	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan					OMB	Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	This form is required to be filed u		nd 4065 of the Employee	Э	2012	
· · · ·	Department of Labor Employee Benefits Security Administration Renzing Renzifit Guaranty Comparison Renzing Renzifit Guaranty Comparison			tions 6057(b) and 6058		This Form is Op	
	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.						
For cal	Annual Report Ic endar plan year 2012 or fisc	Jentification Informational plan year beginning01/01/2012		and ending 1	2/31/2	2012	
	]		multiple employer pla	an (not multiemployer)	2/31/2		nlon
	s return/report is for:		1 1 7 1	an (not multiemployer)		a one-participant	pian
BIhi	s return/report is:		he final return/report	war and data then 40 m			
•	l	╡		/report (less than 12 mc	ontns)	<b>—</b>	
C Che	eck box if filing under:	╡ └╵	utomatic extension			DFVC program	
		special extension (enter description)					
Part		mation—enter all requested informati	on		16	Thursday d'ait	
	ame of plan EA IMAGING 401(K) PLAN				<b>D</b>	Three-digit plan number	
ONLLOL						(PN) 🕨	001
					1c	Effective date of pla	n
						01/01/199	-
	an sponsor's name and addr EA IMAGING HOLDINGS, L	ess; include room or suite number (emp L.C.	oloyer, if for a single-e	employer plan)	2b	Employer Identificati (EIN) 26-20393	
	ST 17TH STREET				2c	Sponsor's telephone 917-305-26	
NEW YO	DRK, NY 10011				2d	Business code (see 621510	instructions)
3a Pla	an administrator's name and	address XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's EIN	
					3с	Administrator's telep	hone number
4 If t	the name and/or EIN of the pame. FIN and the plan numb	blan sponsor has changed since the las per from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN	
	onsor's name				4c	PN	
<b>5a</b> To	otal number of participants a	t the beginning of the plan year			5a		52
<b>b</b> To	otal number of participants a	t the end of the plan year			5b		51
	· ·	count balances as of the end of the pla			-		
					5c		36 
b Aı ur	re you claiming a waiver of tl nder 29 CFR 2520.104-46? (	during the plan year invested in eligible ne annual examination and report of an See instructions on waiver eligibility an	independent qualified d conditions.)	d public accountant (IQF	PA)		Yes No
-		er line 6a or line 6b, the plan cannot					
Under SB or S	penalties of perjury and othe	incomplete filing of this return/report of penalties set forth in the instructions, signed by an enrolled actuary, as well bete.	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable	
SIGN	Filed with authorized/va	alid electronic signature.	09/11/2013	ANDRE KHOURY, M.E	D.		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sic	ning as plan adminis	trator
SIGN							
HERE	Signature of employe	ar/alan sponsor	Date	Enter name of individu	ual eid	ning as employer or	
Prepar		me, if applicable) and address; include				parer's telephone num	
				-			

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a Total plan assets	7a	148228				1629416
<b>b</b> Total plan liabilities	7b	10	0			
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	148218	7			1629416
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0=(4)					
(1) Employers		5663	4			
(2) Participants		5005	4			
(3) Others (including rollovers) b Other income (loss)		13122	6			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		13122	0			407000
d Benefits paid (including direct rollovers and insurance premiums	00					187860
to provide benefits)	8d	3581	9			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	481	2			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40631
i Net income (loss) (subtract line 8h from line 8c)	8i					147229
<b>j</b> Transfers to (from) the plan (see instructions)						
Part IV Plan Characteristics						
Part V Compliance Questions						
10 During the plan year						
				Yes	No	Amount
<ul> <li>During the plan year:</li> <li>Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> </ul>	utions within th luciary Correc	he time period described in tion Program)	10a	Yes	No X	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contrib	luciary Correc st? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes		Amount
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interest</li> </ul>	luciary Correc st? (Do not inc	tion Program) lude transactions reported		Yes	х	
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> </ul>	luciary Correc st? (Do not inc s fidelity bond,	tion Program) lude transactions reported 	10b		х	
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice</li> <li>b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c		X X	
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all</li> </ul>	s fidelity bond, ther persons b of the benefits	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud , an insurance carrier, s under the plan? (See	10b 10c 10d 10e		x x x x x x x x x x x x x x x x x x x	
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic</li> <li>b Were there any nonexempt transactions with any party-in-interes on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefits an?	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f	X	x x x x x x x x x x x x x x x x x x x	25000
<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefit: an? as of year end (See instructi	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e 10f 10g		x x x x x x x x x x x x x x x x x x x	25000
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<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefit: an? as of year end (See instruction the required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X	25000
