Foi	rm 5500-SF	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service		enefit Plan	d 1065 of the Employed	~	2	2012			
	epartment of Labor enefits Security Administration	This form is required to be filed Retirement Income Security Act of 1 the Internal I		tions 6057(b) and 6058		This Form i	s Open to Public			
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	ance with the instruc	tions to the Form 5500	)-SF.	Ins	pection			
Part I		entification Information								
For calend	ar plan year 2012 or fisca				2/31/2	—				
	turn/report is for:			an (not multiemployer)		a one-partici	oant plan			
<b>B</b> This ret	turn/report is:		he final return/report							
-	L			/report (less than 12 mo	onths)					
C Check	box if filing under:		automatic extension			DFVC progra	IM			
Devit II		special extension (enter description	,							
Part II 1a Name		nation—enter all requested informat	ion		1h	Three-digit				
		IED BENEFIT PENSION PLAN				plan number (PN)	001			
			1c	Effective date o 01/01	•					
	ponsor's name and addre & COMPANY, LLP	employer plan)	2b	Employer Identi (EIN) 26-03	fication Number 28458					
445 PARK A	VE., 10TH FLOOR				2c	Sponsor's telep 212-362				
NEW YORK	, NY 10022				2d	Business code ( 54160	see instructions)			
	dministrator's name and COMPANY, LLP	address Same as Plan Sponsor Na 445 PARK AVE.		Sponsor Address	3b	<b>b</b> Administrator's EIN 26-0328458				
<b>A</b> 16 4h a c					41-	212-362				
name		lan sponsor has changed since the las er from the last return/report.	st return/report filed to	r this plan, enter the	40 4c	EIN				
		the beginning of the plan year			5a		9			
<b>b</b> Total	number of participants at	the end of the plan year			5b		11			
		count balances as of the end of the pla			5c					
<b>b</b> Are you under	ou claiming a waiver of th 29 CFR 2520.104-46? (	uring the plan year invested in eligible le annual examination and report of ar See instructions on waiver eligibility ar <b>er line 6a or line 6b, the plan canno</b>	n independent qualifiendent conditions.)	d public accountant (IQF	⊃A)		X Yes No			
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.				0/ 11	,			
SIGN	Filed with authorized/va	lid electronic signature.	10/02/2013	DAN SCOULER						
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individu						
Preparer's	name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	Prep	arer's telephone	number (optional)			
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the instru	uctions for Form 5500-S	SF.			Form 5500-SF (2012) v. 120126			

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year				
<b>a</b> Total plan assets	7a	17392	7				190562		
<b>b</b> Total plan liabilities	7b		0				0		
C Net plan assets (subtract line 7b from line 7a)	7c	17392	7				190562		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal		
a Contributions received or receivable from:	<b>a</b> (1)								
(1) Employers									
(2) Participants									
(3) Others (including rollovers) b Other income (loss)		1939	2						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1939	5				10202		
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00						19393		
to provide benefits)	8d								
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g	275	8						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2758		
Net income (loss) (subtract line 8h from line 8c)				_			16635		
J Transfers to (from) the plan (see instructions)	···· 8j		0						
Part V Compliance Questions									
<b>10</b> During the plan year:				Yes	No		Amount		
<ul> <li>Was there a failure to transmit to the plan any participant contril</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Figure 1)</li> </ul>			10a		x				
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)	· ·	•	10b						
<b>C</b> Was the plan covered by a fidelity bond?					Х				
			10c	Х	X		6000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bond,	that was caused by fraud	10c 10d	X	×		6000		
	's fidelity bond, other persons by Il of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See		×			6000		
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a</li> </ul>	's fidelity bond, other persons by Il of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d	X	X		6000		
<ul> <li>or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> </ul>	's fidelity bond, other persons by Il of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e	×	× ×		6000		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the provide any bene</li></ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instructio	that was caused by fraud y an insurance carrier, under the plan? (See	10d 10e 10f	X	× × ×		6000		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction I the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g	×	x x x x x		6000		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction I the required no	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h	×	x x x x x		6000		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction the required no 01-3	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schec	X X X X X		6000		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding required</li> </ul>	's fidelity bond, other persons by Il of the benefits lan?	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schec	X X X X X				
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end ? (See instruction the required no 101-3	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB	· · · · · · · · · · · · · · · · · · ·	X Yes No		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below).</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction the required no 101-3 ements? (If "Yes	that was caused by fraud y an insurance carrier, under the plan? (See )	10d 10e 10f 10g 10h 10i	Schee	X X X X X Iule SB	· · · · · · · · · · · · · · · · · · ·	X Yes No. 20273		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo</li> <li>a If a waiver of the minimum funding standard for a prior year is brighted benefit waiver.</li> </ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction the required not 101-3 ements? (If "Yes mag requirements w, as applicable eing amortized i	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10e 10f 10g 10h 10i plete	Schec	X X X X X Iule SB 11a 302 of E	ERISA? e date of th	X Yes No 20273 Yes X No		
<ul> <li>or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the p</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount</li> <li>h If this is an individual account plan, was there a blackout period 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1</li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)</li> <li>11a Enter the amount from Schedule SB line 39.</li> <li>12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo</li> <li>a If a waiver of the minimum funding standard for a prior year is browned and the standard for a prior year is browned to the standard for a prior year is browned</li></ul>	's fidelity bond, other persons by Il of the benefits lan? as of year end. ? (See instruction (See instruction) the required no (01-3	that was caused by fraud y an insurance carrier, under the plan? (See 	10d 10f 10g 10h 10i plete titions th	Schec	X X X X X Iule SB 11a 302 of E	ERISA? e date of th	X Yes No 20273 Yes X No ne letter ruling		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c								
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?										
Part	rt VII Plan Terminations and Transfers of Assets										
13a	Has a	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										
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Yes X No						
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to	_							
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)						
Part	VIII	Trust Information (optional)									

