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).

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in acc	ordance with the instruc	tions to the Form 550	₩-ЭГ.	1		
	art I		Identification Information						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	012	and ending 1	12/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant 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	
		3	special extension (enter descrip	otion)			ш -		
Pa	art II	Basic Plan Info	rmation—enter all requested info	rmation					
	Name					1b	Three-digit		
		WN BROKERS, INC.	PENSION PLAN				plan number		
							(PN) •	002	
						1c	Effective date of	plan	
						01/01/2009			
		oonsor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identif		
SEA	POD PA	WIN BROKERS, INC.					(EIN) 11-355		
						2c	Sponsor's teleph		
		ENT STREET , NY 11208				0-1	718-272		
DICO	OKLIN	, 141 11200				2d Business code (see instructions) 453990			
20	Discount	destate de la companya	. I - I I		O A data	3b Administrator's EIN			
зa	Plan ad	dministrator's name an	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3D Administrator's EIN			
						3c	Administrator's to	elephone number	
4	If the n	ame and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed fo	r this plan, enter the	4b	EIN		
		•	mber from the last return/report.						
		or's name				4c	PN		
ъa			at the beginning of the plan year			5a		3	
b	Total r	number of participants	at the end of the plan year			5b		2	
С			account balances as of the end of th			5c			
6a	•	,	s during the plan year invested in eli			1		X Yes No	
b			the annual examination and report						
			? (See instructions on waiver eligibili					X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.		
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return/	report will be assessed u	ınless reasonable cau	use is	established.		
			her penalties set forth in the instruct						
			nd signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	t, and t	to the best of my	knowledge and	
beii	ei, it is t	rue, correct, and comp	лете.						
SIG		Filed with authorized/	valid electronic signature.	09/16/2013	RALPH PATRICK MO	MOREA			
H	RE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adm	inistrator	
SIG	N	Filed with authorized/	valid electronic signature.	09/16/2013	RALPH PATRICK MO	5 0 1			
HE	RE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor	
Pre	parer's		ame, if applicable) and address; inc					number (optional)	
		-					-	•	

Form 5500-SF 2012 Page **2**

Do	t III Financial Information										
7 Pai			(a) Danimin mar (Va a		1		(I-) F I	- ()/			
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End				
	Total plan liabilities	7a	40880						134566)		
	Total plan liabilities	7b 7c	40880	0							
		70		11			(b) T		34566	1	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	2740)4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27404		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	164	5							
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							1645	5	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							25759)	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 1A 1G	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristic	c Cod	es in tl	ne instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
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					
С	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 or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e		X					
f	· · · · · · · · · · · · · · · · · · ·			10f		X					
g						X					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		Λ					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h							
Part	vi Pension Funding Compliance	1-3		10i							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					0
12	Is this a defined contribution plan subject to the minimum funding			or sec			ERISA?	П	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	-		. 0. 000	2.1011	J = 01					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	nter th	e date of t	he le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk					/					
b	Enter the minimum required contribution for this plan year					12b					

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			1			
C	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
<u>e</u>	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):	13c(2) E	EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b	14b Trust's EIN			
		l				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

