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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 0101/2012 and ending 123/2012 A This return/report is for:	Part I	Annual Report Identification Information							
This return/report is:	For calenda			and ending 1	2/31/2	2012			
C Check box if filing under:	A This ret	urn/report is for: a single-employer plan a	multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
C Check box if filing under:	B This ret	urn/report is: the first return/report th	e final return/report						
Special extension (enter description) Part II Basic Plan Information—enter all requested information		an amended return/report a s	short plan year return	/report (less than 12 mo	onths)	1			
Special extension (enter description) Part II Basic Plan Information—enter all requested information Tal Name of plan Part II	C Check b	pox if filing under: X Form 5558 X at	utomatic extension			DFVC progra	m		
18 ARACE, KENNEDY USA, INC. 401K PLAN & TRUST 29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 20 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 20 Employer (lehnification Number (EIN) 59-2373079 21 C Sponsor's telephone number 89-46-47-41732 22 d Business code (see instructions) 42-44400 33 Plan administrator's name and address Same as Plan Sponsor Name same as Plan Sponsor Address 359-237-3079 36 Administrator's EIN 59-237-3079 37 Administrator's telephone number 89-437-41732 38 Plan administrator's name and address same as Plan Sponsor Name same as Plan Sponsor Address 359-237-3079 30 Administrator's telephone number 89-437-41732 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ane, EIN, and the plan number for participants at the beginning of the plan year sponsor's name and plan number of participants at the end of the plan year sponsor's name and plan number of participants at the end of the plan year sponsor's name and sponsor's name and the plan year sponsor's name and spon						_			
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2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 59:2373079 2c Sponsor's telephone number 93:4877-1732 2d Business code (see instructions) 42:40:0 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address A330 SW 148TH AVE STE 110 MIRAMAR, FL 33027-3237 3c Administrator's EIN MIRAMAR, FL 33027-3237 3c Administrator's EIN MIRAMAR, FL 33027-3237 3c Administrator's telephone number 95:4874-1732 4 If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, enter the name, EIN, and the plan number for ministrator's telephone number 85:4874-1732 4 If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, enter the name, EIN, and the plan number for ministrator's telephone number 85:4874-1732 5 Total number of participants at the beginning of the plan year 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 7 Yes No Pi You answered 'No' to either line & or line 69, the plan cannot use Form 5500. St and must instead use Form 5500. Caution: A penalty for the late or incomplete filling of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Here Signature of para administrator 1 Date Enter name of individual signing as plan administrator 1 Date Enter name of individual signing as plan administrator 2 Date Enter name of individual signing as maleolyer or plan sponsor 2 Preparer's telephone number (optional) 3 Prep						•			
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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						1			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	b Total r	number of participants at the end of the plan year							
Complete this item) Sc 15					30		10		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		·	• '	-	5c		15		
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. 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, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) MATTHEW SCHOEN A PENSION STORE, LLC 3060 MERCER UNIVERSITY DRIVE SUITE 200	6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. O9/23/2013 PAUL SMITH Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) MATTHEW SCHOEN A PENSION STORE, LLC 3060 MERCER UNIVERSITY DRIVE SUITE 200							Voc □ No		
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SIGN HERE Filed with authorized/valid electronic signature. 09/23/2013 PAUL SMITH	SB or Sche	dule MB completed and signed by an enrolled actuary, as well							
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Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		
a	Total plan assets	7a	109734				1362064				
	Total plan liabilities			0			0				
С	Net plan assets (subtract line 7b from line 7a)		109734	14			1362064				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(1)				<u> </u>				
	(1) Employers	8a(1)	6188	85							
	(2) Participants	8a(2)	9668	35							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	10615	50							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	264720)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					264720				
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
Part	V Compliance Questions										
10	<u> </u>				Yes	No		Λ			
a					100	X		AIII	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a 10b		X					
	Was the plan covered by a fidelity bond?				X					00	
				10c						80	000
d	or dishonesty?			10d		X					
е	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					2	100
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X			-	3	188
	rias the plan falled to provide any benefit when due drider the plans			10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<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							
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)											
11a											
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
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											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.											
b	Enter the minimum required contribution for this plan year					12b					

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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	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
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				