## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	<b>Identification Information</b>							
For calenda	ar plan year 2012 or fi	scal plan year beginning 07/01/2	2012	and ending 0	6/30/2	2013			
	turn/report is for:	a single-employer plan		plan (not multiemployer)	a one-participant plan				
<b>B</b> This ret	turn/report is:	the first return/report	the final return/repor						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter descri	ption)						
Part II	Basic Plan Info	ermation—enter all requested info	ormation						
1a Name		·			1b	Three-digit			
THE MIDOR	I FOUNDATION PRO	FIT SHARING PLAN				plan number			
					_	(PN) <b>•</b>	001		
					1c	Effective date o	•		
20.01					01.	07/01			
	ponsor's name and ad RI FOUNDATION	ldress; include room or suite numbe	r (employer, if for a single	e-employer plan)	20	<b>2b</b> Employer Identification Num (EIN) 13-3682472			
					2c	Sponsor's telep	hone number		
352 SEVEN	TH AVENUE SUITE 3	01				212-76			
NEW YORK	, NY 10019				2d	2d Business code (see instruction 611000			
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN		
HE MIDORI	FOUNDATION	352 SEVEN	ITH AVENUE SUITE 301		0 -		682472		
		NEW YORK	K, NY 10019		3c	Administrator's	telephone number		
						212 70	1000		
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b	EIN			
name	, EIN, and the plan nu	mber from the last return/report.							
	or's name				4c	PN			
<b>5a</b> Total i	number of participants	at the beginning of the plan year			5a		3		
<b>b</b> Total i	number of participants	at the end of the plan year			5b		0		
		account balances as of the end of the	. , ,	•	5c		0		
_		s during the plan year invested in el				1	X Yes No		
_	· ·	f the annual examination and report	•	•					
		? (See instructions on waiver eligibil					X Yes No		
If you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SI	and must instead use	Form	5500.			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	l unless reasonable caι	ıse is	established.			
		her penalties set forth in the instruct							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as	s well as the electronic ve	ersion of this return/report	, and	to the best of my	knowledge and		
501101, 11 10	rao, corroot, and com								
SIGN	Filed with authorized	valid electronic signature.	10/07/2013	SUZANNE WILSON	)N				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor		
Preparer's		name, if applicable) and address; inc	clude room or suite numb				number (optional)		

Form 5500-SF 2012 Page **2** 

Par	t III Financial Information										
	Plan Assets and Liabilities	(a)			a) Beginning of Year			(b) End of Year			
	Total plan assets	7a	30595				(b) End of Teal				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	305959			0					
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) Total			,	
	Contributions received or receivable from:		(a) Amount				(D)	TOtal			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b									
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(	)	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30595	i9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							30595	9	
	Net income (loss) (subtract line 8h from line 8c)	8i							30595		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	٠,									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	<ul> <li>2A 2E 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>										
Part	•					Ι	ı				
10	During the plan year:			1	Yes	No		Am	ount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
f	instructions.)  Has the plan failed to provide any benefit when due under the plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		<u>,                                      </u>	10g		X					
h	2520.101-3.)			10h		X					
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Ī				
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page <b>3 - 1</b>				
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	res No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to		_	
1:	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of

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

the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	lar plan year 2012 or	iscal plan year beginning	07/01/2012	and ending	06/30/2013				
A This re	turn/report is for:	X a single-employer plan		an (not multiemployer)	a one-participant plan				
B This re	turn/report is:	the first return/report	X the 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:	DFVC program							
special extension (enter description)									
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name	•				1b Three-digit				
THE MI	DORI FOUNDATI	plan number (PN)  001							
					1c Effective date of plan 07/01/2000				
	ponsor's name and a dori Foundati	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	<b>2b</b> Employer Identification Number (EIN) 13-3682472				
352 Se	venth Avenue	Suite 301			2c Sponsor's telephone number 212-767-1300				
New Yo	rk	NY 10019			2d Business code (see instructions) 611000				
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or Name Same as Plan	Sponsor Address	3b Administrator's EIN				
THE MI	DORI FOUNDATI	ON			13-3682472				
250 05		CITTUTE 2.01			<b>3c</b> Administrator's telephone number 212-767-1300				
352 SE	VENTH AVENUE	SUITE 301							
NEW YO	RK	NY 10019							
		e plan sponsor has changed since to imber from the last return/report.	he last return/report filed fo	r this plan, enter the	4b EIN				
	, Env. and the plan he or's name	imber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year			<b>5a</b> 3				
<b>b</b> Total i	number of participants	at the end of the plan year			<b>5b</b> 0				
		account balances as of the end of the			<b>5c</b> 0				
		s during the plan year invested in el	Strain and a second strain of the party	representational annual series and the series	X Yes No				
		f the annual examination and report							
		? (See instructions on waiver eligibi							
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.									
SIGN	50	- Common - C	10 3 13	SUZANNE WILSON	N				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan administrator				
SIGN	,								
HERE	Signature of emple	over/nlan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's		name, if applicable) and address; inc			Preparer's telephone number (optional)				