For calendar plan year 2012 or fiscal plan year beginning

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

and ending

12/31/2012

01/01/2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

		off amounts to nearest A penalty of \$1,000 wi	t dollar. ill be assessed for late filing o	of this report	unless reas	onable ca	ause is establisl	ned.			
A 1	Name of			,			B Three-d		•	002	
		nsor's name as shown o AWN BROKERS, INC.	on line 2a of Form 5500 or 55	500-SF			D Employe 11-3553349	r Identificatio	n Number (EIN)	
E 1	ype of pla	an: X Single Mul	Itiple-A Multiple-B	F	Prior year pla	n size:	X 100 or fewer	101-500) More t	han 500	
Pa	art I	Basic Information	1								
1	Enter th	ne valuation date:	Month	Day <u>01</u>	Year _	2012	_				
2	Assets	:									
	_							2a		3974	
								2b		3974	55
3		g target/participant coul			2-	(1) N	lumber of partic	-	(2)	Funding Target	_
	_		beneficiaries receiving paym					0			0
		erminated vested partic active participants:	cipants		. 30			1		8	304
					3c(1)			_		1044	157
	(1	•			- '-'					1679	
	(3	,			2 (2)			2		2723	
	- `	•			3d			3		2731	87
4			check the box and complete I		b)		П				П
			prescribed at-risk assumption					4a			
	b Fund	ling target reflecting at-	risk assumptions, but disrega an five consecutive years an	arding transiti	on rule for p	lans that	have been in	4b			
5	Effectiv	e interest rate						5		6.85 %	6
6	Target	normal cost						6			0
	To the best accordance	with applicable law and regulat	on supplied in this schedule and accor tions. In my opinion, each other assum cipated experience under the plan.								
	ERE								07/19/2	2013	
			Signature of actuary						Date		
ART	HUR E.	TEILER, ASA							11-01		
D.4.		•	pe or print name of actuary					Most red		ent number	
DAN	IIEL R. S	AUNDERS ASSOCIAT	•)2-6799 	
		RSITY PLAZA, SUITE 4 CK, NJ 07601	Firm name 412					i elephone ni	imber (inci	uding area code)	
			Address of the firm				_				
	actuary uctions	has not fully reflected a	ny regulation or ruling promu	ulgated under	the statute	in comple	eting this sched	lule, check th	ne box and	see	

Page	2	_

Pa	art II	Begir	ning of Year	Carryov	er Prefunding Balan	ces							
								(a) Carryover balan	ce	(b) l	Prefundi	ng balar	nce
7		•	0 ,		cable adjustments (line 13 f				0				60795
8			•	•	funding requirement (line 35				0				0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0				60795
10	Interes	t on line 9	using prior year's	actual ret	turn of <u>9.56</u> %				0				5812
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Pres	ent value	of excess contribu	utions (line	e 38a from prior year)								15782
					interest rate of 6.20%					978			
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balaı	nce							16760
	d Porti	on of (c)	to be added to pre	funding ba	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							66607						
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	attainment percent	age							14	12	1.10 %
15	Adjuste	ed funding	g target attainmen	t percenta	percentage 15				15	14	1.20 %		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement					16	14	7.46 %						
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of th	e funding ta	rget, er	ter such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
18			·		ear by employer(s) and em	ployees:							
(N	(a) Dat 1M-DD-Y	te ′YYY)	(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD)		(b) Amount employe		(0		unt paid by bloyees	
						Totals ▶	18	(b)		18(c)			
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date af	ter the beginning of					
	a Cont	ributions	allocated toward u	unpaid min	nimum required contributions	s from prior	years						0
					djusted to valuation date				-				0
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current	year adjusted	d to valu	ation date	19с				0
20		-	outions and liquidit	-								7	
			_		the prior year?						<u> </u>	Yes	X No
					y installments for the curren			nely manner?				Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a								
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	ena or quarte		s plan year (3) 3rd			(4) 4th	1	
		() ((-)			(-,			,		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arget Normal Cost				
21	Disco	unt rate:		_					
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yield	d curve	used
	b App	olicable month (enter code)			21b			0
22	Weigh	nted average ret	irement age			22			64
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined	Prescribed - separate	Substitu	ıte		
Pa	rt VI	Miscellane	ous Items						
24		-	-	•	urrent plan year? If "Yes," see			d Yes	X No
25	Has a	method change	e been made for the current p	lan year? If "Yes," see instru	ctions regarding required attac	chment		Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructions regarding required	attachmen	tX	Yes	No
27			o alternative funding rules, en			27			
Pa	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contribւ	tions For Prior Years				
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28			0
29			contributions allocated toward			29			0
30	Rema	ining amount of	unpaid minimum required co	ntributions (line 28 minus line	29)	30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Targe	et normal cost a	nd excess assets (see instruc	tions):		,	.		
	a Targ	get normal cost ((line 6)			. 31a			0
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b			0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Installr	nent	
	a Net	shortfall amortiz	zation installment			0			0
	b Wai	iver amortizatior	n installment			0			0
33			approved for this plan year, er Day Year		• • • • • • • • • • • • • • • • • • • •	33			0
34	Total 1	funding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a - 31b + 32a + 32b - 33)	34			0
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding						
36	Additi	onal cash requir	rement (line 34 minus line 35)			36			0
37			ed toward minimum required c			37			0
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)			,		
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a			0
	b Por	tion included in	line 38a attributable to use of	prefunding and funding stand	dard carryover balances	. 38b			0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36	over line 37)	. 39			0
40	Unpai		uired contributions for all years			40			
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of	2010 (See Instructions)			
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sch	edule elected					2 plus 7 years	15 y	ears/
	b Elig	ible plan year(s)) for which the election in line	41a was made		200	08 2009 201	0 :	2011
42	Amoui	nt of acceleratio	n adjustment			42			
43	Exces	s installment ac	celeration amount to be carrie	ed over to future plan years		43			

