Department of the Treasury Internal Revenue Service Department of Labor	This form is required to be filed up Retirement Income Security Act of 19	nefit Plan			2012		
Department of Labor	Retirement Income Security Act of 19	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe					
Employee Benefits Security Administration			tions 6057(b) and 6058		This Form is Open to Public		
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accordar</li> </ul>	,	,	0-SF.	Inspection		
	Ientification Information						
For calendar plan year 2012 or fisc			and ending 1	2/31/2	2012		
A This return/report is for:	X a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan		
<b>B</b> This return/report is:		e final return/report					
			/report (less than 12 mo	onths)	-		
<b>C</b> Check box if filing under:	븍	tomatic extension			DFVC program		
	special extension (enter description)						
	mation—enter all requested information	n		41			
<b>1a</b> Name of plan PEQUA POOLS & SPAS, INC. RETI				10	Three-digit plan number		
					(PN) • 001		
				1c	Effective date of plan		
					01/01/2001		
<b>Za</b> Plan sponsor's name and addr PEQUA POOLS & SPAS, INC.	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	26	Employer Identification Number (EIN) 11-3155681		
4150 MERRICK ROAD #F				2c	Sponsor's telephone number 516-799-0900		
MÁŠSAPEQÚA, NY 11758				2d	Business code (see instructions) 238900		
3a Plan administrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	<b>3b</b> Administrator's EIN		
				30	Administrator's telephone number		
A. 164				4			
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the last per from the last return/report.	return/report filed fo	r this plan, enter the	4b EIN			
<b>a</b> Sponsor's name	•			<b>4c</b> PN			
5a Total number of participants a	t the beginning of the plan year			· 5a			
<b>b</b> Total number of participants at	t the end of the plan year			5b	2		
	count balances as of the end of the plar			5c	2		
	during the plan year invested in eligible a						
<b>b</b> Are you claiming a waiver of the	ne annual examination and report of an i	independent qualifie	d public accountant (IQI	PA)			
	See instructions on waiver eligibility and	,					
	er line 6a or line 6b, the plan cannot						
	incomplete filing of this return/report r penalties set forth in the instructions, I						
	signed by an enrolled actuary, as well a						
	lid electronic signature.	10/09/2013	CHRIS KOWALSKI				
HERE Signature of plan ad	ninistrator	Date	Enter name of individu	ual sig	ning as plan administrator		
	alid electronic signature.	10/09/2013	CHRIS KOWALSKI				
HERE Signature of employe		Date		lual signing as employer or plan sponsor			
Preparer's name (including firm nan THEODORE ANDERSEN, M.A.A.A. PENSION ASSOCIATES 2001 WEST MAIN STREET SUITE 230 STAMFORD, CT 06902	ne, if applicable) and address; include ro , MSPA	oom or suite number	· (optional)	Prep	parer's telephone number (optional) 203-356-0306		

