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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in acc	ordance with the instru	ctions to the Form 550	ии- эг.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012 	and ending	12/31/2	<u>2012</u>	
Α	This ret	urn/report is for:	a single-employer plan	吕 ' ' '	lan (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths))	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	ım
			special extension (enter descri	otion)			_	
Pa	art II	Basic Plan Info	rmation—enter all requested info	rmation				
	Name	•				1b	Three-digit	
BASS	SINI & C	O., LLC 401(K) PLAN					plan number	002
						10	(PN)	l .
						10	Effective date o	•
2a	Plan sr	oonsor's name and add	dress; include room or suite numbe	(employer, if for a single-	emplover plan)	2h	Employer Identi	
		CO., LLC	arese, mendee reem er edite namee	(omployor, in for a omigio	omployor plany			56246
						2c	Sponsor's telep	hone number
183 l	MADISC	ON AVENUE, SUITE 5	03				212-218	
		, NY 10016				2d	Business code (see instructions)
							52312	20
3a	Plan ad	dministrator's name an	id address 🏻 Same as Plan Sponso	or Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN
						20	A .l	International Control
						30	Administrator's	telephone number
4	If the n	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b	EIN	
_			nber from the last return/report.			4-		
		or's name	at the beginning of the plants of the				PN	
			at the beginning of the plan year			<u> </u>		16
b			at the end of the plan year			5b		16
C			account balances as of the end of th	. , ,	•	. 5c		15
6a	Were	all of the plan's assets	during the plan year invested in eli	gible assets? (See instruc	etions.)			X Yes No
b			the annual examination and report					
			(See instructions on waiver eligibil					X Yes No
			ther line 6a or line 6b, the plan ca					
			or incomplete filing of this return					
			ner penalties set forth in the instruct nd signed by an enrolled actuary, as					
		rue, correct, and comp				,	,	
010		Filed with authorized/	valid electronic signature.	10/09/2013	EMILIO DACCINI			
SIG					EMILIO BASSINI			
		Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	gning as plan adn	ninistrator
SIG								
		Signature of employ		Date	Enter name of individ			
Pre	parers	name (including firm n	ame, if applicable) and address; inc	lude room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Part III Financial Information The plan research and Liabilities Table Test plan essets Table Test plan essets Table Test plan essets Table Test plan essets Table Test plan testilities Testili	Dor	t III Financial Information		<u> </u>					
a Total plan assets. 7a 1015928 1162761 b Total plan liabilities. 7b 1019928 1162761 b Total plan liabilities. 7b 1019928 1162761 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total and Contributions received or receivable form. (f) Employers 8a(f) (f) Employers 8a(f) (f) Employers 8a(f) (g) Participants. 8a(g) 23576 (g) Others (including nollovers). 8a(g) 23576 (g) Other Income (load) lines 8a(f), 8a(g), and 8b). 8b 1277782 (g) Other Income (load) lines 8a(f), 8a(g), and 8b). 8b 127782 (g) Other Income (load) lines 8a(f), 8a(g), and 8b). 8c 1538 (g) Other expenses 8a(g) (including inter tollovers and insurance premiums to provide breniefs). 8d 1538 (g) Other expenses 8a(g) (including inter tollovers and insurance premiums to provide breniefs). 8d 1538 (g) Other expenses 8a(g) (including inter tollovers and insurance premiums to provide breniefs). 8d 1538 (g) Other expenses 8a(g) (including inter tollovers and insurance premiums to provide breniefs). 8d 1538 (g) Other expenses 8a(g) (including inter tollovers and insurance premiums to provide breniefs). 8d 154833 (g) Other expenses 8a(g) (including inter tollovers and insurance government of the plan provides premium breniefs and go insurance government (including inter tollovers). 8d 154833 (g) Other expenses 8a(g) (including inter tollovers and insurance government government (including internsicial government				(a) Beginning of Ves				(h) End of Voor	
b Total plan liabilities. 7b 1019928 1182781 1019928 1182782 11827			7-			+			
C Net plan assets (subtract line 7b from line 7a)		•		101392	20	+		1102701	
8 Contributions received or receivable from: (c) Employers (2) Participants (2) Participants (3) Other income (loss) (3) Other income (loss) (4) Employers (5) Participants (5) Participants (6) Participants (7) Participants (7) Participants (7) Participants (7) Participants (8) Participants (9)				101303	ρΩ		4400704		
a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other expenses. (9) Other expenses.			76						
(1) Employers				(a) Amount				(D) I Otal	
(3) Others (including rollovers)			8a(1)						
b Other income (loss)		(2) Participants	8a(2)	2357	7 6				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corractive distributions (see instructions). f Administrative service providers (salaries, fees, commissions). g Other expenses. f Administrative service providers (salaries, fees, commissions). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). g Other expenses (add lines 8d, 8e, 8f, and 8g). h Value Income (toss) (subtract line 8h from line 8c). g Other provides (subtract line 8h from line 8c). g Other provides (subtract line 8h from line 8c). g Other provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan part a Was there a failure to transmit to the plan any participant contributions within the time period described in 2e CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). 10a X 20689 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in 10a X 20689 c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonestly? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distonestly? g Did the plan	b	Other income (loss)	8b	12778	32				
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					151358	
F Administrative service providers (salaries, fees, commissions)			8d						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	252	25				
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g						
Transfers to (from) the plan (see instructions) 8j	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2525	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all off the benefits under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). 10a	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					148833	
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D	j	Transfers to (from) the plan (see instructions)	8j						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	t IV Plan Characteristics							
Part V Compliance Questions 10	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 20699 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X X 1000000 c Was the plan covered by a fidelity bond? 10c X 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X X 1000000 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). 10d X X X X X X X X X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 20699 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X X 1000000 c Was the plan covered by a fidelity bond? 10c X 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X X 1000000 e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions). 10d X X X X X X X X X	Part	V Compliance Questions							
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a × 20699 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b × 100000 c Was the plan covered by a fidelity bond? 10c × 1000000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × 1000000 d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions) 10d ×		•				Yes	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contribu			10a	X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10b		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100	X		100000	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X	1000000	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		•			10a				
f Has the plan failed to provide any benefit when due under the plan?	E	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See	10e	X		4238	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	·			10f		Χ		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 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 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	J				
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)	i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the					
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)	Dort	1 0 11	1-3		101				
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem							
(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 amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	11a							100 /4 140	
a 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No	
a 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		, and e	_	.	
b Enter the minimum required contribution for this plan year	lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	b	Enter the minimum required contribution for this plan year					12b		