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 Dispartment of the Treasury Benefit Plan 1210-0089 iernal Revenue Serviçe This form is required to be filed under sections 104 and 4065 of the Employee 2012 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor Employe Benefits Security Administration the Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF inspection **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: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan 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 months) C Check box if filing under: Form 5558 automatic extension ☐ DFVC program special extension (enter description) Part Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit Sempod Pawn Brokers, Inc. Pension Plan plan number (PN) ▶ 002 1c Effective date of plan Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 01/01/2009 Seapod Pawn Brokers, Inc. 2b Employer Identification Number (EIN) 11-3553349 2c Sponsor's telephone number 439 Crescent Street (718) 272-7296 Business code (see instructions) US Brooklyn NY 11208 453990 3a Plai, administrator's name and address X Same as Plan Sponsor Name _ Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 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 fast return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year 4c PN b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5b 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No Caution A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, porrect, and complete.

Ralph Patrick Morea HERE Signature of plan administrator Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date & A \ 13 | Enter name of individual signing as employer or plan sponsor Preparers name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

\P	art II.	Financial Information								
7	Plan A	ssets and Liabilities	4.54	(a) Beginning of Ye	ar			(h) End	of Year	
a	To al p	lan assets	. 7a	408,		+		(5) 110		F.C.C.
b	Total p	lan liabilities	. 7b		0	_	·		434	,566 0
c	Nel pla	n assets (subtract line 7b from line 7a)	7c	408,	807				434	,566
8 a	Couldb	, Expenses, and Transfers for this Plan Year utions received or receivable from:		(a) Amount				(b) T	Total	, 300
	(1) Em	ployers	8a(1)		0	100			7.29	
	(2) Par	ficipants	8a(2)		- 0	1994 A	1,000	700		
	(3) Oth	ers (including rollovers)	8a(3)		0	7.3	(4) 2 (4) 2 (4) (7)		A Section 1	
b	Other in	icome (loss)	8b	27,		ACT S		rightelene Kiji geral		
c	Total in	come (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2 2 8 5	<u> </u>	Harden für		
d	to provid	paid (including direct rollovers and insurance premiums de benefits)				V.			27	,404
e	Centain	deemed and/or corrective distributions (see instructions)	8d	1,1	645	130			and some so	MARK.
f	Adminis	trative service providers (salaries, fees, commissions)	8e			de six			ar Pick	35 47
		penses	8f		0	To a de		-A. F. M. J. J. J.		
h	Total ex	penses (add lines 8d, 8e, 8f, and 8g)	8g	1944 - 271 14 Nones 1943	0	276			ALCO CO	
i	Net inco	me (loss) (subtract line 8h from line 8c)	8h 8i						1,	645
j	Transfer	s to (from) the plan (see instructions)	8j	· · · · · · · · · · · · · · · · · · ·		š	oranje.	aut. 25 Transport	25,	759
Pa	rt V	Plan Characteristics	9 1		0	-16.7	75-38		7. 17.	
b	if the pla	n provides pension benefits, enter the applicable pension fea								
		Compliance Questions						*****		
10		the plan year:			Т	Yes	No	T		
		ere a failure to transmit to the plan any participant contribution 2510.3-102? (See instructions and DOL's Voluntary Fiducia	aru Corrad	ion Drogram\	10a	103	x		mount	
