	e-employer plan)	I	dentification Number -4296545			
						elephone number			
	805 N. Milwaukee, S	te. 401			(312) 2				
					2d Business c 711410	ode (see instructions)			
	Chicago Plan administrator's name an	d address X Same as Plan Sponsor	Name Same as	Plan Sponeor Address	3b Administrat	ode CIN			
vu	Tian administrator s frame an	o address [A] came as Fian oponsor	Name Same as	riali Spolisoi Addiess	JD Administrati	OIS EIN			
					3C Administrat	or's telephone number			
					7 Administrati	or a telephone number			
_					41				
4		plan sponsor has changed since the laber from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN				
а	Sponsor's name				4c PN				
5a	Total number of participants a	at the beginning of the plan year			5a	2			
þ		at the end of the plan year			5b	2			
С	The state of the s	ccount balances as of the end of the pl		-	5c	2			
6a		during the plan year invested in eligible				X Yes No			
þ	-	the annual examination and report of a		ed public accountant (IQI	PA)				
		(See instructions on waiver eligibility a				. X Yes ☐ No			
_		her line 6a or line 6b, the plan canno	<u> </u>						
		or incomplete filing of this return/reposer penalties set forth in the instructions							
SE	or Schedule MB completed ar	nd signed by an enrolled actuary, as we							
be	lief, it is true, correct, and comp								
	Stephen Hutton Stephen Hutton								
	Signature of plan administrator Date 1013 Enter name of individual signing as plan administrator								
	Stephen Hutton Stephen Hutton								
	Signature of employer	· _ ·	Date 7 (17/13	Enter name of individua	,				
Pr	eparer's name (including firm n	ame, if applicable) and address; include	e room or suite numb	er (optional)	Preparer's teleph	one number (optional)			

Page	2

							_	
	Financial Information				_		a>=	
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year			
<u>a</u>	Total plan assets	7a	226,9	04	251,			251,621
<u>b</u>	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	226,9	04	-			251,621
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)						
ь	Other income (loss)	8b	24,7	17				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						24,717
đ	Benefits paid (including direct rollovers and insurance premiums							
_	to provide benefits)	8d						
_	Certain deemed and/or corrective distributions (see instructions)	8e			-			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0	-			
<u>g</u>	Other expenses	8g		0				0
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	81						24,717
┷	Transfers to (from) the plan (see instructions)	8;						
	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	terist	ic Cod	es in t	he instruction	ons:
	2E 2J 3D							
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in the	e instruction	is:
	Compliance Questions							
10	During the plan year: Yes No Amount							mount
а				10a		х		
t	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported	10b		х		
	Was the plan covered by a fidelity bond?		***************************************	10c		х		
	or dishonesty?	***************************************	***************************************	10d		х		
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	of the bene	efits under the plan? (See	10e		ж		
f				10f		x		_
				10g		•		
	·	-		ivg		X		
	2520.101-3.)	*************		10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				
	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)							
_11	a Enter the amount from Schedule SB line 39							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver	_				nter th		e letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.					
t	Enter the minimum required contribution for this plan year	•••••		*******		12b		

	Form 5500-SF 2012 Page 3-			
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		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🗆	Yes	□ No □ N/A
	Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Y	es 🗓	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
	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		_
	I3c(1) Name of plan(s):	c(2) EIN	(s)	13c(3) PN(s)
: 1ē.,	Trust Information (optional)			
14a I	Name of trust	14b Trust's EIN		