For	rm 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2012	
Employee B	epartment of Labor enefits Security Administration	ctions 6057(b) and 6058 Code).	(a) of		This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instru	ctions to the Form 5500	0-SF.	1115	pection
Part I		entification Information			<u> </u>		
For calend	ar plan year 2012 or fisca				2/31/2	2012	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths	1	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m
		special extension (enter descriptio	n)				
Part II	Basic Plan Inform	nation—enter all requested inform	ation				
1a Name					1b	Three-digit	
WELCOME	HOME MORTGAGE, LLC	C 401(K) PROFIT SHARING PLAN				plan number	
						(PN) 🕨	001
					1c	Effective date of 01/01/	•
	ponsor's name and addre HOME MORTGAGE, LL	ess; include room or suite number (e C	mployer, if for a single	-employer plan)	2b	Employer Identif (EIN) 51-04	
1331 SILAS	DEANE HIGHWAY				2c	Sponsor's telep	
	TELD, CT 06109				2d	Business code (52229	,
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's	
					3с	Administrator's t	elephone number
		lan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan numb or's name	er from the last return/report.			4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		4
b Total	number of participants at	the end of the plan year			5b		4
		count balances as of the end of the			50		
					5c		3
6a Were	all of the plan's assets d	uring the plan year invested in eligib	le assets? (See instruc	ctions.)			🗙 Yes 🗌 No
		e annual examination and report of					
	,	See instructions on waiver eligibility	,				X Yes No
		er line 6a or line 6b, the plan cann					
		incomplete filing of this return/rep r penalties set forth in the instruction					able a Schodula
SB or Sche		signed by an enrolled actuary, as we					
SIGN	Filed with authorized/va	lid electronic signature.	08/07/2013	ROBERT HOFFMANN	1		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adm	ninistrator
SIGN	Filed with authorized/va	lid electronic signature.	08/07/2013	ROBERT HOFFMANN	1		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor
Preparer's		ne, if applicable) and address; includ	e room or suite numbe				number (optional)

 7 Plan Assets and Liabilities a Total plan assets	7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Yea 3314 3314 (a) Amount	2			(b) End of Year 36931 36931 (b) Total
 b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	7b 7c 8a(1) 8a(2) 8a(3) 8b	3314				36931
 C Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b		2			
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8a(1) 8a(2) 8a(3) 8b		2			
 a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8a(2) 8a(3) 8b	(a) Amount				(b) Total
 (1) Employers	8a(2) 8a(3) 8b					
 (2) Participants	8a(2) 8a(3) 8b					
 (3) Others (including rollovers) b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8a(3) 8b					
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 	8b					
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 		450	0	_		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		458	8			
to provide benefits)				-		4588
Certain deemed and/or corrective distributions (see instructions)						
	8e					
f Administrative service providers (salaries, fees, commissions)	8f	79	9			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					799
i Net income (loss) (subtract line 8h from line 8c)	8i					3789
j Transfers to (from) the plan (see instructions)	···· 8j					
Part IV Plan Characteristics						
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare 						
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F			10a		X	
b Were there any nonexempt transactions with any party-in-intere on line 10a.)	,	-	10b		х	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?		-	10d	х		10000
e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)	Il of the benefits	s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the p	olan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period 2520.101-3.)	•		10h		x	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ements? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	3 (Form
11a Enter the amount from Schedule SB line 39					11a	
2 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 b granting the waiver. 	eing amortized	in this plan year, see instruc		, and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Sched						
						-

