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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 5500	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	turn/report is for:	a single-employer plan		lan (not multiemployer)	nployer) a one-participant plan				
B This ret	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
						DFVC program			
		special extension (enter descri	ption)						
Part II	Basic Plan Info	prmation—enter all requested info	ormation						
1a Name					1b	Three-digit			
BOURNAZO	S & MATARANGAS,	INC. RETIREMENT PLAN				plan number (PN) 001			
					10	Effective date of plan			
					10	01/01/1999			
	ponsor's name and ad DS & MATARANGAS,	Idress; include room or suite number INC.	r (employer, if for a single-	-employer plan)	2b	Employer Identification Number (EIN) 13-3984818			
					2c	Sponsor's telephone number			
	WAY, SUITE 1801					212-967-3322			
NEW YORK	, NY 10006				2d	Business code (see instructions) 541110			
3a Plan a	dministrator's name a	nd address XSame as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's telephone number			
						, and the second			
		e plan sponsor has changed since the	he last return/report filed for	or this plan, enter the	4b	EIN			
	•	mber from the last return/report.			40	PN			
•	or's name	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	5			
		account balances as of the end of the	, ,	•	5с	5			
6a Were	all of the plan's asset	s during the plan year invested in eli	igible assets? (See instruc	ctions.)		X Yes No			
_		f the annual examination and report							
		? (See instructions on waiver eligibil				-			
		ither line 6a or line 6b, the plan ca							
		or incomplete filing of this return							
	, , ,	her penalties set forth in the instruct nd signed by an enrolled actuary, as	•			0, 11			
	true, correct, and com		Won do the electronic ver	olon of the rotal property	, and	to the best of my knowledge and			
	Filed with outborized	hyolid algetranic signature	00/24/2012	CTEVEN BOURNAZO					
SIGN HERE		/valid electronic signature.	09/24/2013	STEVEN BOURNAZO					
	Signature of plan a		Date	1	•	gning as plan administrator			
SIGN HERE		/valid electronic signature.	09/24/2013	STEVEN BOURNAZO	S				
	Signature of emplo	pyer/plan sponsor name, if applicable) and address; inc	Date			gning as employer or plan sponsor			
riepaiei S	name (including ilm r	iame, ii applicable) and address; inc	Jude 100m of Suite numbe	ει (υριιυπαι)	riep	parer's telephone number (optional)			

Form 5500-SF 2012 Page **2**

Part III Financial Information										
Pa								.,		_
	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End					_
<u>а</u>	Total plan assets	7a 	21741		23			23777		_
	Total plan liabilities	7b _		0					0	_
	Net plan assets (subtract line 7b from line 7a)	7c	21741	1				23777	8	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b)			al		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						Ī
b	Other income (loss)	8b	2295							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		•				2295	1	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	258	37				2200	<u>, </u>	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
q	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						258	R7	_
-	Net income (loss) (subtract line 8h from line 8c)	8i						2036		_
Ť	Transfers to (from) the plan (see instructions)	8j		0				2000		
Pai	rt IV Plan Characteristics	oj		0						_
	If the plan provides pension benefits, enter the applicable pension to 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ns:		_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	s:		_
_										_
Par						T				_
10	During the plan year:	C 20-1	and the Caraman State of the angle of the	ı	Yes	No	A	nount		_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				_
	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				30000	C
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	er person	s by an insurance carrier,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х				
h		(See instru	uctions and 29 CFR	10g		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	ne require	d notice or one of the	10i						
Part				101						_
11										
112	Enter the amount from Schedule SB line 39							_		
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 No							_		
							_			
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, 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 instru		and	enter th		letter ru	ıling	
——————————————————————————————————————	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	<u> </u>	<u> </u>		_
	Enter the minimum required contribution for this plan year	•				12b				_
							•			

	Form 5500-SF 2012 Page 3 - 1			
	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

00/20/2010 01.00

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 section 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

