_	rm 5500-SF	Short Form Annual Return/Report of Small Employee						
	rtment of the Treasury mal Revenue Service	This form is required to be filed u	e	2012				
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal F	58(a) of This Form is Open to Pu		s Open to Public pection			
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	113	pection	
Part I		Ientification Information			0 10 1 10			
For calenda	ar plan year 2012 or fisca				2/31/2			
A This ret	turn/report is for:			an (not multiemployer)		a one-particip	oant plan	
B This ret	turn/report is:		ne final return/report					
		an amended return/report a	short plan year return	n/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	DFVC program					
	[special extension (enter description)	1					
Part II	Basic Plan Inform	mation—enter all requested information	on					
1a Name	•				1b	Three-digit		
ENHANCED	LIFESTYLES INCORPO	ORATED 401K PROFIT SHARING PLA	AN AND TRUST			plan number (PN) ▶	001	
					10	Effective date of		
						01/01/	•	
	ponsor's name and addre	ess; include room or suite number (emp ORATED	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 20-16		
163 N MAIN	STREET				2c	Sponsor's telep		
	STER, NY 10573-3369				2d	Business code (33431	,	
3a Plan a	dministrator's name and	address Same as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					_			
					3c	Administrator's t	elephone number	
		plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN		
		per from the last return/report.			4.			
<u> </u>	or's name				4c	PN		
		t the beginning of the plan year			5a	_	5	
		t the end of the plan year			5b		5	
		count balances as of the end of the pla	• •		5c		5	
		luring the plan year invested in eligible					X Yes No	
		ne annual examination and report of an						
		See instructions on waiver eligibility and					X Yes No	
		er line 6a or line 6b, the plan cannot						
		incomplete filing of this return/report					abla a Cabadula	
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.						
SIGN	Filed with authorized/va	lid electronic signature.	10/07/2013	ALPESH PATEL				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/va	alid electronic signature.	10/07/2013	ALPESH PATEL				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ining as employe	r or plan sponsor	
Preparer's		ne, if applicable) and address; include i	room or suite number				number (optional)	

7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	4575	3		83427
b Total plan liabilities	7b		0		0
C Net plan assets (subtract line 7b from line 7a)	7c	4575	3		83427
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)		0		
(2) Participants	8a(2)	3602			
(3) Others (including rollovers)	8a(3)		0		
b Other income (loss)	8b	165	2		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	37674
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0		
e Certain deemed and/or corrective distributions (see instructions)	8e		0		
f Administrative service providers (salaries, fees, commissions)	8f		0		
g Other expenses	8g		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u> </u>		0
i Net income (loss) (subtract line 8h from line 8c)	8i				37674
j Transfers to (from) the plan (see instructions)	8j		0		01011
Part IV Plan Characteristics	oj		0		
		from the List of Plan Charac			
Part V Compliance Questions					
10 During the plan year:				/es No	Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 	ciary Correct	ne time period described in tion Program)			
During the plan year:a Was there a failure to transmit to the plan any participant contribut	iciary Correct ? (Do not inc	ne time period described in tion Program) lude transactions reported		/es No	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	iciary Correct ? (Do not inc	ne time period described in tion Program) lude transactions reported	10a	Yes No	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	iciary Correct ? (Do not incl fidelity bond,	he time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	Yes No	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	that was caused by fraud	10a 10b 10c	Yes No X X X X	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or all or the service or other organization that provides some or the service or other organization that provides some or all or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or all or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides some or the service or other organization that provides som	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits	that was caused by fraud	10a 10b 10c 10d	Yes No X X X X X X	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n?	that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10d 10e 10f	Kes No X X X X X X X X X X	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instructi	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d	Yes No X X X X X X X X X	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not	he time period described in tion Program)	10a 10b 10c 10d 10d 10e 10f 10g	Kes No X X X X X X X X X X X X X X X X X X X X X X	
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not	he time period described in tion Program)	10a 10b 10c 10d 10d 10e 10f 10g 10h	Kes No X X X X X X X X X X X X X X X X X X X X X X	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction re required not 1-3 ents? (If "Yes	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Image: No X Chedule SB	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.)	iciary Correct ? (Do not incl fidelity bond, fidelity bond, her persons b of the benefits n? s of year end (See instruction he required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10d 10g 10g 10h 10h 10i	<pre>/es No</pre>	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 	iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction ne required not 1-3	he time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Image: No X </td <td>Amount</td>	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	Iciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? s of year end (See instruction the required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	Image: No X </td <td>Amount</td>	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' on line 10a.)	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10d 10g 10h 10g 10h 10i 0 plete Score cor sect	Image: No X Image: Note that the set of t	Amount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct ? (Do not incl fidelity bond, her persons b of the benefits n? s of year end (See instruction the required not 1-3	he time period described in tion Program)	10a 10b 10c 10d 10d 10d 10g 10h 10g 10h 10i 0 plete Score cor sect	/es No X X X X X X X X X X X X X X X X X X X X X X Image: A state of the st	Amount Amount