	Form 5500-SF 2012 Page 3 - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

_ . . .

This Form is Open to Public Inspection

2012

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report Identification Information						
For calend		01/01/2012	and ending	12/31/20	12		
A This ref	turn/report is for: X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-partici	pant plan		
B This ret	turn/report is: the first return/report	the final return/report					
	an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check	box if filing under: X Form 5558	automatic extension		☐ DFVC progra	am		
• Oncor	special extension (enter descripti						
Part II	Basic Plan Information—enter all requested inform						
1a Name		iation		1b Three-digit			
	•			plan number			
Bass	ini & Co., LLC 401(k) Plan			(PN) ▶	002		
			_	1c Effective date of	•		
				01/01/199			
	ponsor's name and address; include room or suite number (employer, if for a single-	employer plan)	2b Employer Ident			
Bass	ini & Co., LLC			(EIN) 13-385			
				2c Sponsor's telep (212) 218			
183 1	Madison Avenue, Suite 503			2d Business code			
		****	10016	523120	(see instructions)		
New 3a Plan a	dministrator's name and address XSame as Plan Sponsor		10016 Sponsor Address	3b Administrator's	FIN		
Ja Flalla	unifilistrator's flame and address Adame as Flam oponsor	Ivallie Dame as i lan	Oponsor Address	OD / (diffinitionation o			
				3c Administrator's	telephone number		
	6						
			55	(4			
4 If the r	name and/or EIN of the plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b EIN			
	, EIN, and the plan number from the last return/report.	,	. ,				
a Spons	or's name			4c PN			
5a Total r	number of participants at the beginning of the plan year			5a	16		
b Total r	number of participants at the end of the plan year			5b	16		
	er of participants with account balances as of the end of the			5c	15		
12.1	lete this item)				X Yes No		
	all of the plan's assets during the plan year invested in eligil ou claiming a waiver of the annual examination and report of				M les □ 140		
	29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No		
	answered "No" to either line 6a or line 6b, the plan can						
Caution: A	a penalty for the late or incomplete filing of this return/re	port will be assessed u	ınless reasonable cau	se is established.			
Under pena	alties of perjury and other penalties set forth in the instruction	ns, I declare that I have e	examined this return/rep	oort, including, if applic	cable, a Schedule		
	edule MB completed and signed by an enrolled actuary, as w	vell as the electronic vers	sion of this return/report,	, and to the best of my	/ knowledge and		
belier, it is i	true, correct, and complete.						
SIGN	Enter Bonn		Emilio Bassini				
HERE	Signature of plan administrator	Date 10/9/63	Enter name of individu	ministrator			
SIGN							
HERE Signature of employer/plan sponsor Date Enter name of individe				idual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address; inclu			Preparer's telephone			
			ŀ				