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

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	. 7a	42174	1		385348
<b>b</b> Total plan liabilities	7b		0		0
C Net plan assets (subtract line 7b from line 7a)	7c	42174	1		385348
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:	<b>a</b> (1)	1054	_		
(1) Employers	8a(1)	1254			
(2) Participants	8a(2)		0		
(3) Others (including rollovers)	8a(3)		0		
<b>b</b> Other income (loss)	8b	-4893	8		
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c				-36393
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		D		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
i Net income (loss) (subtract line 8h from line 8c)	8i				-36393
j Transfers to (from) the plan (see instructions)	8j		0		
Part IV Plan Characteristics	•		•		
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2A 2E</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for the ap</li></ul>					
		from the List of Plan Charac	lensuc		
Part V Compliance Questions					
Part V       Compliance Questions         10       During the plan year:					Amount
Part V Compliance Questions	itions within th	he time period described in			
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribution	itions within th uciary Correct ? (Do not incl	he time period described in tion Program) lude transactions reported	Y	es No	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl	he time period described in tion Program) lude transactions reported	10a 10b	es No X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not inc fidelity bond,	he time period described in tion Program) lude transactions reported  that was caused by fraud	Ү 10а	es No X X	
Part V       Compliance Questions         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 Fide         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	tions within th uciary Correct ? (Do not inc fidelity bond, ner persons b of the benefits	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	es No X X X X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         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 of the plan have a loss.	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits	he time period described in tion Program) lude transactions reported that was caused by fraud that was caused by fraud or an insurance carrier, s under the plan? (See	Y 10a 10b 10c 10d	es No X X X X X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         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	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefits	he time period described in tion Program) lude transactions reported  , that was caused by fraud  y an insurance carrier, s under the plan? (See	Y 10a 10b 10c 10d 10e 10f	es No X X X X X X X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribuzes         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         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	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? is of year end (See instructi	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10a 10b 10c 10d 10d	es No X X X X X X X X	
Part V       Compliance Questions         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 Fide         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 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 a h If this is an individual account plan, was there a blackout period?	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	Y           10a           10b           10c           10c           10d           10d           10d           10g	es No X X X X X X X X X X X X X X X X X X X	
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         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 a 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 2520.10	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not	he time period described in tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10a 10b 10c 10d 10d 10d 10f 10g 10h	es No X X X X X X X X X X X X X X X X X X X	
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 0 instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? 	he time period described in tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	Y       10a       10b       10c       10d       10d       10d       10d       10f       10g       10h       10i	es No X X X X X X X X X X X	Amount
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu         29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         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 a 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 2520.10         Part VI       Pension Funding Compliance	tions within th uciary Correct ? (Do not incl ?) fidelity bond, fidelity bond, ner 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 	Y       10a       10b       10c       10d	es No X X X X X X X X X X L L L L L L L L L L L L L	Amount
<ul> <li>Part V Compliance Questions</li> <li>10 During the plan year: <ul> <li>a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all 0 instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the pla</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount a 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 the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Part VI Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n? is of year end (See instruction he required not 1-3	he time period described in tion Program) lude transactions reported 	Y       10a       10b       10c       10d       10d       10d       10d       10f       10g       10h       10i	es         No           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           Image: the dule SB (interval)           Image: the dule SB (interval)	Amount
Part V       Compliance Questions         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 Fide         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 pla         g       Did the plan have any participant loans? (If "Yes," enter amount a instructions.)         f       Has the plan failed to provide any benefit when due under the pla         g       Did the plan have any participant loans? (If "Yes," enter amount a blackout period?         f       Has the plan failed to provide applied under 29 CFR 2520.101-3.)         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         Part VI       Pension Funding Compliance         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.         12	tions within th uciary Correct ? (Do not inc fidelity bond, fidelity bond, ner persons b of the benefits n?	he time period described in tion Program)	Y       10a       10b       10c       10d       10d       10d       10d       10f       10g       10h       10i	es         No           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           Image: the dule SB (interval)           Image: the dule SB (interval)	Amount
Part V       Compliance Questions         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 Fide         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 distructions.)         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 a 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 the exceptions to providing the notice applied under 29 CFR 2520.10         Part VI       Pension Funding Compliance         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	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	he time period described in tion Program)	Y           10a           10b           10c           10d           0d           dd           dd	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           (Form         Yes           (Form         Yes
Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide         b       Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within th uciary Correct ? (Do not incl fidelity bond, fidelity bond, ner persons b of the benefits n?	he time period described in tion Program) lude transactions reported 	Y           10a           10b           10c           10d           0d           dd           dd	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
<ul> <li>Part V Compliance Questions</li> <li>During the plan year: <ul> <li>Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide</li> <li>Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all orinstructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan</li> <li>Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.)</li> <li>If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul> </li> <li>Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).</li> <li>Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below</li> <li>If a waiver of the minimum funding standard for a prior year is beil granting the waiver.</li> </ul>	tions within th uciary Correct ? (Do not incl fidelity bond, ner persons b of the benefits n? as of year end (See instruction he required not 1-3 hents? (If "Yes nents? (If "Yes nents? as applicable ng amortized e MB (Form set)	he time period described in tion Program)	10a         10b         10c         10d         0         10d         0         <	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          (Form       Yes         (RISA?       Yes         • date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Report o	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be filed		and 4065 of the Employe	e –	2012		
Oepertment of Lebor Employee Benefits Security Administration	Oppartment of Labor Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605 mployee Benefits Security Administration the Internal Revenue Code (the Code).					s Open to Public	
Pension Bonefit Guaranty Corporation	Complete all entries in accorda		,	n ee	ព	spection	
Part Annual Report Io	entification Information		cuons to une Form 550	u-sr.			
For calendar plan year 2012 or fisca		01/01/2012	and ending	12/3	1/2012		
A This return/report is for:	x a single-employer clan	multiple-employer p	lan (not multiemployer)	Пa	one-particip	pant plan	
B This return/report is:	the first return/report ti	ne final return/report		-			
	an amended retum/report 🛛 🗍 a	i short plan year retu	m/report (less than 12 m	onths)			
C Check box if filing under:	🚽 Form 5558 🛛 🗌 a	utomatic extension	·		OFVC progra	m	
	special extension (enter description)	)		لبييا			
Part II Basic Plan Infor	nation - enter all requested inform						
1a Name of plan			· · · · · · · · · · · · · · · · · · ·	1b Thr	ee-digit		
Perma Pools & Snas.	Inc. Retirement Plan				n number I) ►	C01	
Loqua coors a spas,					ective date o	L	
			1		/01/2001		
2a Plan sponsor's name and add Pequa Pools & Spas,	ress; include room or suite number (en Inc.	nployer, if for a single	e-employer plan)		ployer Identi N) 11-31	fication Number 55681	
					onsor's telep 16) 799-1	hone number 0900	
4150 Merrick Road #F						(see instructions)	
US Massapequa	NY 11758				8900	<b>( ·</b> · · · <b>·</b> · · · · · · · · · · · ·	
	laddress X Same as Plan Sponsor	Name 🔄 Same as	Plan Sponsor Address	3b Adr	ninistrator's	EIN	
	alan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b EIN		······································	
name, EIN, and the plan numb	er from the last relum/report.			40.00			
a Sponsor's name	الم		<b>6</b>	4C PN 5a		2	
	t the beginning of the plan year			5a 5b		2	
	count balances as of the end of the pla						
	7- <u></u>			5c		2	
	uring the plan year invested in etigible	,	*****		******	XYes No	
· ·	e annual examination and report of an See instructions on waiver eligibility an		ed public accountant (IQ)	-A)		XYes No	
	er line 6a or line 60, the plan cannot		and must instead use	Form 550	0.		
	r incomplete filing of this return/rep						
Under penalties of perjury and oth	er penalties set forth in the instructions d signed by an enrolled actuary, as we	, I declare that I hav	e examined this return/re	port, inclu	ding, if appli		
sign CUI	**************************************		Chris Kowalski				
HERE Signature of plan admir	nistrator	Date //0/13	Enter name of individua	al signing a	as plan admi	nistrator	
			Chris Kowalski				
SIGN HERE Signature of employer/p	lan soosor	Date/0/9/13	Enter name of individua	il signino a	s employer	or plan sponsor	
PROFESSION AND AND AND AND AND AND AND AND AND AN	me, if applicable) and address; include	h	A			number (optional)	
Theodore Andersen,				(203	) 356-03	06	
Pension Associates							
2001 West Main Stre	et			3.15	an a state of the	1	
Suite 230					14 S (2) (199		
US Stamford	CT C6902						