14a Name of trust	14b Trust's EIN

SCHEDULE SB (rorms500)     Single-Employer Defined Benefit Plan Actuarial Information     Data with 2010/0       Determine the service Department of the service Department of the service to be flag under service to for depart perployee Defined Mean Code (sec Code)     The Service Code (sec Code)       Previous Book Status Actuarial Landow Code (sec Code)     The service Code (sec Code)     The Service Code (sec Code)       Previous Book Status Actuaria     The service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Previous Book Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Previous Book Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Previous Book Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Code Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Code Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Code Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Code Status Actuaria     The Service Code (sec Code)     The Service Code (sec Code)     The Service Code (sec Code)       Status Code Status Code (sec Code)     The Service Code (sec Code) <th></th> <th>SCHEDULE SB</th> <th>Single-Em</th> <th>olover</th> <th>Define</th> <th>d Ber</th> <th>nefit Plan</th> <th></th> <th>OME</th> <th>3 No. 1210-0110</th> <th></th>		SCHEDULE SB	Single-Em	olover	Define	d Ber	nefit Plan		OME	3 No. 1210-0110		
Upgeneration       This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERSA) and section 0359 of the Internal Retention Code (the Code).       This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERSA) and section 0359 of the Internal Retention Code (the Code).       This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERSA) and section 0359 of the Internal Retention Code (the Code).       This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERSA) and section 0359 of the Internal Retention Code (the Code).         Proceeding Internal Section Code (the Code).       Proceeding Internal Retention 0 (1011/2012)       and ending IIII/2012       and ending IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII										2012		
Destiminist         Destination         This Enclude is neglined to de find under section full of the unde										2012		
Inspection       Inspection         Present Beard Codumy Quoyeants       PF lies an attachment to Form 5500 r 5500 sFs.       Inspection         Proceeding plan year 2022 of fiscal plan year beginning       0.01/2012       and ending       1231/2012         Proceeding plan year 2022 of fiscal plan year beginning       0.01/2012       and ending       1231/2012         A Name of plan       B       Three-digit       001         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500 SF       D       Employer Identification Number (EIN)         SOULLER & COMPANY, LLP       D       Employer Identification Number (EIN)       260328455         E Type of plan.       Single       Multiple-B       F       Provide and analysis       100 or fever       101-500       More than 500         Part I       Basic Information       2a       100 or fever       101-500       More than 500         Part I       Basic Information       2a       100 or fever       101-500       More than 500         Part I       Basic Information       2a       100 or fever       101-500       More than 500         Part I       Basic Information       2a       100 or fever       101-500       More than 500         Part I       Basic Information       2a       100 or fever       101-500		Department of Labor	Retirement Income Se	curity Act of	1974 (ERI	SA) and	section 6059 of th		This Form	n is Open to Publ	ic	
For calcular plan year 2012 or filesd plan year beginning     0101/2012     and ending     12/31/2012       P Round off amounts to nearest dollar.     Caution: A panaly of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.     001       A Namo of plan     SCOULER & COMPANY, LLP DEFINED BENEFIT PENSION PLAN     B Three-digit plan number (PN)     001       C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF     D Employer Identification Number (EIN)     26-002458       E Type of plan:     Single     Multiple-A     Multiple-B     F Prior year plan size:     101-500     More than 500       Part II     Basic Information     2a     100-500     More than 500       1     Enter the valuation date:     Month 12     Day     31     Year 2012       2     Assets:     2a     100-500     More than 500       3     Funding target/participant count breakdown:     (1) Number of participants     (2) Funding Target       4     For streted participants     3b     1     227       C For active participants     3b     1     227       C For active participants     3c(1)     10     3c23       10     Non-vested participants     3b     1     227       C For active participants     3c(1)     1     227       C For active participants<		<u> </u>	Inte	ernal Revenu	ue Code (th	e Code).						
P Gaution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.       0         A Name of plan SCOLER & COMPANY, LLP DEFINED BENEFIT PENSION PLAN       B       Three-digit plan number (PN)       001         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCOLER & COMPANY, LLP       D       Employer Identification Number (EIN)         2 Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCOLER & COMPANY, LLP       D       Employer Identification Number (EIN)         2 Assets:       3       Into or fewer       101-500       More than 500         2 Assets:       3       9       101-500       More than 500         3 Funding target/participant count breakdown:       (1) Number of participants       (2) Funding Target         4 For relevation durate       3a       0       0       0         5 For terminated value       3c(1)       109570       109570       109570         6 for terminated value       3c(1)       109570       109570       0       0       0         6 for terminated value       3c(2)       10       32270       0       0       0       0         1 (1) Number of participants       3c(1)       10       3228113       10       32271       0       0       0       0       0	For	colondor plan year 2012 or ficeal p			nt to Form	5500 or		~ 10/2	1/2012			
• Cancer of plan       Socialization: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.       001         • Name of plan       Socialization: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.       001         • Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (PN)         • C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (EIN)         • C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (EIN)         • C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (EIN)         • C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF       D       Employer Identification Number (EIN)         • C Plan stable       Basic Information       2a       100 or fower       101-500       More than 500         • C P active symptomicipants       2a       100 or fower       2b       1000662         • Funding target opticipants       2a       1000662       0				/01/2012			and ending	y 12/3	1/2012			
A Name of plan SCOULER & COMPANY, LLP DEFINED BENEFIT PENSION PLAN       B       Three-digit plan number (PN)       001         C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCOULER & COMPANY, LLP       D       Employer Identification Number (EIN) 26-0328468         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       2       2       4       100-90       2       100-00       More than 500         Part I       Basic Information       2       2       4       100-00       More than 500         2 Asset:       2       100-000       100-000       2       100-000       More than 500         2 Asset:       2       100-000       2       100-000       More than 500       2         3 Funding target/participant court breakdown:       3       100-000       2       100-000       0         3 Funding target/participants:       3       3       1       2       2       100-000         (1) Non-vested benefits:       3C(1)       100-000       3       100-000       3       100-000       3       100-000       3       100-000       3       100-0000       3       1				this report u	nless reaso	onable ca	ause is established	ł.				
SCOULER & COMPANY, LLP DEFINED BENEFIT PENSION PLAN     plan number (PN)     001       C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF     D Employer Identification Number (EIN)       26:0328468     E Type of plan:     Single Multiple-A Multiple-B     F Prior year plan size:     1 00 or fewer 1 101-500 More than 500       Part I     Basic Information     1     Enter the valuation date:     Month 12     Day _ 31     Year 2012       2 Assets:     2     100 or fewer 1 101-500 More than 500     More than 500     100 or fewer 1 101-500 More than 500       3 Funding target/participant count breakdown:     (1) Number of participants     (2) Funding Target for forminated value     0 0       3 For retring target/participants:     30     1     227       (1) Non-vasted barticipants:     30     1     227       (1) Non-vasted participants:     30     1     227       (2) For active participants:     30     1     227       (3) Total active     32(1)     1030000     10       (3) Total active     32(2)     1300000     10       (4) The plan is in a +tike status, check the box and complete lines (a) and (b)     4     4       5 Endective indig target formal cost.     5     7.03 %       6 Target normal cost.     5     7.03 %       7 The plan ta in a +tike status, check the box and comp	-		<u>g</u>				_					
SCOULER & COMPANY, LLP     28-0328458       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	SCO	OULER & COMPANY, LLP DEFINE	D BENEFIT PENSION PL	AN			Ű		•	001		
SCOULER & COMPANY, LLP     28-0328458       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								<u> </u>		•		
SCOULER & COMPANY, LLP     28-0328458       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		llan ananan'a nama sa shawn an li	ing 20 of Form FEOD or FEO	0.05				lantificat	on Number			
E       Type of plan:       Single       Multiple-B       F       Prior year plan size:       [2] 100 or fewer       101-500       More than 500         Part I       Basic Information			me 2a of Form 5500 of 550	0-3F			1 . 7	ientificat		(EIN)		
