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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Information								
For calend	ar plan year 2012 or fisca	l plan year beginning 01/01/2012	2	and ending	12/31/	2012				
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan			
B This ref	turn/report is:	the first return/report	the final return/report		_					
	Ī	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
	Ī	special extension (enter descriptio	n)							
Part II	Basic Plan Inform	nation—enter all requested informa	ation							
1a Name					1b	Three-digit				
	PEPE & ASSOCIATES,	INC. 401(K) PLAN				plan number				
					4-	(PN) •	002			
					10	Effective date of 01/01/	•			
		ess; include room or suite number (e	mployer, if for a single	-employer plan)	2b	Employer Identi	fication Number			
DR. HARRY	PEPE & ASSOCIATES,	INC.			-	(=114)	66190			
4510 SHER	IDAN STREET				2c	Sponsor's telep				
	DD, FL 33021				2d	Business code (see instructions)			
						62111	i1			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3b	Administrator's I	EIN			
					3с	Administrator's t	telephone number			
4 16.0	1/ EIN (d)			41. 1	4.					
		an sponsor has changed since the la er from the last return/report.	ast return/report filed f	or this plan, enter the	4b	EIN				
	or's name				4c	PN				
5a Total	number of participants at	the beginning of the plan year			5a		30			
b Total	number of participants at	the end of the plan year			5b		25			
		count balances as of the end of the p	• '	•	5c		19			
	, , , , , , , , , , , , , , , , , , ,	uring the plan year invested in eligibl					X Yes No			
b Are yo	ou claiming a waiver of th	e annual examination and report of a	an independent qualific	ed public accountant (IC	PA)					
		See instructions on waiver eligibility a					X Yes No			
		er line 6a or line 6b, the plan cann								
		incomplete filing of this return/rep								
		penalties set forth in the instructions signed by an enrolled actuary, as we								
belief, it is	true, correct, and complet	te.								
SIGN	Filed with authorized/val	id electronic signature.	09/26/2013	WILLIAM PEPE						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	dual si	gning as plan adn	ninistrator			
SIGN										
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	lual si	gning as employe	r or plan sponsor			
Preparer's		ne, if applicable) and address; includ			_		number (optional)			

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar		
a	Total plan assets				1070715			1349408			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	107071	1070715			1349408					
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount			(b) Total					
	Contributions received or receivable from:		(a) Amount				(6)	Otai			
	(1) Employers	8a(1)	3993	8							
	(2) Participants	8a(2)	8077	7 0							
	(3) Others (including rollovers)	Others (including rollovers)									
b	Other income (loss)	8b	15813	85							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	78843		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	15	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							150)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	78693	3	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										_
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ions:			
Par	t V Compliance Questions										
10					Yes	No		A	4		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a	100	X		Amo	unt		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
	·			10c	X					26500	20
d				100						20300)
	or dishonesty?			10d		X					
е	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e	X					1515	57
f	Has the plan failed to provide any benefit when due under the plan			10f		X					_
					X						
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g						3381	10
$\overline{}$	2520.101-3.)			10h	X						
	exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form		Yes	XN	Ю
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	Ю
	(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.		Mon		and e	enter th Day	ne date of	the let Year		ing ——	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		Т		ı				
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):	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

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.

2012

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
		scal plan year beginning 01/01/2012	?	and ending	12/31/2012				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	oyer) a one-participant plan				
	eturn/report is:		the final return/report		.				
	•	an amended return/report	short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension	•	DFVC prog	ıram			
* *	g	special extension (enter description			ц	,			
Part II	Basic Plan Info	rmation—enter all requested informat	<u> </u>						
1a Name	•	***************************************			1b Three-digit	1			
	epe & Associates, Inc.	401(k) Plan			plan number	002			
					(PN) >	!			
			***************************************		1c Effective date of plan 01/01/1996				
2a Plan s Dr. Harry Pe	sponsor's name and add epe & Associates, Inc.	dress; include room or suite number (em	nployer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 59-2466190				
					2c Sponsor's telephone number				
4510 Sherio	dan Street				(954) 981-4811				
Hollywood.	FL 33021				2d Business code 6211				
3a Plan a	dministrator's name an	nd address X Same as Plan Sponsor Na	ıme Same as Plar	n Sponsor Address	3b Administrator	s EIN			
					3C Administrator	s telephone number			
						•			
4 If the r	name and/or EIN of the	plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN				
name	, EIN, and the plan nun	nber from the last return/report.	**************************************	A title breath course and	_				
· <u>-</u> · · · · · · · ·	or's name				4c PN				
	, ,	at the beginning of the plan year			-	30			
		at the end of the plan year			5b	25			
		account balances as of the end of the pla			5c	19			
6a Were	all of the plan's assets	during the plan year invested in eligible	assets? (See instruc	tions.)		Yes No			
		the annual examination and report of an				X Yes No			
		' (See instructions on waiver eligibility an ther line 6a or line 6b, the plan cannot				⊠ Yes ∐ No			
		or incomplete filling of this return/repo				•			
		ner penalties set forth in the instructions,				icable, a Schedule			
SB or Sche	edule MB completed an true, correct, and comp	id signed by an enrolled actuary, as well	as the electronic vers	sion of this return/report	i, and to the best of m	y knowledge and			
SIGN		T/m_	Τ , ,	William Pepe					
HERE	Signature of plan ad	Iministrator	Date 9 (25/20)	Enter name of individu	ual signing as plan ac				
SIGN			- I we per		444 5.3 <u>9</u> 22 5	iiii non anor			
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as employ	er or plan sponsor			
Preparer's		ame, if applicable) and address; include			Preparer's telephon				
				ŀ					