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	art 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 13a							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

BALLET, BA		······	*						
Form 5500-SF	Short Form Annual R E	ual Return/Report of Small Employee OMB Nos. 1210 Benefit Plan							
Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Emplo								
Department of Labor Employee Benefit: Security Administration	Refirement Income Security Act a the Intern	58(a) of	This Form	This Form Is Open to Public					
Paitsion Benefit Guaranty Corporation	► Complete all entries in accor			Internation					
Part Annual Report Id	entification Information		· · · · · · · · · · · · · · · · · · ·			······································			
For calendar plan year 2012 or fisca	Ma	01/01/2012	and ending		/31/2012				
A This return/report is for:			plan (not multiemployer)] a one-partic	ipant plan			
B This return/report is:	the first return/report	the final return/repo							
C Check box if filing under:	an amended return/report	,	turn/report (less than 12 r	rionths) F					
	special extension (enter descriptio	automatic extension	l de la companya de la company	L] DFVC progr	am			
Part II Basic Plan Inform	ation enter all requested Infor		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		9.100.9.100.9.2.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
1a Name of plan	TATION cuter all requested infor	mation		16	Three-digit				
	INCORPORATED 401K PROFIT	SHARTNO STAN	እእተጠ ሞተንተ የግጥ		olan number	0.01			
		OMMENG EIMI	AND IRUGI		(PN) ► Effective date i	001 of place			
		14.84	······································		01/01/2010				
2a Plan sponsor's name and addre ENHANCED LIFESTYLES I	ess; include foom or suite number (e NCORPORATED	mployer, if for a sing	le-employer plan)	2b Employer Identification Number (EIN) 20-1606392					
163 N MAIN BTREET					Sponsor's tele; (914) 560-				
				2d Business code (see Instructions)					
US PORT CHESTER 3a Plan administrator's name and :	NY 10573-3369 address X Same as Plan Sponsor	Name E Sama as	Dian Cranned Address	1	334310	······			
	addreas (<u>151</u> dame as rian opunsui	Name [] Same as	Plan Sponsor Address		Administrator's	EIN			
				2 - 4					
				3c Administrator's telephone number					
		1		ļ, .	Ŧ.F				
4 If the name and/or EIN of the planname, EIN, and the plan number	an sponsor has changed since the la r from the last return/report.	ist return/report filed	for this plan, onter the	45 EIN					
a Sponsor's name				4c P	'n				
5a Total number of participants at th	he beginning of the plan year	*** }** } ? * ? ? ? ? ? ? ? ? ? ? ? ? ?	***************************************	5a		5			
b Total number of participants at II	he end of the plan year	*******		5b		5			
 C Number of participants with according to the second secon	ount balances as of the end of the pl	an year (defined ber	efit plans do not	5c		5			
6a Were all of the plan's assets duri	ing the plan year invested in eligible	assets? (See Instru	clions.)			X Yes No			
b Are you claiming a walver of the under 29 CFR 2520,104-46? (Se	annual examination and report of ar a instructions on waiver aligibility an	1 1000 1	ed public accountant (IQI	•		X Yes No			
If you answered "No" to either	ling 6a or line 6b, the plan cannol	use Form 5500-SF	and must instead use	Form 6	500.				
Caution: A penalty for the late or in	complete filing of this return/rep	ort will be assesse	f unless reasonable ca	use is e	stablished.				
Under penalties of perjury and other y SB or Schedule MB completed and s belief, it is true, correct, and complete	igned by an aniolied actuary, as we	, I declare that I hav Il as the electronic v	e examined this return/re arsion of this return/repor	port, inc t, and to	luding, if appli the best of m	cable, a Schedule y knowledge and			
SIGN alloh a Part		10/-113	ALPESH PATEL		······				
HERE Signature of plan administ	trator	Date			······				
SIGN			Enter name of individua	្រសព្វកាពទ្	<u>) as plan aomi</u>	nistrator			
HERE Signature of employer/plar	n sponsor	Date	Enter name of Individua	Leionine		or slav ov i			
Preparer's name (including firm hame			er (optional)	al signing as employer or plan sponsor Preparer's telephone number (optional)					
				•	•	(-)			
				8750 Ar 198	ang	to a set of the set of			
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see	the instructions f	or Form 5500-SF.		Fa	orm 5500-SF (2012)			