Part I       Basic Information         1       Enter the valuation date:       Month 12       Day 31       Year 2012         2       Assets:       addret value       2a       190562         3       Market value       2a       190562         b Actuarial value       2a       190562         c For etrice participants and beneficiaries receiving payment.       3a       0       0       0         a For retrice participants:       3b       1       2277       C For active participants:       3b       1       2277         (1) Non-vested benefits.       3c(1)       10       326413       11       320400         (2) Vested benefits.       3c(2)       11       320400       36413       11       326413         4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4       4       4       4       4         5       Total active indicates and beneficiarity recombed at-risk assumptions       5       7.01 %       6       17.9438       17.9438       17.9438       17.9438       17.9438       17.9438       17.9438       17.9438       11.94628       11.94628       11.94628       11.94628       11.94628       11.94628       11.94628       11.94628       11.9							20 0020400					
1       Enter the valuation date:       Month       12       Day       31       Year       2012         2       Assets:       Asset:       Asset: <td< td=""><td>Εт</td><td>ype of plan: X Single 🗌 Multipl</td><td>e-A Multiple-B</td><td>F P</td><td>rior year pla</td><td>n size: 🔉</td><td>× 100 or fewer</td><td>101-50</td><td>00 More</td><td>than 500</td><td></td></td<>	Εт	ype of plan: X Single 🗌 Multipl	e-A Multiple-B	F P	rior year pla	n size: 🔉	× 100 or fewer	101-50	00 More	than 500		
2       Assets:       2a       190562         3       Aduratial value       2b       190562         3       Funding target/participant count breakdown:       (1) Number of participants       2b       190562         3       Funding target/participant count breakdown:       (1) Number of participants       0       0       0         4       For retured participants:       3b       1       227       1       1       227         (1) Non-vested benefits       3c(1)       1       227       1	Ра	Int I Basic Information										
a Market value       2a       190562         b Actuarial value       2b       190562         c For inding larget/participants and beneficiaries receiving payment       3a       0       0         a For retried participants and beneficiaries receiving payment       3a       0       0       0         b For terminated vested participants       3b       1       227         c For active participants       3b       1       227         c For active participants       3c(1)       195702         (1) Non-vested benefits       3c(2)       130408         (2) Vested benefits       3c(3)       10       326340         (3) Total active       3c(3)       11       326340         4 If the plan is in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding factor       4a       4b         5       7.03 %       5       7.03 %       6       179438         Signature of acturist in the schedule and accompanylog schedules, statements and stachnees, if any, is complete and source. Each prescribed asemptions in the plan is the plan is the plan is the plan is th	1	Enter the valuation date:	Month <u>12</u> Da	ay <u>31</u>	_ Year _	2012	_					
b Actuarial value       2b       190562         3       Funding target/participants count breakdown:       (1) Number of participants       (2) Funding Target         a For retired participants and beneficiaries receiving payment       3a       0       0         0       Do to for terminated vested participants.       0       0         0       For active participants.       1       227         c For active participants.       0       1       1007         (1) Non-vested benefits.       3c(2)       130400         (3) Total active.       3c(3)       10       3284113         d Total       3d       11       326340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4       4         b Funding target reflecting act-risk assumptions.       4a       4a       4a         5       Effective interest rate       5       7.03 %         6       Torget normal cost.       6       17.043	2	Assets:										
3       Funding target/participants count breakdown:       (1) Number of participants       (2) Funding Target         a For retired participants and beneficiaries receiving payment.       3a       0       00         b For terminated vested participants.       3b       1       227         c For active participants.       3c(1)       195705         (1) Non-vested benefits.       3c(2)       130408         (3) Total active       3c(3)       10       3284113         d Total       3d       11       326340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b).       4a       4a         b Funding target reflecting at-risk assumptions.       4a       4a       4a         b Funding target reflecting at-risk assumptions.       5       7.03 %         6       179438       5       7.03 %         7 To the set of information supplied in this schedule and accumption schedule streagending transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding factor       5       7.03 %         6       179438       5       7.03 %       6       179438         Statement by Enrolled Actuary       Date       11-04628       310-212-2600         Trent best of information supplied in this schedule and accumption		<b>a</b> Market value						2a			190562	
a For retired participants and beneficiaries receiving payment       3a       0       0       0         b For terminated vested participants       3b       1       227         c For active participants:       3b       1       227         c For active participants:       3c(1)       195705         (2) Vested benefits       3c(2)       130408         (3) Total active       3c(3)       10       326113         d Total       3d       11       326340         4 If the plan is in at-risk status, check the box and complete lines (a) and (b)       4       4         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       4         5 Effective interest rate       5       7.03 %         6 Target normal cost       5       7.03 %         7 To the set interest rate       5       7.03 %         6 Target normal cost       5       7.03 %         6 Target normal cost       6       179438         Signature of actuary         Date         Type or print name of actuary         Type or print name of actuary          310-212-2800 <td></td> <td><b>b</b> Actuarial value</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2b</td> <td></td> <td></td> <td>190562</td>		<b>b</b> Actuarial value						2b			190562	
b For terminated vested participants:       3b       1       227         c For active participants:       3c(1)       195705         (1) Non-vested benefits       3c(2)       130408         (2) Vested benefits       3c(2)       130408         (3) Total active.       3c(2)       130408         (3) Total active.       3c(2)       10       328113         d Total       3d       11       328340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b).       4a       4b         b Funding target disregarding prescribed at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding transition rule for plans that have been in at-risk status for fewer than five assumption s, but disregarding transition rule for plans that have been in at-risk status for fewer than five assumption is preachable, status for fewer than five account we assumption is reasonable (plang factor       4a         5       Effective interest rate.       5       7.03 %         6       Target normal cost.       5       7.03 %         6       Target normal cost.       5       7.03 %         7       Target normal cost.       5       7.03 %         8 <td< td=""><td>3</td><td>Funding target/participant count b</td><td>preakdown:</td><td></td><td></td><td><b>(1)</b> N</td><td>lumber of participa</td><td>ants</td><td>(2)</td><td>Funding Target</td><td></td></td<>	3	Funding target/participant count b	preakdown:			<b>(1)</b> N	lumber of participa	ants	(2)	Funding Target		
C For active participants:       3c(1)       195705         (1) Non-vested benefits		<b>a</b> For retired participants and ber	eficiaries receiving paymer	nt				0			0	
(1) Non-vested benefits       3c(1)       195705         (2) Vested benefits       3c(2)       130408         (3) Total active       3c(3)       10       3226113         (4) If the plan is in at-risk status, check the box and complete lines (a) and (b)       3d       11       32630         (5) Funding target disregarding prescribed at-risk assumptions.       4a       4b       4d       4b         5 Effective interest rate       5       7,03 %       6       179438         Statement by Enrolled Actuary         Date         O9/19/2013         Signature of actuary         Date         Signature of actuary         Date         Tristra ANN TYSON, EA, MSPA         Firm name         Signature of actuary         Date         O9/19/2013         Telephone number (including area code)         Address of the firm			nts		3b			1			227	
(2) Vested benefits       3c(2)       130408         (3) Total active       3c(3)       10       326133         d Total       3d       11       326340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4a       4a         b Funding target disregarding prescribed 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       4a       4b         5       Effective interest rate       5       7.03 %       6       179438         Statement by Enrolled Actuary         Date         Tripte or print name of actuary         Date         Signature of actuary         Tipte or print name of actuary         Telephone number (including area code)         Address of the firm         Consultations supplied on the scheres updated on the plan.         Signature of actuary         Date         Tipte or print name of actuary         Date         Consultations supplied on the plan.         Signature of actuary         Date <td colspan<="" td=""><td></td><td><b>C</b> For active participants:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td><b>C</b> For active participants:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		<b>C</b> For active participants:									
(3) Total active       3c(3)       10       326113         d Total       3d       11       326340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4       4         b Funding target disregarding prescribed at-risk assumptions.       4a       4a         b Funding target reflecting at-risk assumptions, but disregarding loading tactor       4a       4b         5       Effective interest rate       5       7.03 %         6       Target normal cost.       5       7.03 %         6       Target normal cost.       6       179438         Statement by Enrolled Actuary       6       179438         To the best estimate of anticipated experience under the plan.       99/19/2013       09/19/2013         Signature of actuary       Date       11-04628         TRISTA ANN TYSON, EA, MSPA       Firm name       310-212-2600         2377 CRENSHAW BOULEVARD SUTE ASSO       Firm name       210-212-2600       Telephone number (including area code)         2377 CRENSHAW BOULEVARD SOIL       Firm name       4ddress of the firm       11-04628         Kitte actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       1		(1) Non-vested benefits										