Little Burk Burk Salt Salt States

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	. 7a	107071	5			1349408
b	Total plan flabilities	7b					· -
С	Net plan assets (subtract line 7b from line 7a)	7c	107071	5			1349408
8	Income, Expenses, and Transfers for this Plan Year	ne, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total
а	Contributions received or receivable from:		_				
	(1) Employers						
	(2) Participants						
	(3) Others (including rollovers)						
-	Other income (loss)						070040
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c					278843
·	to provide benefits)	. 8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	80					·
f	Administrative service providers (salaries, fees, commissions)	8f	15	0			
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					150
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					278693
j	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructions:
	2A 2E 2F 2G 2J 2T 3D		on from the Link of Diese Ohans	-11-1			ha instructioner
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterisi	iic Coc	esme	ne msaucaons.
Par	V Compliance Questions						····
10	During the plan year:	**	~~		Yes	No	Amount
							·
	Was there a fallure to transmit to the plan any participant contribu	itions withii	n the time period described in	١.,		v	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a		X	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr (Do not i	ection Program)nclude transactions reported	10a 10b		×	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corr ? (Do not i	ection Program)nclude transactions reported		×		265000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	clary Corr	ection Program)	10b	×		265000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 transactions and DOL's Voluntary Fidulty Were any fees or commissions paid to any brokers, agents, or other transactions and DOL's Voluntary Fidulty Were any fees or commissions paid to any brokers, agents, or other transactions with any party-in-interest on line 10a.)	fidelity both	nctude transactions reported nd, that was caused by fraud s by an insurance carrier,	10b 10c	X	×	265000
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 otinsurance service or other organization that provides some or all of	fidelity borner persons of the bene	nctude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10b 10c 10d		×	
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 off insurance service or other organization that provides some or all of instructions.)	fidelity borner person	ection Program)	10b 10c 10d		x	265000 15157
c	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity borner person of the bene	ection Program)	10b 10c 10d 10e 10f	×	×	
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plantid the plan have any participant loans? (If "Yes," enter amount a	fidelity borner persons of the benear of year e	ection Program)	10b 10c 10d		x	
c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity borner persons of the benefits of year et	nctude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f	×	x	15157
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif 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	fidelity borner persons of the benear softyear et (See instrument of the required t	ection Program)	10b 10c 10d 10e 10f 10g 10h	x x x	x	15157
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10	fidelity borner persons of the benear softyear et (See instrument of the required t	ection Program)	10b 10c 10d 10e 10f 10g	x	x	15157
f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulty Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 off insurance service or other organization that provides some or all clinstructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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-VI Pension Funding Compliance	fidelity borner personner personner personner sof the benefit sof year experience (See instruction of the requirection).	ection Program)	10b 10c 10d 10e 10f 10g 10h	x x x	x x	15157 33810
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10	fidelity borner persons of the benearly (See instructions).	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X	33810
f g h	Were there any nonexempt transactions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 insurance service or other organization that provides some or all of 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 a lif 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 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity borner persons of the bene is of year e (See instru	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X 11a	33810 3 (Form Yes X No
f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? 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 constructions.) Has the plan failed to provide any benefit when due under the plath bid the plan have any participant loans? (If "Yes," enter amount a lifthis 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 2520.10. VI 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.	fidelity borner persons of the benear (See instructions). The requirements? (If """ requirements of the second of	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X	X X X 11a	33810 3 (Form Yes X No
f g h 111 111 111 112	Were there any nonexempt transactions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath in the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10 VI 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	fidelity both fidelity fidelit	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X 11a 302 of	33810 3 (Form Yes X No
f g h 111 11a 12 a	Were there any nonexempt transactions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath in the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10. VI 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 being granting the waiver.	fidelity both fidelity fidelit	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X 11a 302 of	33810 3 (Form Yes No ERISA? Yes No
f g h 111 11a 12 a	Were there any nonexempt transactions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions pald to any brokers, agents, or other insurance service or other organization that provides some or all dinstructions.) Has the plan failed to provide any benefit when due under the plath in the plan have any participant loans? (If "Yes," enter amount a lif 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 2520.10 VI 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 being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding standard for a prior year is being the party of the minimum funding the party of the pa	fidelity both fidelity fidelit	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schec	X X X X 11a 302 of	33810 3 (Form Yes No ERISA? Yes No

	Form 5500-SF 2012	Page 3 - 1				
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding d	eadline?		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?		. 🔲 Y	es 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 of the PBGC?				Yes	s 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	1	3c(2) Ell	N(s)	13c(3	3) PN(s)
Part	VIII Trust Information (optional)			·		
				ust's EIN		
174	,					