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	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
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant B This return/report is: In the first return/report a short plan year return/report a one-participant C Check box if filing under: X Form 5558 automatic extension DFVC program B special extension (enter description) special extension (enter description) DFVC program Plant III Basic Plan Information enter all requested information 1b Three-digit plan number 0/ 1a Name of plan Welcome Home Mortgage, LLC 401 (k) Profit Sharing Plan 1b Three-digit plan number 0/ 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identificat (EN) 51-04588 2b Wethersfield CT 06109 2c Sponsor's telephone 2d Business code (see 522292 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone 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. 4c PN Sa 5a Total number of participants at the end of the plan year Sa Sa Sa	pen to Public etion
Department of Lisbourg Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code) (the	blan 11 0 Number 56 number
Pendot Benefit Coursety Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspective Pendot Benefit Coursety Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Inspective Pendot Benefit Coursety Corporation > Complete all entries in accordance with the instructions to the Form 5500-SF. Inspective Pendot Benefit Coursety Corporation > a single-employer plan and indiple-employer plan (not multilemployer) a one-participant B This return/report is: In the first return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: S form 5558 automatic extension DFVC program g special extension (enter description) Plan the form 5500-SF (less than 12 months) DFVC program Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) VD Employer identification (FO 12.3) Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan) 20 Employer identification's Ellephone (R60) 761-133 S131 Silas Deane Highway C Y 06109 3C Administrator's Ellephone (R60) 761-133 3C Administrator's Ellephone (R60) 761-133 S2 Spensor's name Ad devines a Corporation is a set beinghon	olan 1 1 on Number 56 number
Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: Is a single-employer plan In multiple-employer plan (not multipemployer) In a number on the final return/report In a number on the final return/report (less than 12 months) B This return/report is: In a manended return/report In a short plan year roturn/report (less than 12 months) ID FVC program C Check box if filing under: in point social extension (enter description) ID FVC program ID FVC program Part II Basic Plan Information enter all requested information ID Three-digit plan number (PN) be for the single-employer plan (PN) be for the single-employer plan (PN) be for the plan number (PN) be for the single-employer plan (PN) be for the plan sponsor has changed since the last return/report fied for this plan, enter the name, EIN, and the plan number for 01/01/2007 2b Employer Identifieat (EIN) for 1-133 32 Plan administrator's name and address [X] Same as Plan Sponsor Name Sime as Plan Sponsor Address 3b Administrator's telep 33 Plan administrator's name and address [X] Same as Plan sponsor Name Sime as Plan Sponsor Address 3b Administrator's telep 34 If the name and/or EI	1 on Number 56 number
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B This return/report the first return/report a short plan year return/report an amended return/report a short plan year return/report b short plan year return/report C C Check box if filing under: X Form 5558 automatic extension DFVC program Special extension (enter description) Special extension (enter description) Ib Three-digit Three-digit Plan Normation enter all requested information 1b Three-digit Three-digit 1a Name of plan 1b Three-digit Three-digit Welcome Home Mortgage, LLC 401 (k) Profit Sharing Plan 1b Effective date of plan 1331 Silas Deane Highway 2c Sponsor's telephone (60) 761-133 205 Wethersfield CT 06109 522292 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone 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. EN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan year invested in eligible assets? (See instructions.)	1 on Number 56 number
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US Wethersfield CT 06109 522292 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN 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. 4b EIN a Sponsor's name 4c PN 5a 5a 5a 5b c Number of participants at the beginning of the plan year 5b c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 2 b 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.) 2 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 2 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 2 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, includin	
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	a Schedule ledge and
SIGN Robert Hoffmann	
HERE Signature of plan administrator Date 84413 Enter name of individual signing as plan administrator	
sign	or
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or pla	tor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone num	
	n sponsor

Form 5500-SF 2012

Page **2**

P	art III Financial Information		1111110/- #100/01/01/01/01/01/01/01/01/01/01/01/01/					
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
а	Total plan assets	7a	33,142					36,931
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	33,14	12				36,931
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
a	Contributions received or receivable from: (1) Employers	8a(1)	:					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·					
b	Other income (loss)	8b	4,58	38				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4,588
d	Benefits paid (including direct rollovers and insurance premiums							1,000
	to provide benefits)	8d			_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	79	99				
<u>g</u>	Other expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						799
1	Net income (loss) (subtract line 8h from line 8c)	81						3,789
	Transfers to (from) the plan (see instructions)	8j	·					
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fea 2E 2F 2G 2J 2K 3D	ature code	s from the List of Plan Characte	ristic	Codes	s in the	e instruction	S:
			· · · · · · · · · · · · · · · · · · ·					
d 	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Characteri	stic C	odes i	in the i	instructions	
Pa	art V Compliance Questions							
10	During the plan year:		, , , , , , , , , , , , , , , , , , ,		Yes	No	4	Amount
a 	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci			10a		x		
k	Were there any nonexempt transactions with any party-in-interest? 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 fi or dishonesty?			10d	x			10,000
e	,,,,,,,, .							9999-100-100-100-100-100-100-100-100-100
	insurance service or other organization that provides some or all of instructions.)			10e		x		
f		· · · · · · · · · · · · · · · · · · ·						
	Has the plan failed to provide any benefit when due under the plan			10f		X		·····
<u>9</u>				10g		x		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)			10h		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101		notice or one of the	10i				
Do	rt VI Pension Funding Compliance					<u> </u>		
11	5500) and line 11a below)	·····		•••••				Yes X No
_11	a Enter the amount from Schedule SB line 39		•••••••••••••••••••••••••••••••••••••••	••••••		11a		
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the Code or	secti	on 302	2 of EF	RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ble.)					
a 	If a waiver of the minimum funding standard for a prior year is being granting the waiver				nd en	ter the _ Da		letter ruling Year
lf	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		*****			12b		
	·		· · · · · · · · · · · · · · · · · · ·		I -	P		· · · · · · · · · · · · · · · · · · ·