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<ul> <li>a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interess on line 10a.)</li></ul>	luciary Correc st? (Do not inc s fidelity bond, ther persons b of the benefits an? as of year end (See instruction the required n 01-3 nents? (If "Yes g requirements v, as applicabl ing amortized	tion Program) lude transactions reported , that was caused by fraud , the plan (caused by fraud by fraud , the plan (caused by fraud by fraud by fraud by fraud , the plan (caused by fraud by	10b 10c 10d 10e 10f 10g 10h 10i 0 or see	X X Schec	X X X X X X X Ule SB (F 11a 302 of ER	25000     51185     51185     Torm     Yes X No RISA? Yes X No
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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	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	<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

		al Return/Report of Benefit Plan	f Small Employ	/ee	OME	Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to b	e filed under sections 104 an	d 4065 of the Employee	Э	201	2	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	_ the In	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				Open to Public	
	Complete all entries in ad Identification Information		ions to the Form 5500	)-SF.	1		
For calendar plan year 2012 or fis		01/01/2012	and ending		12/31/2012		
	X a single-employer plan			Г			
A This return/report is for:		a multiple-employer pla	in (not muttemployer)	L	a one-participant	pian	
<b>B</b> This return/report is:	the first return/report	the final return/report					
_	an amended return/report	a short plan year return.	report (less than 12 mo	onths)			
C Check box if filing under:	X Form 5558	automatic extension			DFVC program		
······································	special extension (enter desc	<u> </u>					
Part II Basic Plan Info	rmation-enter all requested in	formation					
1a Name of plan				1b	Three-digit		
CHELSEA IMAGING 4	01(k) PLAN		-		plan number		
			-		(PN) ►	001	
			-		Effective date of pla 01/01/1998	เก	
2a Plan sponsor's name and ad	dress; include room or suite numb	er (employer, if for a single-e	mplover plan)		Employer Identificat	ion Number	
CHELSEA IMAGING H					(EIN) 26-20393		
					Sponsor's telephon		
					(917) 305-26		
230 WEST 17TH STR	EET			2d	Business code (see	instructions)	
NEW YORK		NY	10011		621510 <sup>`</sup>	,	
3a Plan administrator's name ar	nd address 🖾 Same as Plan Spon	Isor Name Same as Plan	Sponsor Address	3b	Administrator's EIN		
						bhone number	
4 If the name and/or EIN of the	plan sponsor has shanged since	the last return (over a file of fe				onone number	
4 If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since nber from the last return/report.	the last return/report filed for	this plan, enter the	4b			
name, EIN, and the plan nur a Sponsor's name	nber from the last return/report.				EIN		
name, EIN, and the plan nur a Sponsor's name	e plan sponsor has changed since mber from the last return/report. at the beginning of the plan year.			4b 4c	EIN		
name, EIN, and the plan nur a Sponsor's name 5a Total number of participants	nber from the last return/report. at the beginning of the plan year.			4b 4c 5a	EIN	5	
a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a	nber from the last return/report. at the beginning of the plan year . at the end of the plan year	the plan year (defined benef	it plans do not	4b 4c	EIN	5	
arme, EIN, and the plan nur a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of	the plan year (defined benef	it plans do not	4b 4c 5a 5b 5c	EIN PN	5	
a Sponsor's name <b>a</b> Sponsor's name <b>5a</b> Total number of participants <b>b</b> Total number of participants <b>c</b> Number of participants with a complete this item)	mber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of	the plan year (defined benef	it plans do not	4b 4c 5a 5b 5c	EIN PN	5	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> <li>c Number of participants with a complete this item)</li></ul>	mber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report	the plan year (defined benef eligible assets? (See instruction	it plans do not	4b 4c 5a 5b 5c	EIN PN	5 5 3 X Yes No	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants</li> <li>c Number of participants with a complete this item)</li></ul>	mber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report ? (See instructions on waiver eligil	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF	4b 4c 5a 5b 5c ⊃A)	EIN PN	5 5 3 Yes [] No	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	mber from the last return/report. at the beginning of the plan year at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligilither line 6a or line 6b, the plan	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF ind must instead use	4b 4c 5a 5b 5c PA)	EIN PN	5 5 3 X Yes No	
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<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	mber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ither line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, objete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF Ind must instead use Inless reasonable cau xamined this return/rep ion of this return/report,	4b $4c$ $5a$ $5b$ $5c$ $PA)$ Form 5 se is e ort, inclusion to the constraint of t	EIN PN Final State	5 5 3 X Yes No Yes No Yes No A Schedule wiedge and	