d Total       3d       11       326340         4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4a       4a         b Funding target disregarding prescribed 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       4a         5       Effective interest rate       5       7.03 %         6       Target normal cost       6       179438         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 prescribed assumptions applied in accordance with applicable the 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 combination, offer my best estimate of anticipated experience under the plan.         SIGN       09/19/2013         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       Signature of actuary         Address of the firm       Telephone number (including area code)         SUTE 250       Target so the firm         Address of the firm								10				
4       If the plan is in at-risk status, check the box and complete lines (a) and (b)       4         a Funding target disregarding prescribed at-risk assumptions.       4a         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       4b         5       Effective interest rate       5       7.03 %         6       Target normal cost.       6       179438         Statement by Enrolled Actuary       6       179438         Statement by Enrolled Actuary       08/19/2013         accordance with applicable wand 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 combination, offer my best estimate of anticipated expense under the plan.       08/19/2013         Signature of actuary       Date       11-04628         Type or print name of actuary       310-212-2600       310-212-2600         Carroe Residue Wolf Statement Statement       Signature of actuary       Telephone number (including area code)         2377 CRENSHAW BOULEVARD SUITE ASO       Firm name       Telephone number (including area code)         SUITE 350       Togeras of the firm       110-0428         It the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this sched												
a Funding target disregarding prescribed at-risk assumptions.       4a         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       4b         5 Effective interest rate.       5       7.03 %         6 Target normal cost.       6       179438         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 prescribed 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 combination. (for my best estimate of anticipated experience under the plan.         SIGN HERE       09/19/2013         Signature of actuary       Date         Type or print name of actuary       310-212-2600         Telephone number (including area code)       310-212-2600         Telephone number (including area code)         Signature of the firm         Address of the firm         Address of the firm         It he actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	4							11			326340	
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	4	•		., .	,			4-				
at-risk status for fewer than five consecutive years and disregarding loading factor								4a				
5       Effective interest rate       5       7.03 %         6       Target normal cost       6       179438         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 prescribed assumption was applied in a accurate 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 combination, offer my best estimate of anticipated experience under the plan.         SIGN HERE       09/19/2013         Signature of actuary       Date         Type or print name of actuary       11-04628         ActuARIAL CONSULTANTS INC.       310-212-2600         Firm name       Firm name         2377 CRENSHAW BOULEVARD       Firm name         SUTE 350       TorRANCE, CA 90501         Address of the firm       If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see								4b				
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 prescribed 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 combination, offer my best estimate of anticipated experience under the plan.         SIGN HERE       09/19/2013         Signature of actuary       Date         TNPE or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         SUITE 350       Firm name         VORTANCE, CA 90501       Firm name         Address of the firm       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	5		-					5		7.	.03 %	
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 prescribed assumptions, and such other assumptions is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in ordination, offer my best estimate of anticipated experience under the plan.         SIGN HERE       09/19/2013         Signature of actuary       Date         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         SUITE 350 TORRANCE, CA 90501       Firm name         Address of the firm       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Interval	6	Target normal cost						6			179438	
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 combination, offer my best estimate of anticipated experience under the plan.          Sign       09/19/2013         Signature of actuary       Date         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350       Topes of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Intervalue of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	Stat	ement by Enrolled Actuary										
SIGN       09/19/2013         Signature of actuary       Date         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350 TORRANCE, CA 90501       Firm name         Address of the firm       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       If	a	accordance with applicable law and regulations	. In my opinion, each other assumpt									
HERE       09/19/2013         Signature of actuary       Date         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350       Firm name         Address of the firm       Telephone number (including area code)         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Interval 100 (including area code)			ted experience under the plan.									
Signature of actuary       Date         TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350 TORRANCE, CA 90501       Telephone number (including area code)         Address of the firm       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Image: Completing this schedule, check the box and see												
TRISTA ANN TYSON, EA, MSPA       11-04628         Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350       Telephone number (including area code)         TORRANCE, CA 90501       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see       Image: Completing this schedule, check the box and see	Н									2013		
Type or print name of actuary       Most recent enrollment number         ACTUARIAL CONSULTANTS INC.       310-212-2600         2377 CRENSHAW BOULEVARD       Firm name         SUITE 350       Telephone number (including area code)         Address of the firm       Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	тою		Signature of actuary									
ACTUARIAL CONSULTANTS INC.  ACTUARIAL CONSULTANTS INC.  Firm name Firm name Address of the firm  Address of the firm  If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	TRIC		or print name of actuary					Mootre				
Firm name Telephone number (including area code) SUITE 350 TORRANCE, CA 90501 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ACT		or print name of actuary					MOST				
2377 CRENSHAW BOULEVARD SUITE 350 TORRANCE, CA 90501 Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	ACT	OANAL CONSULTANTS INC.	Firm name					onhone				
TORRANCE, CA 90501         Address of the firm         If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			r inn name					ephone		during area code)		
Address of the firm If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see												
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see			Address of the firm				_					
		and the second for the second s		and a stand stand	1		- de la della de la della			<b>_</b> _	7	
			regulation or ruling promulg	jated under	the statute	in comple	eung this schedule	e, check	the box and	see		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Pa	art II	Begir	ning of Year	Carryov	ver Prefunding Balan	ces						
_						_	(a) (	Carryover balance	•	(b)	Prefundir	ng balance
7					cable adjustments (line 13 f				0			0
8					funding requirement (line 35							
			•	•					0			0
9	Amount	remaini	ng (line 7 minus li	ne 8)					0			0
10	Interest	on line 9	ousing prior year's	s actual ret	turn of <u>0.00</u> %				0			0
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	<b>a</b> Prese	ent value	of excess contrib	utions (line	e 38a from prior year)							0
<b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.57</u> % except as otherwise provided (see instructions)												0
	<b>C</b> Total a	available	at beginning of cu	rrent plan y	ear to add to prefunding bala	nce						0
_	<b>d</b> Portic	on of (c)	to be added to pre	efunding ba	alance							0
12	Other re	ductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	)			0			0
P	art III	Fun	ding Percenta	ages								
14	Funding			-							14	58.39 %
-			g target attainmen								15	58.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16										92.61 %		
										58.39 %		
P	art IV	Con	tributions an	d Liauid	lity Shortfalls							
				-	vear by employer(s) and em	olovees:						
	(a) Date	e	(b) Amount p	aid by	(c) Amount paid by	(a) Da		(b) Amount p		(	,	nt paid by
(N	1M-DD-Y	YYY)	employer	(s)	employees	(MM-DD-)	YYYY)	employer	(S)	_	emplo	oyees
						Totals ►	40(h)			10(-)	1	
- 10	<b>.</b>						18(b)		0	18(c)		0
19			-		tructions for small plan with				Г Т			0
	_				nimum required contributions				19a			0
					djusted to valuation date				19b			0
- 20					uired contribution for current	/ear adjusted t	to valuation	1 date	19c			0
20		-	outions and liquidit	-								
					the prior year?						X	
					y installments for the curren			manner?	Г			Yes X No
	C If line	20a is "	Yes," see instructi	ions and co	omplete the following table a			n voor				
		(1) 19	st		Liquidity shortfall as of e (2) 2nd	nu oi quarter		n year 3rd			(4) 4th	
		,			· / -··-		(*)	-			.,	