	or line	10a.)	(Do nat inc	clude transactions reported	10b		x			
<u> </u>	Vyas tn	e plan covered by a fidelity bond?	**********		10c		x	 		
<u> </u>	or disho	plan have a loss, whether or not reimbursed by the plan's fig nesty?	delity bond	, that was caused by fraud	10d		x			
	inturandinstructi	ny lees or commisions paid to any brokers, agents, or other ce service or other organization that provides some or all of tools.)	persons by the benefit	y an insurance carrier, s under the plan? (See	10e		x			
f	Hes the	plan failed to provide any benefit when due under the plan?	***************************************		10f		<u>x</u>	ļ		
g	Diff the	plan have any participant loans? (If "Yes," enter amount as c	of year end	.)	10g	\dashv	x			
h	11 17 1S 15	an individual account plan, was there a blackout period? (Se	ae instructi	ana and 00 050	+	\dashv		A CONTRACTOR		avete 7
i	If Oh wa	as answered "Yes," check the box if you either provided the	required a	***************************************	10h	_		Santa de Carlos	O.	
Part	- Proper	ns to providing the notice applied under 29 CFR 2520.101-3 ension Funding Compliance			101					
		defined benefit plan subject to minimum funding requiremen to the second	**************	***************************************			le SB	3 (Form	X Yes	 □ No
11a	Enter the	amount from Schedule SB line 39	***********	***************************************		4.				0
12	STISE	defined contribution plan subject to the minimum funding req	uirements	of section 412 of the Code of	r sectio	n 302	of F	RISA?		X No
	ir res,	complete line 12a or lines 12b, 12c, 12d, and 12e below, as	annlicable	. 1						
<u>a</u>	ranting i	the waiverfunding standard for a prior year is being a	amortized i	n this plan year, see Instructi	ons, ar	nd ent	er the			ng
11 YO	n kombi	eted line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5	500) and skin to line 12			Day		Year	
b E	nier the	minimum required contribution for this plan year		only to mie 13.	·	1	. 1			
	1			************************************	*********	. 12	D			

<u>-</u>	Form 5500-SF 2012 Page 3-			
С	nter the amount contributed by the employer to the plan for this plan year	1		
a	egative amount)	12c	<u> </u>	
	Vill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [□ No □ N/A
13a	as a resolution to terminate the plan been adopted in any plan year?	T	627	
	"Yes," enter the amount of any plan assets that reverted to the employer this year		es 🗓 N	lo
b)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the design this plan was a process or link little and the control of the plan was a process or link little and the control of the plan was a process or link little and the control of the plan was a process or link little and the plan was a process or link little and the plan assets of the plan asset of the plan assets of the plan asset of the plan	13a control		
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) thich assets or liabilities were transferred. (See instructions.)	0		Yes X No
	(1) Name of plan(s):	(2) EIN(s)	13c(3) PN(s)
Service of				
Part V	[記 Trust Information (optional)			
14a Na	me of trust	14b Tr	ust's EIN	
1				

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002 For the plan year 1/1/2012 through 12/31/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2012 through 12/31/2012

Employer: Seapod Pawn Brokers, Inc.

Type of Entity - S-Corporation

Dates: Effective - 1/1/2009 Year end - 12/31/2012 Valuation - 1/1/2012

Top Heavy Years - 2010, 2011, 2012

Eligibility: All employees excluding non-resident aliens, members of an excluded class, and union.