<ul> <li>name, EIN, and the plan nur</li> <li><u>a</u> Sponsor's name</li> <li><b>5a</b> Total number of participants</li> <li><b>b</b> Total number of participants with a complete this item)</li></ul>	mber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ither line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, objete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use i</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/report,	4b $4c$ $5a$ $5b$ $5c$ $PA)$ Form 5 se is e ort, inclusion to the constraint of t	EIN PN Final State	5 5 3 X Yes No Yes No Yes No A Schedule wiedge and	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instructi rt of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF Ind must instead use nless reasonable cau xamined this return/rep ion of this return/report, AMYKOHNAMC	4b 4c 5a 5b 5c PA) Form 5 se is 6 ort, inc and to $\sqrt{r} \in$ ual sign	EIN PN EIN S500. Established. Cluding, if applicable the best of my kno Cluding as plan adminis	5 5 3 X Yes No X Yes Yes No X Yes Yes No X Yes No X Yes No X Yes No X Yes No X Yes Y	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/rep on of this return/report, AM <del>Y KOHN</del> Enter name of individu	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN PN 5500. Established. Eduding, if applicable to the best of my kno Choury ning as plan adminis ning as employer or	5 5 3 X Yes No X Yes No X Yes No X Yes No Strator Strator	
arme, EIN, and the plan nur a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/rep on of this return/report, AM <del>Y KOHN</del> Enter name of individu	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN EIN S500. Established. Cluding, if applicable the best of my kno Cluding as plan adminis	5 5 3 X Yes No X Yes No X Yes No X Yes No Strator Strator	
arme, EIN, and the plan nur a Sponsor's name 5a Total number of participants b Total number of participants c Number of participants with a complete this item)	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/rep on of this return/report, AM <del>Y KOHN</del> Enter name of individu	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN PN 5500. Established. Eduding, if applicable to the best of my kno Choury ning as plan adminis ning as employer or	5 5 3 X Yes No X Yes No X Yes No X Yes No Strator Strator	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/rep on of this return/report, AM <del>Y KOHN</del> Enter name of individu	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN PN 5500. Established. Eduding, if applicable to the best of my kno Choury ning as plan adminis ning as employer or	5 5 3 X Yes No X Yes No X Yes No x Yes No x A Schedule wiedge and MA strator	
<ul> <li>name, EIN, and the plan nur</li> <li>a Sponsor's name</li> <li>5a Total number of participants</li> <li>b Total number of participants with a complete this item)</li></ul>	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) I public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/rep on of this return/report, AM <del>Y KOHN</del> Enter name of individu	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN PN 5500. Established. Eduding, if applicable to the best of my kno Choury ning as plan adminis ning as employer or	5 5 3 X Yes No X Yes No X Yes No X Yes No Strator	
name, EIN, and the plan nur         a Sponsor's name         5a Total number of participants         b Total number of participants         c Number of participants with a complete this item)	nber from the last return/report. at the beginning of the plan year . at the end of the plan year account balances as of the end of s during the plan year invested in of the annual examination and report (See instructions on waiver eligil ther line 6a or line 6b, the plan or incomplete filing of this return her penalties set forth in the instru- d signed by an enrolled actuary, olete.	the plan year (defined benef eligible assets? (See instruction of an independent qualified bility and conditions.)	it plans do not ons.) public accountant (IQF <b>ind must instead use I</b> <b>nless reasonable cau</b> xamined this return/rep ion of this return/report, <u>AMY-KOHN</u> Awc Enter name of individu Enter name of individu (optional)	4b 4c 5a 5b 5c PA) Form 5 se is e is	EIN PN PN 5500. Established. Eduding, if applicable to the best of my kno Choury ning as plan adminis ning as employer or	5:         3:         3:         3:         Yes         No         Yes         No         Yes         No         A         Yes         Yes         No         A         Yes         No         A         A         Yes         Y	

Form 5500-SF 2012

Page 2

b       Total plan isballities       7b       100         c       Net plan assets (subtract line 7b from line 7a)       7c       1,422,187       1,629,.         a       Contributions resoluted or recolvable from:       3a(1)       (a) Amount       (b) Total         a       Contributions resoluted or recolvable from:       3a(1)       (b) Total       (c) Contributions resoluted or recolvable from:       3a(1)         (c)       Contributions resoluted or recolvable from:       3a(2)       56,634       (c) Total         (c)       Contain income (loss)       8b       131,226       (c) Total       (c) Total income (loss)       187,         d       Bernfleg paid (finduling silect rollowers and insurance promiums or provide bareflish)       8d       35, 812       (c) 7, 812         d       Contain income (loss)       Gother expenses.       8g       (c) 7, 812       (c) 7, 812         g       Other expenses.       Gother expenses.       8g       (c) 7, 812       (c) 7, 812         g       Dother expenses.       If an explanse (loss) (lost explanse) (lost explanse)       8g       (c) 7, 713         g       If an explanse (loss) (lost explanse) (lost explanse)       8g       (c) 7, 713       (c) 7, 713         g       If an explanse paid to moline 8d; 8g, 8g, 8f and 8g)	Part III Financial Information						······