Pa	rt V	Assumptio	ons Used to Determine	Funding Target and	Target Nor	mal Cost					
21	Disco	ount rate:									
	<b>a</b> Se	egment rates:	1st segment: 5.54%	2nd segment: 6.85%		3rd segment: 7.52 %		N/A, fu	ll yield o	curve	used
	<b>b</b> Ap	plicable month (e	enter code)				21b				2
22	Weig	hted average ret	tirement age				22				66
23		ality table(s) (see		escribed - combined		- separate	Substitu	te			
Ра	rt VI	Miscellane	ous Items								
24		-	nade in the non-prescribed ac							Yes	X No
25			e been made for the current p							Yes	X No
26		•	p provide a Schedule of Active	•	-	•				Yes	No
27	If the	plan is subject to	o alternative funding rules, en	ter applicable code and see	instructions re	egarding	27				
	attacl	hment	-				21				
	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contrib	utions For	Prior Years					
28	-		uired contributions for all prior				28				190407
29			contributions allocated towar				29				0
30	Rema	aining amount of	f unpaid minimum required co	ntributions (line 28 minus lin	e 29)		30				190407
Pa	rt VII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Targ	et normal cost ar	nd excess assets (see instruc	tions):							
	a Tar	get normal cost (	(line 6)				31a				179438
	<b>b</b> Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b				0
32	Amor	tization installme	ents:			Outstanding Bala	nce	Ir	nstallme	ent	
	<b>a</b> Net	t shortfall amortiz	zation installment				135778				23296
	<b>b</b> Wa	aiver amortizatior	n installment				0				0
33	lf a w (Mon		approved for this plan year, er Day Year	nter the date of the ruling lett) and the waived am			33				0
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (line	s 31a - 31b +	32a + 32b - 33)	34				202734
				Carryover balance		Prefunding balar	nce	То	tal bala	nce	
35			use to offset funding		0		0				0
36	Addit	ional cash requir	rement (line 34 minus line 35)				36				202734
37	Contr	ributions allocate	ed toward minimum required c	ontribution for current year a	adjusted to val	uation date	37				0
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)							
			y, of line 37 over line 36)				38a				0
			line 38a attributable to use of				38b				
39			uired contribution for current y				39				202734
40	Unpa	id minimum requ	uired contributions for all year	S			40				393141
Pa	rt IX		Funding Relief Under				)				
41	lf an e	election was mad	de to use PRA 2010 funding r	elief for this plan:							
	<b>a</b> Sch	nedule elected						2 plus 7 yea	rs	15 y	ears
	<b>b</b> Elig	gible plan year(s)	) for which the election in line	41a was made			200	8 2009	2010	2	2011
42	Amou	int of acceleratio	on adjustment				42		_	<u> </u>	
43	Exces	s installment ac	celeration amount to be carrie	ed over to future plan years.			43				