Pai	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	П		(b) End of Year
a	Total plan assets	7a	1,013		8		1,162,761
	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1,013	3,92	8		1,162,761
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	8a(1)	2.2	3,57			
	(2) Participants	8a(2)		5,57	0	_	
	(3) Others (including rollovers)	8a(3)	127	7,78	2		
	Other income (loss)	8b	12	,,,	21		151,358
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		131,330
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e_	Certain deemed and/or corrective distributions (see instructions)	8e) F2	-		
f	Administrative service providers (salaries, fees, commissions)	8f		2,52	5		
	Other expenses	8g			+-		2,525
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+-		148,833
÷	Net income (loss) (subtract line 8h from line 8c)	8i			_		140,033
	Transfers to (from) the plan (see instructions) t IV Plan Characteristics	8j					
9a b Par	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension 2A 2E 2F 2G 2J 2K 2T 3D						
10	During the plan year:				Yes	No	Amount
a			the time period described in		37		
		iciary Corre	ction Program)	10a	X		20,699
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)	:? (Do not in	clude transactions reported	10a 10b	X	Х	20,699
 	on line 10a.)	:? (Do not in	clude transactions reported		Х	Х	1,000,000
c	on line 10a.)	? (Do not in	d, that was caused by fraud	10b		X	
c	on line 10a.)	fidelity boner persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c			
c	on line 10a.)	? (Do not in	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d	Х		1,000,000
d	on line 10a.)	? (Do not in fidelity bone persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d	Х	Х	1,000,000
d e	on line 10a.)	fidelity bonder persons of the benefing sof year er	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f	Х	x	1,000,000
d e	on line 10a.)	fidelity bonder persons of the benefins of year er (See instruction of the required)	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g	Х	x x	1,000,000
e f	on line 10a.)	fidelity bonder persons of the benefins of year er (See instruction of the required)	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g	Х	x x	1,000,000
e e f g h	on line 10a.)	fidelity bonder persons of the benefit of the benefit of the benefit of the first of the required 1-3	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	1,000,000 4,238
e f g h	on line 10a.)	fidelity bone fidelity bone firer persons of the benef finer persons fin	d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X	1,000,000 4,238 3 (Form Yes X No
e f g h	on line 10a.)	fidelity bonder persons of the benefing sof year er (See instruction of the required 1-3	d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) tions and 29 CFR notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X Iule SE	1,000,000 4,238 3 (Form Yes X No
e f g h 11 11a 11a 12	on line 10a.)	fidelity bonder persons of the benefins of year er (See instruction in the required 1-3	d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) stions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X Iule SE	1,000,000 4,238 3 (Form Yes X No ERISA? Yes No
e f g h 11 11 11 11 11 11 11 11 11 11 11 11 1	on line 10a.)	fidelity bone fidelity bone firer persons of the benef finer persons of the benef finer persons fine	d, that was caused by fraud by an insurance carrier, its under the plan? (See and.) ctions and 29 CFR notice or one of the es," see instructions and com ats of section 412 of the Code ble.) d in this plan year, see instructions and year,	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	X X X Iule SE	1,000,000 4,238 3 (Form Yes X No ERISA? Yes No
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	Form 5500-SF 2012	Page 3 -				
	Enter the amount contributed by the employer to the plan for this plan) vear	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount).	e result (enter a minus sign to the left of a	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					
	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?				Yes	No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the p	olan(s) to			
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust		14b	Γrust's EIN		