a Total plan easets       7a       1,482,287       1,622,187         b Total plan labilities       7b       100       0         C Net plan easets (subtract line 7b from line 7a)       7c       1,482,187       1,623,1         8 Income. Expenses, and Transfers for the Plan Year       (a) Amount       (b) Total       0         2 Contributions neewed or rescivulations       8a(1)       (c) Amount       (b) Total         (2) Participants       8a(2)       55,634       (c) Amount       (c) Total         (3) Others (including rollowers)       8a(3)       231,226       (c) Amount       (c) Total         (a) Charles (including rollowers)       8a(3)       231,226       (c) Amount       (c) Total         (b) Other income (lass)       (c) Amount       8a(2)       231,226       (c) Amount       (c) Total         (c) Charle connection       (c) Amount       8a(2)       231,226       (c) Amount       (c) Total       (c) Amount       (c)	7 Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year
b       Total plan liabilities       The       100         c       Net plan assets (addres for this Plan Year       Yes       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Amount       (c) Total         a       Contributions received or receivable from:       8a(1)       (c) Amount       (c) Total         (c)       Define income Case)       8a(2)       556, 534       (c) Amount       (c) Total         (c)       Define income Case)       8b       131, 226       (c) Amount       (c) Total         (c)       Define income Case)       8b       131, 226       (c) Amount       (c) Total income (case)       (c) Total inco					7		1,629,416
c       Net plan assets (subtract line 7b from line 7a)				10	0		11
8       income. Expenses, and Therefers for this Plan Year       (a) Amount       (b) Total         a       Centributions necevoir of recolvable form.       8a(1)       (c) Fantogrants.       8a(2)       56,634         (a)       Cher income (loss)       8a(3)       131,220       137,         b       Other income (loss)       8a(3)       131,220       137,         c       Total income (loss)       8b       131,220       137,         d       Benefits paid (including direct rolewars and meurance premiums etc.)       8d       35,819       137,         g       Other expenses.       8g       137,       14,812       147,         g       Other expense (add lines 6d, 8u, 6f, and 6g)       8t       4,812       147,         g       Other expense (add lines 6d, 8u, 6f, and 6g)       8t       40,7,7         it nationame (bas) (subtract line 6h from line 6c)       8t       9t       147,7,7         j       Transfers to (rom the plan (see instructions).       6g       147,7,7         j       Transfers to (rom the plan (see instructions).       6g       147,7,7         j       Transfers to (rom the plan (see instructions).       6g       147,7,7         j       Transfers to (rom the plan any participant coninbutions within the time p			1,482	2,18	7		1,629,416
a Contribution received or receivable from:       6a(1)         (1) Employers       6a(2)       56,634         (2) Participants       6a(2)       56,634         (3) Others (including relovers)       6a(3)       31,226         (2) Farticipants       6a(3)       31,226         (3) Others (including relovers)       6a       35,819         (4) Energines       6a       35,819         (5) Other income (das)       6a       35,819         (5) Other income (das)       6a       35,819         (6) Catini doend and/or correative distributions (see instructions)       8a       35,819         (7) Transfers to (from) the plan (sea instructions)       8a       4,721         (7) Intransfers to (from) the plan (see instructions)       6g       4,812         (1) Net income thereits, elutient the applicable parsion feature codes from the List of Plan Characteristic Codes in the instructions:       28 27 23 2 4 2 3 3         (1) The plan provides preading binatructions and DLS v/ohtarg Prilodiagy Correction Program)       10a       X         (2) Cating the plan year:       (2) Vanty Plan Characteristic Codes in the instructions:       10a X         (2) A stable to transmit to the plan any participant contributions within the time period described in 10a       X       25 /         (1) Ouring the plan year:       10a			(a) Amount				(b) Total
(1)       Engloyers       8a(1)         (2)       Participants       8a(2)       556,634         (3)       Other income (case)       8a(3)       131,226         (4)       Participants       8a(3)       131,226         (5)       Other income (case)       8b       131,226         (5)       Other income (case)       8b       131,226         (7)       Bernefits paid (incluting direct inflowers and mearance prenums       8d       35,812         (7)       Cheardspread       74,812       74         (7)       Meandspread       74,713       74         (8)       Other cargeness       8g       44,7         (7)       Transfers to (rom) the pain (real instructions)       8g       347,7         (7)       Transfers to (rom) the pain (real instructions)       6g       347,7         (7)       Transfers to (rom) the pain (real instructions)       6g       347,7         (7)       Transfers to (rom) the pain (real instructions)       6g       347,7         (7)       Transfers to (rom) the pain (real instructions)       6g       347,7         (7)       Transfers to (rom) the pain (real instructions)       6g       347,7         (7)       Transfers to (rom) the pain (re							
(a) Others (including rolevers)       (b) Other income (loss)       (c) Other income (		8a(1)					