## **SCOULER & COMPANY**

# **DEFINED BENEFIT PENSION PLAN**

#### EIN / PN: 26-0328458 / 001

Schedule of Active Participant Data Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	3	0	0	0	0	0	0	0	0	3
30-34	0	2	0	0	0	0	0	0	0	0	2
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	1	0	0	0	0	0	0	0	0	1
50-54	0	2	0	0	0	0	0	0	0	0	2
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	1	0	0	0	0	0	0	0	0	1
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	10	0	0	0	0	0	0	0	0	10

\*Employees who have not met the minimum eligibility requirements are excluded

Average Age:39.5Average Service:2

# SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN EIN / PN: 26-0328458 / 001

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>
Interest Rates	Seg 1 5.54% 1.72%	Seg 1 1.99%	Pre-Retirement 5.50%
	Seg 2 6.85% 4.58%	Seg 2 4.47%	Post-Retirement 5.50%
	Seg 3 7.52% 5.67%	Seg 3 5.26%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement			
Mortality	Male-modified RP2000 combined healthy male projected 27 & 19 yrs Female-modified RP2000 combined healthy female projected 27 & 19 yrs	2012 Applicable Mortality Table from Rev Rul 2007-67	Required Mortality Table per RR 2001-62
Assumed Benefit Form	For Funding	Normal Form	
Calculated Effective Int	erest Rate	7.03%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