MARKE F. COUPOCO

This Form is Open to Public Inspection

100 ar (0	Annual Report	Identification Information	erice Mini Die Hiprin	Judia to the Form 5500	7-5F.]			
For	calendar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending	12/31/2012			
	This return/report is for:			an (not multiemployer)				
_	This return/report is:			an (not momemployer)	er) a one-participant plan			
	ino reconsreport is.		the final return/report		<i>"</i>			
۰,	Shaada baas Shirii	=		n/report (less than 12 mo	_			
	Check box if filing under:		automatic extension		DFVC progra	am ·		
		special extension (enter description	·					
	<u>int U.</u> Basic Plan Info Name of plan	ormation — enter all requested inform	nation		41.			
ıa					1b Three-digit plan number	ļ		
	Bournazos & Matara	ngas, Inc. Retirement Plan			(PN) ►	001		
					1c Effective date of 01/01/1999			
2a	Plan sponsor's name and ac	dress; include room or suite number (er	nployer, if for a single-	employer plan)	2b Employer Identi			
	Bournazos & Matara	ngas, Inc.	•	, , , ,	(EIN) 13-39			
					2c Sponsor's telep			
	111 Broadway, Suite	= 1801			(212) 967-			
то	New York	NY 10006			2d Business code 541110	(see instructions)		
		nd address X Same as Plan Sponsor	Name Same as F	Plan Sponsor Address	3b Administrator's	FIN:		
					VW / WITHINGS IOF S			
					3c Administrator's	telephone number		
						totophono nampa,		
_	Make and a state Ethic Ethic				47	<u>.</u>		
4	name, EtN, and the plan nur	e plan sponsor has changed since the la mber from the last return/report.	st retum/report filed fo	or this plan, enter the	4b ein			
а	Sponsor's name	,			4c PN			
5a	Total number of participants	at the beginning of the plan year	***************************************		5a	5		
þ		at the end of the plan year			5b	5		
<u>с</u>	Number of participants with complete this item)	account balances as of the end of the pl	an year (defined bene	fit plans do not	5c	5		
	Were all of the plan's assets	during the plan year invested in eligible	assets? (See instructi	ons.)		X Yes No		
b	Are you claiming a waiver of	the annual examination and report of a	n independent qualifie	d public accountant (IQP	A)			
		? (See instructions on waiver eligibility an ther line 6a or line 6b, the plan canno				X Yes ∐No		
Car		or incomplete filing of this return/rep						
		ther penalties set forth in the instructions				oble a Schodula		
SB	or Schedule MB completed a ief, it is true, copper, and con	and signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	, and to the best of my	knowledge and		
	GN Com		1/27/2	Steve Bournazos		 -		
	FRE Signature of plan adm	ninistrator	Date /	Enter name of individua	l cionina se nlee edesi	nintrotor		
0			9/23/3	Steve Bournazos	raighing as pian aging	instrator		
	Signature of employe	r/plan sponsor	Enter name of individua	l signing as employes	or plan coopers			
····	and the second s	name, if applicable) and address; include	Date' ' e room or suite numbe	er (optional)	Preparer's telephone			
	• -			2-4				
				1	7777			