b       Other income (loss)       Bb       1.31, 2.26         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       187,         d       Benefits paid (including direct tothware and insurance perimism 8ad       35, 813       187,         d       Benefits paid (including direct tothware and insurance perimism 8ad       35, 813       187,         g       Contain demond and/or corrective distributions (see instructions).       8e       14, 812         g       Other oppenses       8g       40, 7,         g       Differences (add lines 8d, 68, 68, and 8g).       8h       40, 7,         i       National (add lines 8d, 68, 68, 68, 68, 68, 68, 68, 68, 68, 68	(2) Participants	8a(2)	56	5,63	4		
b       Other income (test)       8b       131, 226         c       Total income (add lines Bac(1), Bac(2), Ba(2), Ba(3), and Bb)       8c       187,         d       Benefits paid (including direct collovers and insurance promiums Bd direct collovers and bd collovers Bd direct collovers and din direct collovers and bd direct collovers and bd dire	(3) Others (including rollovers)	8a(3)					
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       197,         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       35, 819         e       Cartain deemed and/or corrective distributions (see instructions)       8e       4, 812         g       Other expenses       8g       4, 812         g       Other expenses       8g       4, 912         h       Total expenses (add lines 8d, 6g, 6f, and 8g)       8h       40, 147, 147, 147, 147, 147, 147, 147, 147			131	L,22	6		
d Benefits paid (including direct rollowers and insurance permunins to provide bonefits)       8d       35,919         e Certain deemed and/or corrective distributions (see instructions)							187,860
Control control of the provides residue for corrective distributions (see instructions)		E					
f       Administrative service providers (salaries, fees, commissions)	to provide benefits)	8d	35	,81	9		
Proteinstant op products (controls of the products)       0         q Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i Net income (loss) (subtract line 8h from line 8c)       8i         g Transfers to (from) the plan (see instructions)       g         g Transfers to (from) the plan (see instructions)       g         g The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         g D 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         10       During the plan yeavides pension and DOL is Voluntary Fiduciary Correction Program)         a Was there any nonexempt transactions with any participant contributions within the time period described in 1       10a       X         20 CFR 2510.3-1027 (See instructions and DOL is Voluntary Fiduciary Correction Program)       10a       X         b Wore there ary nonexempt transactions with any partici-inferrest? (Do not include transactions reported in 1       10a       X         c Was the plan avered by a fidelity bond?       10c       X       25 /         c Was the plan avered by a fidelity bond?       10d       X       25 /         c Was the plan avered by a fidelity bond?       10d <td< td=""><td>e Certain deemed and/or corrective distributions (see instructions</td><td>)<b>8e</b></td><td></td><td></td><td></td><td></td><td></td></td<>	e Certain deemed and/or corrective distributions (see instructions	) <b>8e</b>					
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       40,         i       Net income (toss) (subtract line 8h from line 8c)       8i       147,         j       Transfers to (from) the plan (see instructions)       8j       147,         gi       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2P 2G 2U 2X 3D         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E 7 2G 2U 2X 3D         Part IV       Compliance Questions       100       Viring the plan year:       Yes       No       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 22 CFR 2510.4-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       25 /         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to a fidelity bond?       10c       X       25 /         c       Was there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to a fidelity bond?       10c       X       25 /         d       Did the plan have a loss, whether or not reimbursed by the plan 's fidelity bond', that was caused by fraul to a fidelity bond?       10c       X	f Administrative service providers (salaries, fees, commissions)	8f	4	1,81	2		
In the concretion of the origination of the originatis and origination of the origination of the	g Other expenses	8g					
International (see) instructions)	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					40,631
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:         2B       2F 2G 2J 2K 3D         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       Amount         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 to a fidelity bond?.       10c       X       25.7         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       25.7         d       Did the plan have any participant coarts?       10t       X       25.7         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly?       10d       X       25.7         d       Did the plan have any participant boars? (If "Yes," enter amount as of year end.)       10g       X	i Net income (loss) (subtract line 8h from line 8c)	8i					147,229
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:         2b       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         a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25(13-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	j Transfers to (from) the plan (see instructions)	····· 8i					
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       3D         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       Amount         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 IV Plan Characteristics		•				