SCHEDULE SB		Single-Er	nplo	yer l	Define	d Bei	nefi	t Plan		·	OM	B No. 121	0-0110	
(Form 5500)		- 4	Actua	arial	Inforn	natio	n					2012	2	
Department of the Treasury Internal Revenue Service		This schedule is re	equired t	o be file	ed under s	ection 10	)4 of th	e Employe	e					
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	F	Retirement Income I			1974 (ER ie Code (tł			n 6059 of 1	the	T		n is Ope Inspecti	en to Pul on	blic
					nt to Form	5500 or	5500				- / /			
For calendar plan year 2012 or fiscal pl		ear beginning	01,	/01/2	2012			and endi	ng	1	2/31/	2012		
<ul> <li>Round off amounts to nearest do</li> <li>Caution: A penalty of \$1,000 will be</li> </ul>		essed for late filing	of this n	eport u	nless reas	onable c	ause is	s establish	ed					
A Name of plan					11000 1000		B	Three-dig						
Scouler & Company, LLI	P De	efined Benef	Eit P	ensid	on Plar	ı		plan num		1)	•		001	
Plan sponsor's name as shown on lir	ne 2a	of Form 5500 or 5	500-SE				D	Employer	Identific	ration	Number	(EIN)	<u>1999-99</u>	
			000 01							Jacion		(		
Scouler & Company, LLE	)		- I				26-	032845	58					
E Type of plan: 🛛 Single 🗌 Multiple	-A	Multiple-B		F PI	rior year pla	an size: [	X 100	or fewer	101	-500	More	than 500		
Part I Basic Information														
1 Enter the valuation date:	M	lonth 12	Day	31	Year	2012								
2 Assets:			<u> </u>											
<b>a</b> Market value									2a				19	90562
<b>b</b> Actuarial value									2b				19	90562
3 Funding target/participant count br						( <b>1</b> ) N	lumbe	r of partici	pants		(2)	Funding	Target	
<b>a</b> For retired participants and bene	ficiar	ies receiving paym	ent		3a					0				(
<b>b</b> For terminated vested participan	ts				3b					1				227
<b>C</b> For active participants:				_										
(1) Non-vested benefits					3c(1)								19	95705
(2) Vested benefits					3c(2)								13	30408
(3) Total active				_	3c(3)				1					26113
d Total					3d				1	1		te general de la com	32	26340
If the plan is in at-risk status, check	the	box and complete	lines (a)	and (b)	)		· 📋							
<b>a</b> Funding target disregarding pres	cribe	d at-risk assumptio	ons	•••••		•••••			4a					
b Funding target reflecting at-risk a at-risk status for fewer than fiv									4b					
5 Effective interest rate		insecutive years an	u uisieg	arung	loauling rad								7	.03%
<b>6</b> Target normal cost									. 6	_				79438
tatement by Enrolled Actuary To the best of my knowledge, the information sup accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	plied ir n my o	n this schedule and accor pinion, each other assum	mpanying s	schedules	, statements a	and attachm	nents, if	any, is comple	ete and acc and reaso	curate. E nable ex	each prescri (pectations)	ibed assum and such c	ption was a other assum	pplied in ptions, in
SIGN HERE Trista Ann Tyson		Yay					_			09	/19/2	013		
RISTA ANN TYSON, EA, MSE	PA	ire of actuary							-		Date 110462			
Type of CTUARIAL CONSULTANTS INC		t name of actuary					_		Most		t enrollm -212-	ent numl 2600	ber	
	Fir	m name						Те	lephone	e num	ber (inclu	uding are	a code)	
377 CRENSHAW BOULEVARD JITE 350 DRRANCE CA 90	501													
		ss of the firm												
			******											
the actuary has not fully reflected any re	gulat	ion or ruling promu	lgated u	under th	ne statute i	n comple	eting th	nis schedul	le, chec	k the	box and	see		

Pa	art II	Begir	nning of Year	Carryov	ver Prefunding Balance	es							
_								(a)	Carryover balance	)	(b)	Prefund	ing balance
7		-	• • •		icable adjustments (line 13 fro					0			0
8	* /				funding requirement (line 35 fi								
										0			0
9	Amoun	it remaini	ng (line 7 minus li	ne 8)						0			0
10	Interes	t on line §	9 using prior year'	s actual re	turn of <u>0.00</u> %					0			0
11	-				d to prefunding balance:								
					e 38a from prior year)								0
					interest rate of <u>5.57</u> %								0
	C Total	available	at beginning of cu	rrent plan y	ear to add to prefunding balanc	e							0
	<b>d</b> Porti	ion of (c)	to be added to pre	efunding b	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections					0			0
13	<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)    0										0		
P	art III	Fun	ding Percenta	ages								-	
14	Fundin	g target a	attainment percent	tage								14	58.39%
15	15 Adjusted funding target attainment percentage											15	58.39%
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to red current year's funding requirement.											16	92.61%
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17	58.39 <b>%</b>	
Pa	art IV	Con	tributions an	d liquidi	ity shortfalls								
18	Contrib	outions m	ade to the plan for	r the plan y	/ear by employer(s) and employer	oyees:							
(1)	(a) Da		(b) Amount p		(c) Amount paid by	(a) [		~	(b) Amount p				unt paid by
(1)	1M-DD-Y	***)	employer	(S)	employees	(MM-DD		r)	employer	(S)		emp	loyees
											_		
						Totals 🕨	18	8(b)			0 <b>18(c)</b>		0
19	Discou	nted emp	loyer contribution	s – see ins	structions for small plan with a	valuation	date af	fter t	he beginning of the	-	г		
	_				nimum required contributions f					19a			0
b Contributions made to avoid restrictions adjusted to valuation date								0					
					uired contribution for current ye	ar adjusted	l to valu	Jatio	n date	19c			0
20		-	outions and liquidi	-								Г	
			-		the prior year?								
				-	stallments for the current year		timely	mar	nner?				Yes X No
	<b>c</b> If 20	a is "Yes,	" see instructions	and comp	lete the following table as app		n ef 11-'	0					
		(1) 1:	st	1	Liquidity shortfall as of end (2) 2nd	u or quarte			an year 3rd			(4) 4t	h
		(1) 16			(=) 210	1		(9)	510	-		(.) -1	