Form 5500-SF 2012

Page 2

	et lin. Financial Information			_	_		<u> </u>		
7	Plan Assets and Liabilities		(a) Beginning of Year		1		(b) End of Year		
а	Total plan assets	. 7a	217,4						
b	Total plan liabilities	7b		0	 			237,778	
	Net plan assets (subtract line 7b from line 7a)	7c	217,4	-	1		237,778		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	 -	(b) Tota				
	Contributions received or receivable from:	Acceptant of the contract of	(4)	_	4		(0) 10		
	(1) Employers	8a(1) 8a(2)	0						
	(2) Participants			0		4.7			
b	(3) Others (including rollovers)		0			W Committee of the comm			
	Other income (loss)		22,9	54	7000		7 - W		
<u>d</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c	E-W-A	M (*)		www.comproduction.com		22,954	
	to provide benefits)	8d	2,5	37					
e	Certain deemed and/or corrective distributions (see instructions)	8e	11	0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0	W.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					***************************************	2,587	
Ī	Net income (loss) (subtract line 8h from line 8c)	8i		X,,,,,				20,367	
<u> </u>	Transfers to (from) the plan (see instructions)	8j		0		W-72	7		
Pa	Plan Characteristics				11.00				
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Characte	eristic	Code	s in th	e instruction		
	2E 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (Codes	in the	instructions	:	
	H.V. Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	tion Program)	10a		x			
b		Oo not in	clude transactions reported	106					
C	on line 10a.)		1 1 7 7 7	i i	Х				
đ	Tras die plan covered by a indenty bolid:			10c	x	X		30.000	
_	Did the plan have a loss, whether or not reimbursed by the plan's	idelity bon	d. that was caused by fraud	10c	x			30,000	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth	idelity bonder	d, that was caused by fraud	-	x	x		30,000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	idelity bonder persons f the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10c 10d	x			30,000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	idelity bonder er persons f the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10c	x	x		30,000	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plant.	er persons f the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10d 10d 10e 10f	х	x		30,000	
e	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (If the plan have any participant loans?)	er persons f the benef of year er	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10d 10d 10e 10f 10g	x	x x x		30,000	
e f g	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.)	er persons f the benef re of year er	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR	10d 10e 10f 10g 10h	x	x		30,000	
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	er persons f the benef re of year er	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR	10d 10d 10e 10f 10g	x	x x x		30,000	
e f g h	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	er persons of the benef of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h		x x x		30,000	
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	er persons of the benef of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h	chedu	x x x	(Form	30,000	
f g h i (£ar	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements.	er persons of the benef of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the	10c 10d 10e 10f 10g 10h	chedu	x x x	(Form		
e f g h i	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	er persons of the benef of year er See instruct e required -3	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the es," see instructions and complete.	10c 10d 10e 10f 10g 10h	chedu	x x x x le SB			
e f g h i Par 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding of (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.	er persons of the benef of year er see instruct e required -3 ents? (If "Y	d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) d.) tions and 29 CFR notice or one of the es,* see instructions and complets of section 412 of the Code or ble.)	10c 10d 10e 10f 10g 10h	chedu ion 30	X X X X III X X X X X X X X X X X X X X	RISA?	☐ Yes ☒ No	
e f g h i Par 11	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirem complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	er persons of the benef of year er See instruct e required an as applicated g armortize	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the es,* see instructions and complete of the Code of	10c 10d 10e 10f 10g 10h	ichedu	X X X X 111a 2 of E	RISA?	Yes X No	
e f g h i 11 11a 11a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver	er persons of the benef of year er see instruc- e required -3 ents? (If "Y	d, that was caused by fraud by an insurance carrier, its under the plan? (See id.) tions and 29 CFR notice or one of the es," see instructions and completes of section 412 of the Code	10c 10d 10e 10f 10g 10h	ichedu	X X X X 111a 2 of E	RISA?	☐ Yes ☒ No	
f g h i Par 111 111 112 a	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirem complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein	er persons of the benef of year er see instruct e required -3 ents? (If "Y equirement as applica g amortize	d, that was caused by fraud by an insurance carrier, its under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and complets of section 412 of the Code of the din this plan year, see instructions and skip to line 13.	10c 10d 10e 10f 10h 10i ete S	chedu	X X X X 111a 2 of E	RISA?	Yes X No	

	Form 5500-SF 2012 Page 3-				
С	Enter the amount contributed by the employer to the plan for this plan year	<u> </u>	12c	1 -	<u> </u>
d		left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***********		Yes [□ No □ N/A
Part	Plan Terminations and Transfers of Assets			100	<u> </u>
13a	Has a resolution to terminate the plan been adopted in any plan year?			es 🗓 i	
	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 broughthe PBGC?	ght under the co	ntrol		—————————————————————————————————————
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to			
1	13c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)
	t Vitt Trust Information (optional)				
(Alega Angles Assessed Assessed Assessed					
148 (Name of trust		14b ⊤	rust's EIN	ı