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62

Early - Attainment of age 55 and completion of 10 years of participation

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 12/31/2011

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years

Annuity Guaranteed for 0 Years

Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2012 through 12/31/2012

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	4.49
Segment 3	> 20	5.80

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

417(e):

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Seapod Pawn Brokers, Inc. Pension Plan B Three-digit plan number (PN) 002
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Seapod Pawn Brokers, Inc. Pension Plan B Three-digit plan number (PN) > 002
A Name of plan Seapod Pawn Brokers, Inc. Pension Plan B Three-digit plan number (PN) 002
Seapod Pawn Brokers, Inc. Pension Plan B Inree-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (FIN)
D Employer Identification Number (EIN) Seapod Pawn Brokers, Inc.
11-3553349
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500
Part I Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2012
2 Assets:
a Market value
D Actuarial value
3 Funding target/participant count breakdown
a For retired participants and beneficiaries receiving payment 3a (2) Funding Target
b For terminated vested participants
C For active participants:
(1) Non-vested benefits
(2) Vested benefits
(3) Total active
d Total
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)
a Funding target disregarding prescribed at rick accumptions
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in
at-risk status for fewer than five consecutive years and disregarding loading factor
5 Effective interest rate
6 Target normal cost
Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in
SIGN HERE Souther & Teiler
HERE 07/19/2013
Signature of actuary Date
Arthur E. Teiler, ASA 11-01157
Type or print name of actuary Most recent enrollment number
Daniel R. Saunders Associates, PC (201) 592-6799
Firm name Telephone number (including area code)
One University Plaza, Suite 412
US Hackensack NJ 07601
Address of the firm
the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Schedule SB (Form 5500) 2012

Page	2	Γ
raue	_	ı

Pa	Int II Beginning of Ye	ar Carryo	ver Prefunding Baland	ces			· · · · · · · · · · · · · · · · · · ·				
_					(a)	Carryover balance)	(b)	Prefund	ling balance	
7	Balance at beginning of prior y year)	ear after ap	plicable adjustments (line 13	from prior							
8					 		0			60,	795
O	Portion elected for use to offse prior year)	t prior year'	s funding requirement (line 35	5 from			_				
9	Amount remaining (line 7 minu										0
10	Interest on line 9 using prior ye						0			60 <i>,</i>	795
11	Prior year's excess contribution	ns to be add	ed to prefunding balance:	••••••	ir iii -	Sale Allace Selections	0	and the state of t	*	5,	812
	a Present value of excess cor				fala					23111	
	b Interest on (a) using prior ye									15,	782
	otherwise provided (see ins	tructions)	e interest rate of6.20%	except as	7 (9)						~ 7 ~
	c Total available at beginning	of current p	lan year to add to prefunding	balance	l Ha					16,	<u>978</u> 760
	d Portion of (c) to be added to	prefunding	balance	• • • • • • • • • • • • • • • • • • • •						10,	,00
12	Other reductions in balances d	ue to electio	ns or deemed elections								
13							0			66,	607
Pa	rt III Funding Percer		· · · · · · · · · · · · · · · · · · ·	***				*			-
14	Funding target attainment percentage								4.4	404 40	
15	Adjusted funding target attainm	ent percent	age				• • • • • • • • • • • • • • • • • • • •		14	121.10	
16	Prior year's funding percentage	for purpose	s of determining whether care	vover/nrefi	ındina halaı	nees may be used	to radio		15	141.20	
	current year's lunding requirem	ent	·····				to reduc		16	147.46	%
17	If the current value of the asset	s of the plan	is less than 70 percent of the	e funding ta	rget, enter	such percentage			17		 %
Pa	rt IV Contributions a	nd Liquid	dity Shortfalls								
18	Contributions made to the plan	for the plan	year by employer(s) and emp	loyees:							
	(a) Date (b) Amount	paid by	(c) Amount paid by	(a)	Date	(b) Amount		(c) Amou	unt paid by	
	/I-DD-YYYY) employe	1(5)	employees	(MM-D	D-YYYY)	employe	r(s)		employees		
								_			
				<u> </u>							
				ļ. <u>.</u>							
				<u> </u>							
					1.2						
40				Totals	``'			18(c)			
19	Discounted employer contribution	ns see in:	structions for small plan with a	a valuation	date after th	ne beginning of the	e year:				
	a Contributions allocated toward						19a				0
	Contributions made to avoid r						19b				0
20	Contributions allocated toward	d minimum i	equired contribution for curre	nt year adji	usted to val	uation date	19c				0
	Quarterly contributions and liquid								iy h	rayfa	
	Did the plan have a "funding s						• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	🔲	Yes X No	
	If line 20a is "Yes," were requ					manner?			🔲	Yes 🔲 No	
	If line 20a is "Yes," see instru	ctions and c									15.1.
	(1) 1st	1	Liquidity shortfall as of end	of quarter							
	(1) 131	 	(2) 2nd		(3) 3	Brd		(4) 4th		
		J		<u> </u>							