Pa	rt V As	sumptio	ns Used to Determine	Funding Target and	Farget Normal Co	ost	
21 Discount rate:							
a Segment rates:		nt rates:	1st segment: 5.54%			segment: 7.52%	N/A, full yield curve used
	<b>b</b> Applica	ble month (	enter code)			21b	2
22	Weighted average retirement age						66
23				rescribed - combined	Prescribed - separa		Ite
De							
			ous Items	turnial accurations for the s		( " instruction	
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.						
25	Has a me	thod change	e been made for the current p	lan year? If "Yes," see instru	uctions regarding requi	ired attachment	Yes X No
26	Is the plar	n required to	provide a Schedule of Active	e Participants? If "Yes," see	instructions regarding	required attachmen	tX Yes 🗌 No
27	<ul> <li>7 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment</li> </ul>						
			ation of Unpaid Minim	•			
28			uired contributions for all prior				190407
29			contributions allocated towar			. 2.7	0
30	Remaining	g amount of	f unpaid minimum required co	ontributions (line 28 minus lin	e 29)		190407
Ра	rt VIII N	linimum	<b>Required Contribution</b>	n For Current Year			
31	Target no	rmal cost a	nd excess assets (see instruc	ctions):			
	a Target n	ormal cost	(line 6)				179438
			pplicable, but not greater than				0
32		on installme	-			ding Balance	Installment
-			zation installment			135778	23296
			n installment			0	0
22							
33	(Month		approved for this plan year, e Day Year	) and the waived am			0
34	Total fund	ing requirer	ment before reflecting carryov	er/prefunding balances (line	s 31a - 31b + 32a + 32	2b - 33) <b>34</b>	202734
				Carryover balance	Prefunc	ding balance	Total balance
35			use to offset funding		0	0	0
36	Additional	cash requi	rement (line 34 minus line 35)	)			202734
	<ul> <li>Additional cash requirement (line 34 minus line 35)</li> <li>Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)</li> </ul>						0
38	, ,		ess contributions for current y				
- 50			y, of line 37 over line 36)	,			0
20	<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances						202734
39							
	40 Unpaid minimum required contributions for all years       40       393141         Part IX       Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)       40						222141
						-,	
	If an election was made to use PRA 2010 funding relief for this plan:						
	<ul><li>b Eligible plan year(s) for which the election in line 41a was made</li></ul>						
12							
			on adjustment				
43	Excess ins	stallment ac	celeration amount to be carrie	ed over to future plan years		43	

## SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN AND TRUST

## EIN / PN: 26-0328458 / 001

### Attachment to the Form 5500 Schedule SB for the Plan Year Ending December 31, 2012

Retirement age for funding is the later of the Normal Retirement Age specified in the plan document and the intended retirement age stated by the Participant.

Age	Number
62	0
63	0
64	0
65	9
66	0
67	0
68	0
69	0
70	1
Total	10
Weighted Average Age	65.50

### Line Item 22 Weighted Average Retirement Age

## SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN AND TRUST

### EIN / PN: 26-0328458 / 001

#### Attachment to the Form 5500 Schedule SB for the Plan Year Ending December 31, 2012

#### **Actuarial Communication Disclosure**

The Schedule SB reports the actuarial position of the plan as of the valuation date for purposes of complying with sections 412, 430, and 436 of the Internal Revenue Code.

Calculations have been prepared using generally accepted actuarial practices and methods. The actuarial assumptions used in the calculations are individually reasonable and reasonable in aggregate.

Actuarial Consultants, Inc. did not audit the employee data and financial information used in this valuation. Based on our review of this data, we believe that the information is sufficiently complete and reliable, and that it is appropriate for the purposes intended.

Actuarial computations involve a number of assumptions and with those assumptions come a level of uncertainty and risk. Those uncertainties include, but are not limited to investment risk, mortality risk, changes in the employee group, and changes in the laws and regulations.

Actuarial Consultants, Inc.'s relationship with the Plan and the Plan Sponsor is strictly professional. There is no aspect of the relationship that may impair or appear to impair the objectivity of our work.

# SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN EIN / PN: 26-0328458 / 001

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

Plan Effective Date	January 1, 2010			
Plan Year	From January 1 to December 31			
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:			
	6 months of service Minimum age 21			
	Union employees, Non-resident aliens and non- compensated employees are excluded	key highly		
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following:			
	Attainment of age 65 Completion of 5 years of participation			
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:			
	Group 1: 12.6% of compensation per year of pa	rticipation		
	Group 2: 0.5% of compensation per year of participation			
	Maximum benefit is \$16,667 per month Maximum percent of salary is 100%			
	Benefit is based on average salary during the highest 3 consecutive years of employment			
Normal Form of Benefit	A benefit payable for the life of the participant			
Accrued Benefit	The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.			
Termination Benefit	Upon termination for any reason other than dea retirement a participant shall be entitled to a por equivalent of his accrued benefit in accordance vesting schedule:	rtion of the actuarial		
	Credited Years 1	Vested Percent 0		

# SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN EIN / PN: 26-0328458 / 001

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

	Credited Years 2 3 4 5 6	Vested Percent 20 40 60 80 100	
	Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following: Years before the effective date Years with less than 1,000 hours		
Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum accrued benefit equal to the following:		
	2 percent of average compensation times credited years		
	Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:		
	Years with less than 1,000 hours excluding years plan not top-heavy		
	with a maximum of 10 years		
	Benefit is based on average salary during the years of employment	he highest 5 consecutive	
Top-Heavy Normal Form	A benefit payable for the life of the participant		
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.		
Death Benefit	Actuarial Equivalent of the accrued benefit	earned to date of death	

Attachment to 2012 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 26-0328458 PN: 001

## SCOULER & COMPANY DEFINED BENEFIT PENSION PLAN EIN / PN: 26-0328458 / 001

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 12/31/2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	<u>Method</u>	<b>Installments</b>	<b>Installment</b>	<b>Installments</b>
12/31/2011	7-year	6	\$2,201	\$11,490
12/31/2012	7-year	7	\$21,095	\$124,288
Total			\$23,296	\$135,778