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

Form 5500-SF (2012) v.120126 Form 5500-SF 2012

Page 2

Ra	Till Financial Information					united in the state of the	<b>, .</b>		
7	Plan Assets and Liabilities		(a) Beginning of Year	•	<u> </u>		(b) End o	í Year	
a	Total plan assets	7a	421,74	11	-			385,	348
b	Total plan liablities	76		0	ļ				0
C	Net plan assets (subtract line 7b from line 7a)	7c	421,74	11	<u> </u>				348
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		L		(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)	12,54	15		· · · · ·		h date i	
	(2) Participants			0	100				
*******	(3) Others (including rollovers)	1		0		ALL DRIVEN OF THE		The second s	Concerning the second se
b	Other income (loss)		(48,93)		1440 P.11	2011 () 1 4 1	an a		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc	A Constitute Determinant of the					(36,3	
	Benefits paid (including direct rollovers and insurance premiums						\$74 (de 14)	112.4	
	to provide benefits)	8d		0			1000		نى <u>تەر</u> لىد
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	81		0		<u>.</u>			
g	Other expenses	8g		0	 	•			am (2.5.6.
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			ļ				0
<u>ì</u>	Net income (loss) (subtract line 8h from line 8c)	81			n Han Alle And		333266-338-35 45 85 80 Million	(36,3	
j	Transfers to (from) the plan (see instructions)	<u>8j</u>		0		i		1	$(\mathbf{w}, \mathbf{v}, \mathbf{v})$
Pa	nt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension for 2A 2E If the plan provides welfare benefits, enter the applicable we fare fea								
Pa	IT V Compliance Questions								
10	During the plan year:				Yes	No	ļ	mount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure			10a		x			-
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?	****	***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		x			
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.)	of the bene	fits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	n?	1740+494 <u>+++++++++++++++++++++++++++++++++</u>	101		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x			
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	(See instru	ctions and 29 CFR	10h		x			
Ĩ	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			101					
Pa	t W Pension Funding Compliance		***************************************					A CONTRACTOR OF A DOMA	
11		nents? (If "	Yes," see instructions and com	plete \$	Sched	ule Si	B (Form	Yes	X No
11	a Enter the amount from Schedule SB line 39					11a			
12				or sec	L-		ERISA?	Yes	X No
						<b>7</b>			1997-1997 - 7 197 2010-1970-1970
a	(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 bein granting the waiver	ng amortiz	ed in this plan year, see instruc						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		*******	riya kir 3-1 4 54		12b			
				-					-

C.q

_	Form 5500-SF 2012	Page 3-				
<u> </u>	Enter the amount contributed by the employer to the plan for this plan ye	ear	****	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re- negative amount) management and a subsequences and a subsequences of the subsequences of the subsequences of the	esult (enter a minus sign to the lef	of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?				√/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year? .	، ، ، ، ۵ ) ، ۵ ) ، ۰ , ۰ , ۰ , ۰ , ۰ , ۰ , ۰ , ۰ , ۰ , ۰	*****	Y 🔲	es 🗓 No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	sterred to another plan, or brought	under the c	ontrol	🗋 Yes 💹	No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), identify t	he plan(s) to	D		
1	3c(1) Name of plan(s):		130	(2) EIN(	(5) 13c(3) PN	(5)
Part	VIII Trust Information (optional)					
14a	Name of trust	*****		<b>14b</b> T	rust's EIN	