Part III Financial Information

a b	Plan Assets and Liabilities	STRATE:	(a) Beginning of Yea	a }	7		(h) End	of Voar
h	Total plan assets	7a	45,753			(b) End of Year		
•/	Total plan liabilities	76	1 1 1 1 1	0	C. 5			83,427
G	Net plan assets (subtract line 7b from line 7a)	70	A5 *				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	22			/1-) -	83,427
a	Contributions received or receivable from:	1997 - 1997 - 1997 		******	(b) Total			TOLU Marine Maria States
	(1) Employers	8a(1)		0				
·	(2) Participants	8a(2)	36,0	22				
	(3) Others (including rollovers)	8a(3)		0				
b	Other Income (joss)	85	1., 6	52	11.51			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37,674	
d	Benefits paid (including direct rollovers and insurance premiums	and a second	have a second		1220			
	to provide benefits)	8d		0				
	Certain deemed and/or corrective distributions (see instructions)	80		0	165			
	Administrative service providers (salaries, fees, commissions)	<u>8f</u>) אורי אין אין אין אין אין אין אין אין אין אי	0	<u> </u>			
	Olher expenses	8g	an a	0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>						0
i	Nat Income (loss) (subtract line Bh from line 8c)	81						37,674
j	Transfers to (from) the plan (see instructions)	8)		0				
Pa	rt IV Plan Characteristics				4			
Pai	f the plan provides welfare benefits, enter the applicable welfare feat	••••••••••••••••••••••••••••••••••••••						
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia)	ary Correc	tion Program)	10a		х		
d	Were there any nonexempt transactions with any party-In-interest? on line 10a.)	(Do not in	clude transactions reported	- 10b		х		
С	Was the plan covered by a fidelity bond?		*******	100		v		 Physical access
d	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?	felity bond	t that was caused by fraud			х		
	of distronesty : manufacture and an and a second seco			104		x		· · · · · · · · · · · · · · · · · · ·
¢	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of	r persons the benefi	by an insurance carrier, ts under the plan? (See	10d				
ę f	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	t persons the benefi	by an insurance carrier, ts under the plan? (See			x		
ť	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	r persons the benefi	by an insurance carrier, Is under the plan? (See	10e 10f		x x x x		
f	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	r persons the benefi of year en ee instruc	by an insurance carrier, ts under the plan? (See d.)	10e 10f 10g		x x x x x		
f g h	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	required t	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10e 10f 10g 10h		x x x x		
f g h	Were any fees or commissions paid to any brokers, agents, or othe 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 as If this is an individual account plan, was there a blackout period? (Si 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, 101-3	required t	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR	10e 10f 10g		x x x x x		
f g h i Part	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	required r the? (if "Year	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the	10e 10f 10g 10h 10h	ched	x x x x x	(Form	Yes X I
f g h î Part	 Were any fees or commissions paid to any brokers, agents, or othe 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 as a lif this is an individual account plan, was there a blackout period? (S. 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, 101-3. Yi Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	required t	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and comp	10e 10f 10g 10h 10i		x x x x ule SB	(Form	
f g h i Part 11	Were any fees or commissions paid to any brokers, agents, or othe 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 as a lift this is an individual account plan, was there a blackout period? (Se 2520, 101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 GFR 2520, 101-3. Were a blackout plan subject to minimum funding requirement 5600) and line 11a below) Enter the amount from Schedule SB line 39	required r the benefit of year en ee instruc required r ts? (if "Ye	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and comp	10e 10f 10g 10h 10i	1	x x x x x ule SB		
f g h i 11 11 11 12	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	r persons the benefit of year en ee instruc required r hts? (if "Ye quirement	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR hotice or one of the e6," see instructions and comp s of section 412 of the Code o	10e 10f 10g 10h 10i	1	x x x x x ule SB		Yes X 1
f 9 h i 29 art 11 11 11 2 a	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	required r nts? (if "Ye quirement s applicab	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and comp s of section 412 of the Code o te.) in this plan year, see instruct	10e 10f 10g 10h 10i 0lete S] 1 on 30	x x x x x ule SB	RISA?,	Yes X r
f g h i Part 11 11 12 a	Were any fees or commissions paid to any brokers, agents, or othe Insurance service or other organization that provides some or all of Instructions.)	required r the benefit of year en ee instruc required r ts? (If "Ye quirement s applicab	by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and comp s of section 412 of the Code o le.) in this plan year, see instructions.	10e 10f 10g 10h 10i 0lete S] 1 on 30	x x x x x ule SB	RISA?,	Yes X

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Enter the amount contributed by the employer to the plan for this plan year	120		
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
		Yes [
VII Plan Terminations and Transfers of Assets			
Has a resolution to terminate the plan been adopted in any plan year?		as 🖾 N	α
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ontrol	[Yes X No
)		ie Maande
3c(1) Name of plan(s): 13c	(2) EIN(\$)	13c(3) PN(s)
VIII Trust Information (optional)	***		1
lame of trust	14b Trust's EIN		
	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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year Ware all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): 13c	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 Will the minimum funding amount reported on line 12d be met by the funding deadline?	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 Will the minimum funding amount reported on line 12d be met by the funding deadline?