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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	U-3F.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	12/31/2	012			
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	/report (less than 12 m	onths)				
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m		
		J	special extension (enter descr	iption)		'	_			
Pa	art II	Basic Plan Info	rmation—enter all requested info	ormation						
	Name		•			1b	Three-digit			
			401(K) PROFIT SHARING PLAN				plan number			
							(PN) ▶	001		
						1c	Effective date of	•		
0-		 					01/01/			
		oonsor's name and add NWN BROKERS, INC.	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	fication Number 53349			
02/	00 . 7	tvit bitorizito, iito.					-			
400	00500	-NT 070T				2C	Sponsor's telep			
		ENT STREET , NY 11208				24		see instructions)		
						Zu	45399			
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I			
-					Sportion / Idan doc		,			
						3с	Administrator's t	elephone number		
4			e plan sponsor has changed since to mber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b	EIN			
а		or's name	inder from the last return/report.			4c	PN			
_	•		at the beginning of the plan year			5a		2		
b			at the end of the plan year			5b		1		
•			account balances as of the end of t			30		I		
C			account balances as of the end of t	. , ,	•	5c		1		
6a	Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instruct	ions.)			X Yes No		
b			the annual examination and report							
			? (See instructions on waiver eligibi					X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	<u>5500.</u>			
Ca	ution: A	penalty for the late of	or incomplete filing of this return	/report will be assessed u	unless reasonable cau	use is e	established.			
			ner penalties set forth in the instruc							
		rue, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic vers	sion of this return/report	t, and t	o the best of my	knowledge and		
	,	•								
SIG		Filed with authorized/v	valid electronic signature.	09/16/2013	RALPH PATRICK MO	REA				
ПЕ	KE .	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator		
SIG		Filed with authorized/v	valid electronic signature.	09/16/2013	RALPH PATRICK MO	MOREA				
HE		Signature of employ		Date	Enter name of individ					
Pre	eparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite number	(optional)	Prepa	arer's telephone	number (optional)		

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Da	rt III Financial Information									
_ <u>Pa</u>			(a) De alamba a a (Va				(b) F	L - C \		
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year			
_ <u>a</u>	Total plan assets	7a	10496				112816 0			
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	10406	0	+					
		7c	10496	07	-		112816)
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year 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)		0						
b	Other income (loss)	8b	1014	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	dd lines 8a(1), 8a(2), 8a(3), and 8b)							10142)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	229	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							229	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							784	9
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instruc	tions:		
Par	Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	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	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth			.00						
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X				
	instructions.)			10e						
	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
9			<u> </u>	10g		X				
h	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 2520.10			10i						
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•			•		Yes	X No
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day		the le		ing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