7	rt III   Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of	f Year
а	Total plan assets	7a		0595	9			
-	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a).	7c	30	0595	9			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:				0			
	(1) Employers	8a(1)		_	<u> </u>			
	(2) Participants	8a(2)			+			
	(3) Others (including rollovers)	8a(3)			+			
	Other income (loss)	8b			+			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30	0595	9			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						30595
i	Net income (loss) (subtract line 8h from line 8c)	8i						-30595
j	Transfers to (from) the plan (see instructions)	8i					-	
Pai	t IV Plan Characteristics	9)						
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D  If the plan provides welfare benefits, enter the applicable welfare fe							
					_			
Par	V Compliance Questions							
10	David and the color of the colo					_		
	During the plan year:				Yes	No	A	Amount
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 Correc	tion Program)	10a	Yes	No X	A	Amount
	Was there a failure to transmit to the plan any participant contribut	ciary Correct ? (Do not inc	ction Program)		Yes		A	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct ? (Do not inc	ction Program)	10a	Yes	Х	A	Amount
b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Correct (Do not inc	clude transactions reported	10a		Х	A	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	(Do not incomplete persons but the benefit	clude transactions reported  that was caused by fraud  y an insurance carrier, s under the plan? (See	10a 10b 10c		Х	A	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	iciary Correct (Do not incomplete	tion Program)	10a 10b 10c 10d		X	A	
b c d	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)  Has the plan failed to provide any benefit when due under the plantage of	fidelity bond	tion Program)	10a 10b 10c 10d		X X X	A	
c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)  Has the plan failed to provide any benefit when due under the plan	fidelity bond ner persons both the benefit n? s of year enc	tion Program)	10a 10b 10c 10d 10e 10f		X X X	A	
c d e f g	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)  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?	fidelity bond firer persons to fithe benefit finer soft year encountry to the contract of the	tion Program)	10a 10b 10c 10d 10e 10f 10g		X X X X	A	
b c c d d e e f g h h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all coinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond firer persons to fithe benefit finer soft year encountry to the contract of the	tion Program)	10a 10b 10c 10d 10e 10f 10g 10h		X X X X	A	
b c c d d e e f g h h	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulity Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all coinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bond fidelity bond fiver persons be of the benefit finer so fiver encountry fidelity bond finer persons be of the benefit finer persons be of the benefit finer persons	clude transactions reported  that was caused by fraud  to an insurance carrier, s under the plan? (See  the plan of the control of the contro	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	3 (Form	
b c c d e e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	fidelity bond fidelity bond firer persons befithe benefit finer soft year ence (See instruct finer required in 1-3 finer required in	tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Iule SE	3 (Form	1000
b c c d e e f g h i	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)  Has the plan failed to provide any benefit when due under the plant bid the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bond fidelity bond firer persons to fithe benefit fixes of year ence (See instruct fine required in the required in t	tion Program)	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A X A A A A A A A A A A A A A	3 (Form	1000
b c c d e e f g h i Parti	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?.  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.	requirement	clude transactions reported  clude transactions reported  that was caused by fraud  by an insurance carrier, s under the plan? (See  1.)  ions and 29 CFR  notice or one of the  is," see instructions and come  is of section 412 of the Code	10a 10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A X A A A A A A A A A A A A A	3 (Form	1000
b c c d e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	fidelity bond fidelity bond fidelity bond firer persons to fithe benefit finer s of year enc (See instruct fine required in finer finer required in finer as applicabing amortized	tion Program)	10a  10b  10c  10d  10e  10f  10g  10h  10i	X Schection:	X X X X X X A X A X A A A A A A A A A A	B (Form ERISA?	1000
b c c d e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the plan in the pla	fidelity bond fidelity bond fidelity bond firer persons to fithe benefit finer s of year enc (See instruct fine required in finer finer required in finer as applicabing amortized	tion Program)	10a  10b  10c  10d  10e  10f  10g  10h  10i	X Schection:	X X X X X X A X A X A A A A A A A A A A	B (Form ERISA?	1000  Yes No

	Form 5500-SF 2012	Page 3 -				
С	Enter the amount contributed by the employer to t	the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount i	in line 12b. Enter the result (enter a minus sign to the left	ofa	12d		
е		e 12d be met by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfers	s of Assets				
13a	Has a resolution to terminate the plan been adopted i	in any plan year?		XY	es No	0
	If "Yes," enter the amount of any plan assets that	reverted to the employer this year		13a		(
b	Were all the plan assets distributed to participants of the PBGC?		e control X Yes No			
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See in	ere transferred from this plan to another plan(s), identify instructions.)	the plan(s)	to		
1	3c(1) Name of plan(s):		1	3c(2) EII	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust			14b Tr	ust's EIN	