P	art V Assumptio	ns Used To Determin	e Funding Target and Tar	net Normal Cost				
21	Discount rate:		or analy ranger and ran	get Normal Cost				
	a Segment rates:	1st segment:	2nd segment:	3rd segment				
		5.54 %	6.85 %	7.52 %		N/A, full yield curve used		
	b Applicable month (enter code)			21b	0		
	Weighted average reti	rement age			22	6		
23	Mortality table(s) (see			escribed - separate	Substit			
Pa	rt VI Miscellane	ous items						
24	Has a change been m	ade in the non-prescribed a	ctuarial assumptions for the curren	t plan vear? If "Yes." see	e instructio	ns regarding required		
	attachment	· · · · · · · · · · · · · · · · · · ·				· · · · · · · Yes 🗓 No		
25	Has a method change	been made for the current	olan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No		
26	Is the plan required to	provide a Schedule of Activ	e Participants? If "Yes," see instru	ctions regarding required	i attachme	nt X Yes No		
27	If the plan is subject to	alternative funding rules, e	nter applicable code and see instru	ctions regarding	27			
Pa								
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Unpaid minimum required contribution for all prior years								
29	Discounted employer of	contributions allocated towar	d unpaid minimum required contrib	outions from prior years	20			
	(line 19a)	·····	<u> </u>	<i></i>	29			
_30	Remaining amount of u	unpaid minimum required co	entributions (line 28 minus line 29)		30			
_Pa	rt VIII Minimum R	Required Contribution	For Current Year					
_31	Target normal cost and	l excess assets (see instruc	tions):					
	a Target normal cost (I	ine 6)			31a			
			line 31a		31b			
32	Amortization installmen			Outstanding Bala	nce	Installment		
	a Net shortfall amortiza	0	THO COMPANY OF THE PARTY OF THE					
	b Waiver amortization	0						
	If a waiver has been ap	proved for this plan year, er	nter the date of the ruling letter gra	nting the approval				
	(Month D	ayYear) and the waived amount .		33	(
34			/prefunding balances (lines 31a - 31		34			
			Carryover balance	Prefunding Balar	nce	Total balance		
35	Balances elected for us	e to offset funding						
	requirement	· · · · · · · · · · · · · · · · · · ·						
36	Additional cash require	ment (line 34 minus line 35)			36	(
37	Contributions allocated	toward minimum required c	ontribution for current year adjuste	d to valuation date	37			
	(1110 130)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		_ 3/			
		contributions for current ye						
					38a	C		
	Portion included in lin	38b						
			ear (excess, if any, of line 36 over	ine 37)	39			
		ed contribution for all years	······································		40			
Par	IX Pension Fu	Inding Relief Under F	ension Relief Act of 2010	(See Instructions)				
41	f an election was made t	o use PRA 2010 funding re	lief for this plan:					
í	Schedule elected				🗆	2 plus 7 years 15 years		
ł	Eligible plan year(s) fo	or which the election in line	11a was made		200	8 2009 2010 2011		
42 /	mount of acceleration a	djustment			42			
			over to future plan years		43			

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349 / 002

For the plan year 1/1/2012 through 12/31/2012

Valuation Date: 1/1/2012

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.98
Segment 2	6 - 20	5.07
Segment 3	> 20	6.19

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

410(b)/401(a)(4) Testing:

Asset Valuation Method:

Pre-Retirement - Interest -8.5% 8.5%

> Mortality Table -Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Tested as a Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Age 65 or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 26 - Schedule of Active Participant Data

Seapod Pawn Brokers, Inc. Pension Plan 11-3553349/002 For the plan year 1/1/2012 through 12/31/2012

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49			1							
50 to 54										
55 to 59										
60 to 64										
65 to 69		1								
70 & up										