10       During the plan year:       Yes       No       Amount         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)	2È 2F 2G 2J 2K 3D						
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)							
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Yes	No	Amount
on line 10a.)				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.)       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 as of year end.)       10g       X       51 ,         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3)       10h       X       51 ,         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       Yes       Yes         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         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       Yes         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       a       If a waiver of the minimum funding require year, see instructions, and enter th				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 10e X       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 as of year end.)	<b>c</b> Was the plan covered by a fidelity bond?			10c	х		25,000
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         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       51,         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       51,         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       10i         Part VI       Pension Funding Compliance       10i       Yes X       11a       11a         11a       Enter the amount from Schedule SB line 39.       11a       11a       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?       Yes X         11a       Enter the amount from Schedule SB line 39.       11a       11a       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?       Yes X	· · · ·	-	-	10d		x	
instructions.)       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 as of year end.)       10g       X       51,         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       51,         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       Image: Second Sec	e Were any fees or commissions paid to any brokers, agents, or	r other persor	ns by an insurance carrier,				
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				10e		Х	
g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f Has the plan failed to provide any benefit when due under the	plan?		10f		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.       10i       X         Part VI       Pension Funding Compliance       10i       Yes       Yes         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       Yes         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       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.       Month       Day       Year				1	x	1	51,185
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       10i         Part VI       Pension Funding Compliance       10i       Yes       Yes         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       Yes         11a       Enter the amount from Schedule SB line 39       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?       Yes       Yes         (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.       Day       Year				ivg		<u> </u>	
exceptions to providing the notice applied under 29 CFR 2520.101-3       101         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         11a       Enter the amount from Schedule SB line 39       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?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       1         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.       Day       Year	2520.101-3.)	· · · · · · · · · · · · · · · · · · ·		10h		X	
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         11a       Enter the amount from Schedule SB line 39       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?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       1         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.       Day       Year	exceptions to providing the notice applied under 29 CFR 2520	•		10i			
5500) and line 11a below)       Yes X         11a Enter the amount from Schedule SB line 39       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?       Yes X         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Image: 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.       Month       Day       Year							
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         (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.       Day       Year							
(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.	11a Enter the amount from Schedule SB line 39					<u>11a</u>	
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 minimum fun	ding requirem	ents 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 ruling granting the waiver	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e be	elow, as appli	cable.)				
	a If a waiver of the minimum funding standard for a prior year is	being amorti	zed in this plan year, see instru		, and		•
in you complete mile 12a, complete miles 5, 5, and 10 of Schedule wild (Form SSU0), and Skip to line 15.							
b Enter the minimum required contribution for this plan year	<b>b</b> Enter the minimum required contribution for this plan year				Τ	12b	

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<u> </u>		1		
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?		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?	e 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 which assets or liabilities were transferred. (See instructions.)	) to		
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
h mertransis				
Pari	VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN