Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Par		Annual Report Identification Information							
For ca	or calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012								
A T	his ret	urn/report is for: X a single-employer plan	e-employer plan (not multiemployer)	er) a one-participant plan					
B Th	his reti	urn/report is: the first return/report	return/report						
		an amended return/report a short pla	an year return/report (less than 12 m	onths)	ı				
C C	heck b	oox if filing under: X Form 5558 automatic	c extension		DFVC progra	ım			
		special extension (enter description)							
Par	4 II	Basic Plan Information—enter all requested information							
		of plan		1h	Three-digit				
		MILY LIMITED PARTNERSHIP 401(K) PROFIT SHARING PLAN		10	plan number				
					(PN) •	002			
				1c	Effective date of	f plan			
					01/01/	/2004			
2a F WELLE	Plan sp ER FA	onsor's name and address; include room or suite number (employer, i MILY LIMITED PARTNERSHIP	f for a single-employer plan)	2b	Employer Identification (EIN) 91-17				
2002 F	99TI	H STREET		2c	Sponsor's telephone number 252-535-4433				
		A 98445		2d	Business code (see instructions) 541990				
3a F	Plan ac	dministrator's name and address XSame as Plan Sponsor Name	Same as Plan Sponsor Address	3b	Administrator's I	EIN			
		П							
				3с	Administrator's t	telephone number			
4 1	f the n	ame and/or EIN of the plan sponsor has changed since the last return	/report filed for this plan, enter the	4h	EIN				
		EIN, and the plan number from the last return/report.	report med for this plan, enter the	40	EIIN				
		or's name		4c	PN				
5a ⁻	Total n	number of participants at the beginning of the plan year		5a		2			
b -	Total n	number of participants at the end of the plan year		5b		0			
		er of participants with account balances as of the end of the plan year (5c		0			
6a	Were	all of the plan's assets during the plan year invested in eligible assets?	(See instructions.)			X Yes No			
		u claiming a waiver of the annual examination and report of an indepe	· ·						
	under	29 CFR 2520.104-46? (See instructions on waiver eligibility and condit	tions.)			X Yes No			
	lf you	answered "No" to either line 6a or line 6b, the plan cannot use Fo	orm 5500-SF and must instead use	Form	5500.				
Cauti	ion: A	penalty for the late or incomplete filing of this return/report will be	e assessed unless reasonable cau	ıse is	established.				
SB or	r Sche	ilties of perjury and other penalties set forth in the instructions, I declar dule MB completed and signed by an enrolled actuary, as well as the erue, correct, and complete.							
SIGN		Filed with authorized/valid electronic signature. 10/08	STEVEN SCHUMPP I	PREPARER					
HERE	E	Signature of plan administrator Date	Enter name of individ	ual siç	ıning as plan adn	ninistrator			
SIGN									
HERE		Signature of employer/plan sponsor Date	Enter name of individ	ual sic	ning as employe	r or plan sponsor			
Prepa	arer's i	name (including firm name, if applicable) and address; include room or		dual signing as employer or plan sponsor Preparer's telephone number (optional)					
					·				

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Par	t III Financial Information							
	Plan Assets and Liabilities		(a) Reginning of Ver	·			(h) End of Yoar	
	Total plan assets	7a	(a) Beginning of Yea		+		(b) End of Year	
	Total plan liabilities	7a 7b	24041	0	+	0		
	Net plan assets (subtract line 7b from line 7a)						0	
	Income, Expenses, and Transfers for this Plan Year	70	246415		+			
	Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	1560	0				
	(2) Participants	8a(2)	1560	00				
	(3) Others (including rollovers)	8a(3)	2	22				
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31222	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27763	37				
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					277637	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-246415	
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K	feature co	des from the List of Plan Char	acteris	tic Cod	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code	es in t	he instructions:	
Part	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		
b		? (Do not	include transactions reported	10b		X		
	Was the plan covered by a fidelity bond?			10c		Χ		
d	, , ,	fidelity bo	nd, that was caused by fraud	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth			100				
·	insurance service or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10q		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	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	ne require	d notice or one of the	10i		Χ		
Part	1 1 5 11							
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	Enter the amount from Schedule SB line 39					11a		
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	nter th Day	ne date of the letter ruling Year	
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		ı			
b	Enter the minimum required contribution for this plan year					12b		