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	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 Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accord	dance with the inetr	uctions to the Sarm EE	00 65	lr.	spection	
Part Annual Report Identification Information	delice with the mist	uctions to the Form 55	00-5F.			
For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	1	2/31/2012		
A This return/report is for: x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-partici	ant clan	
B This return/report is:	the final return/repor		ŧ	a one-particij	Jani pian	
an amended return/report	•	· urn/report (less than 12 r				
C Check box if filing under: X Form 5558		unneport (less than 12 f	nonins) 1			
	automatic extension		Į	DFVC progra	m	
special extension (enter description						
Partil Basic Plan Information enter all requested infor 1a Name of plan	mation		Υ			
			1b	Three-digit plan number		
Seapod Pawn Brokers, Inc. 401(k) Profit Shar		(PN) ►	001			
			1c	Effective date o	f plan	
2a Plan sponsor's name and address; include room or suite number (e	molecular if for a single			01/01/2009		
Seapod Pawn Brokers, Inc.	imployer, it for a sing	e-employer plan)	4	Employer Identi		
				(EIN) 11-35		
439 Crescent Street			2C	Sponsor's telepi (718) 272-	none number	
449 Crescent Stradt			2d		see instructions)	
US Brooklyn NY 11208				453990	see msuuctions)	
3a Plan administrator's name and address X Same as Plan Sponsor	Name Same as	Plan Sponsor Address	3b	Administrator's	EIN	
		•				
			3c	Administrator's t	elephone number	
					cicpitotic fluitibei	
A 144						
4 If the name and/or EIN of the plan sponsor has changed since the language. EIN, and the plan number from the last return/report.	ast return/report filed	for this plan, enter the	4b EIN			
a Sponsor's name			4-			
5a Total number of participants at the beginning of the plan year			4c 5a	PN T		
b To al number of participants at the end of the plan year		*****************************	Pt.			
C Number of participants with account balances as of the end of the plant.	lan year (defined hen	The part of the old of the plant year and an annual and an				
complete this item)	ian year tuelilleu beli	etit plans do not			1	
C- 11		140179177044750777647847786477647	5c		1	
6a Were all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ctions.)				
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a	e assets? (See instruc	ctions.)	······		1	
 Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at 	e assets? (See instruction independent qualified conditions.)	ctions.)	PA)		1	
 Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either line 6a or line 6b, the plan canno 	assets? (See instruction independent qualified conditions.)	ctions.) ed public accountant (IQ	PA) Form 5		1 X Yes No	
 Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of all under 29 CFR 2520.104-46? (See instructions on waiver eligibility all If you answered "No" to either line 6a or line 6b, the plan canno Caution: A penalty for the late or incomplete filling of this return/rep 	e assets? (See instruction independent qualifiend conditions.) t use Form 5500-SF and will be assessed	ctions.) ed public accountant (IQ) and must instead use d unless reasonable ca	PA) Form 5	5500.	1 XYes No XYes No	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of all under 29 CFR 2520.104-46? (See instructions on waiver eligibility al If you answered "No" to either line 6a or line 6b, the plan canno Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of periory and other penalties set forth in the instructions	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed	and must instead use	PA) Form 5	5500. established.	1 XYes No	
 Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of all under 29 CFR 2520.104-46? (See instructions on waiver eligibility all if you answered "No" to either line 6a or line 6b, the plan canno Caution: A penalty for the late or incomplete filling of this return/rep 	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed	and must instead use	PA) Form 5	5500. established.	1 XYes No	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility an if you answered "No" to either line 6a or line 6b, the plan canno Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, a is true correct, and complete.	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed	and must instead use unless reasonable case examined this return/report	Form 5 use is c port, in t, and t	5500. established.	1 XYes No	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility an if you answered "No" to either line 6a or line 6b, the plan canno Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is true correct, and complete.	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed in the declare that I have a sthe electronic versions.	ed public accountant (IQ) and must instead use d unless reasonable ca e examined this return/re ersion of this return/repor	Form 5 use is e port, in t, and t	established. cluding, if applic to the best of my	1 XYes No XYes No able, a Schedule knowledge and	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. Sign Signature of plan administrator	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed	and must instead use unless reasonable case examined this return/report	Form 5 use is e port, in t, and t	established. cluding, if applic to the best of my	1 XYes No XYes No able, a Schedule knowledge and	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN Signature of plan administrator	e assets? (See instruction independent qualified conditions.) to use Form 5500-SF cort will be assessed. I declare that I have all as the electronic vertice.	and must instead use a unless reasonable case examined this return/report Ralph Patrick Mo	Form 5 use is e port, in t, and t	established. cluding, if applic to the best of my g as plan admin	1 XYes No XYes No able, a Schedule knowledge and	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and istrator r plan sponsor	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN Signature of plan administrator	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and istrator r plan sponsor	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and istrator r plan sponsor	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and istrator r plan sponsor	
ba Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and if you answered "No" to either line 6a or line 6b, the plan cannot Caution: A penalty for the late or incomplete filling of this return/rep Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, is is true, correct, and complete. SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor	e assets? (See instruction independent qualified conditions.) t use Form 5500-SF port will be assessed as the electronic verified as the electronic verifie	and must instead use the unless reasonable case examined this return/report return of this return/report rame of individual terms are of individual te	Form 5 use is e port, in t, and t prea	established. cluding, if applic to the best of my g as plan admin g as employer of	1 XYes No XYes No able, a Schedule knowledge and istrator r plan sponsor	

Par	III Financial Information									
7 P	an Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
ат	ctal plan assets				112,816					
b T	ctal plan liabilities	7b		0				0		
C N	et plan assets (subtract line 7b from line 7a)	7c	104,96	7	112			112,816		
	come, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			al		
	Intributions received or receivable from: Employers	8a(1)		0						
(2) Participants			0							
(3) Others (including rollovers)										
b Other income (loss)			10,14	12						
C T	gtal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						10,142		
	Bénefits paid (including direct rollovers and insurance premiums to provide benefits)									
e 0	ertain deemed and/or corrective distributions (see instructions)	80		0						
f A	ministrative service providers (salaries, fees, commissions)	8f		0	45					
g	her expenses	8g		0						
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h						2,293		
i N	et income (loss) (subtract line 8h from line 8c)	8i					- VIII	7,849		
<u>i</u> î	ansfers to (from) the plan (see instructions)	8j		0	, carefully					
Par	IV Plan Characteristics									
b li	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions						T .			
10	During the plan year:				Yes	No	Aı	nount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	iary Corre	ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		· · · · · · · · · · · · · · · · · · ·	10b		х				
С	Was the plan covered by a fidelity bond?			10c		x				
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	er persons of the bend	by an insurance carrier, efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
a	Did the plan have any participant loans? (If "Yes." enter amount a	s of year	end.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instr	uctions and 29 CFR	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 2520.10			10i			decorate and a second			
Par	VI Pension Funding Compliance			/ 1						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes ☒ No		
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?	Yes X No		
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below									
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver	ng amorti:	zed in this plan year, see instruc	tions	, and e	enter t	the date of th	e letter ruling Year		
If ay	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				,	×		
<u>b</u>	Enter the minimum required contribution for this plan year	***************************************		******		12b				

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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 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?			es X N	0	
:	f "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 plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the				Yes [K No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to)			
1	3c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) F	PN(s)
Part	YIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		