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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	Short Form Annual	Return/Report o	f Small Employ	ee	0	MB Nos. 1210-1 1210-1	
Department of the Treasury Internal Revenue Service	e 2012						
Department of Labor Employee Bengills Security Administra	nd 40 65 o f the Employee tilons 6057(b) and 6058(ode).	β(a) of This Form is Open to Pu			lic		
Pension Benefit Guaranty Corporat	► Complete all entries in ac	cordance with the instruc	tions to the Form 5500	-SF.			
Part I Annual Rep	ort Identification Information	197			10/31/001		
For calendar plan year 2012	_	01/01/2012	and ending		12/31/2012		
A This return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)	Ĺ	a one-participa	ant plan	
B This return/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:	Form 5558	automatic extension			DFVC program	n	
	special extension (enter descr	iption)					
Part II Basic Plan	Information—enter all requested Inf	ormation					
1a Name of plan	16			1b	Three-digit plan number		
Weller Family I	limited Partnership				(PN)	002	
401(k) Profit S	haring Plan				Effective date of	plan	_
					01/01/2004		
	d address; include room or suite number Limited Partnership	er (employer, If for a single-	employer plan)		Employer Identifi (EIN) 91-1705		भ
-),(Sponsor's teleph (252) 535-		
2002 E. 99th St	:reet	STA.	98445		Business code (s 541990	see instruction	\$)
3a Plan administrator's nam	ne and address X Same as Plan Spons	e 1	Sponsor Address	3b	Administrator's E	IN	
					(252) 535-	4433	
4 If the name and/or EIN	of the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b			
name, EIN, and the pla	n number from the last return/report.	·	·	4.			
a Sponsor's name				4c	PN	· ·	- 0
	pants at the beginning of the plan year			5a			
, ,	eants at the end of the plan year			5b	-		
C Number of participants	with account balances as of the end of	the bian year (defined bene	elit biauż ón nor	5c			
6a Were all of the plan's a	ussets during the plan year invested in e wer of the annual examination and repo	eligible assets? (See instruc	ations.)	PA)		X Yes] No
under 29 CFR 2520.10	4-46? (See instructions on waiver eligit to either line 6a or line 6b, the plan	oility and conditions.)			5500.	Yes L	
Caution: A penalty for the	late or incomplete filing of this return	n/report will be assessed	uniess reasonable cau	ışe iş	established.		
Under penalties of perjury at SB or Schedule MB complet belief, it is true, correct, and	nd other penalties set forth in the instructed and signed by an enrolled actuary, a complete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	oort, ir :, and i	ncluding, if applicate to the best of my	able, a Schedi knowledge ar	ule Id
SIGN AND	L. Well-	9/30/13	Glen Weller				
UEDE -	lan administrator	Date	Enter name of individ	ual sic	ning as plan adm	ninistrator	
SIGN PL	8 40.00	9/30/13	Glen Weller				
HERE	molorez/plan eponeor	Date	Enter name of individ	ual sin	ning as employe	or plan spon	sor
Preparer's name (including t	mployer/plan sponsor firm name, if applicable) and address; in			Prep	parer's telephone	number (optic	nal)
	₩ 100 mm						

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Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		r		(b) End of Year	
а	Total plan assets	7a		6,41	. 5		0	
	Total plan liabilities	7b			0		0	
	Net plan assets (subtract line 7b from line 7a)	7c	24	6,41	.5		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a	Contributions received or receivable from:		4					
	(1) Employers	8a(1)		5,60		_	9 - ST	
	(2) Participants	8a(2)	1.	5,60	_			
	(3) Others (including rollovers)	8a(3)			2			
	Other income (loss)	8b			+-		21 222	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	, Bc			-		31,222	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27	7,63	17			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			-		***	
f_	Administrative service providers (salaries, fees, commissions)	. 8f			-			
	Other expenses	8g			+		777 637	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		_	+		277,637	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i			4		(246,415)	
<u>_i</u>	Transfers to (from) the plan (see instructions)	- 8j						
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.							
10	During the plan year:			-	Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	tions within	the time period described in	10a		ж		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		x	1250	
C	Was the plan covered by a fidelity bond?			10c		Х	\$6	
d		fidelity bon	d, that was caused by fraud	10d		x		
е		ner persons of the bene	by an insurance carrier, fits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	nd.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		ж	- Harthant	
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i		х		
Part	VI Pension Funding Compliance					Hallook (71)		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amonize	ed in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year				<u>.</u> L	12b		

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by the employer to the plan for this plan year	n of a 12d	Yes	No N/A
e Will the minimum funding amount reported on line 120 oct.	X	Yes No	(
13a Has a resolution to terminate the plan been adopted to the employer this year			Yes X No
b Were all the plan assets distributed to participants of the PBGC? of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional) 14a Name of trust	141	b Trust's EIN	