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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pa		Annual Report Identification Information					
For c	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012	
A T	his ret	urn/report is for: $oxed{oxtime}$ a single-employer plan $oxed{oxed}$ a	n multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B T	his ret	urn/report is: the first return/report the	he final return/report				
		an amended return/report a	short plan year retur	n/report (less than 12 m	onths)		
C c	heck b	ox if filing under: X Form 5558	utomatic extension			DFVC progra	ım
		special extension (enter description))			_	
Par	rt II	Basic Plan Information—enter all requested information	ion				
1a 1	Name (1b	Three-digit	
ASSO	CIATE	BUILDERS & OWNERS OF GREATER NY, INC. 401(K) PL	AN			plan number	
					4 -	(PN) •	002
					1C	Effective date o	•
2a F	Plan sr	onsor's name and address; include room or suite number (em	nlover if for a single	-employer plan)	2h	Employer Identi	
ASSO	CIATE	D BUILDERS & OWNERS OF GREATER NEW YORK	ployer, il for a sirigic	employer plany	20		22902
					2c	Sponsor's telep	hone number
369 LE	EXING	TON AVENUE, STE. 215				212-38	
NEW \	YORK,	NY 10017			2d	Business code (see instructions)
						56190	00
3a F	Plan ad	Iministrator's name and address XSame as Plan Sponsor Na	me Same as Plai	n Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
4 .					4.		
		ame and/or EIN of the plan sponsor has changed since the las EIN, and the plan number from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN	
		or's name			4c	PN	
5a	Total n	umber of participants at the beginning of the plan year			5a		1
b ·	Total n	umber of participants at the end of the plan year			5b		1
		er of participants with account balances as of the end of the pla			_		
		ete this item)			5c		1 Vac 🗆 No
		all of the plan's assets during the plan year invested in eligible u claiming a waiver of the annual examination and report of an	•	,			X Yes No
		29 CFR 2520.104-46? (See instructions on waiver eligibility an				•••••	X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot					
Caut	ion: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is	established.	
		lties of perjury and other penalties set forth in the instructions,					
		dule MB completed and signed by an enrolled actuary, as well rue, correct, and complete.	as the electronic ver	sion of this return/report	, and	to the best of my	knowledge and
	,						
SIGN		Filed with authorized/valid electronic signature.	10/11/2013	DAN MARGULIES			
ПЕК		Signature of plan administrator	Date	Enter name of individ	ual sig	ning as plan adn	ninistrator
SIGN		Filed with authorized/valid electronic signature.	10/11/2013	DAN MARGULIES			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
Prepa	arer's ı	name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Yea	ar		_
a		7a	19				(b) Liid (<i>7</i> 1 1 CC	194		_
	Total plan liabilities	7b		0					0		
	Net plan assets (subtract line 7b from line 7a)	7c	19						194		
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To	ıtal	104		
	Contributions received or receivable from:		(a) Amount				(b) 10	nai			
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	2	29							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g	3	32							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							32		
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-3		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics	٠,	l								
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions:			
b		eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
_											
Par						1	ı				
10	During the plan year:			1	Yes	No		Amo	unt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	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	X					500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		•	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	er person	s by an insurance carrier,								
	instructions.)			10e	X						1
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end)	10g		Χ					_
h	n If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X					
i	, , , , , , , , , , , , , , , , , , , ,	ne require	d notice or one of the								
Dow	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								.,		_
	5500) and line 11a below)				T			Ш	Yes	X	Vo
	Enter the amount from Schedule SB line 39					11a	<u> </u>				
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?	Ш	Yes	<u> </u>	Vo
	(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.		Mon	ıth	, and e	enter th Day		e lett Year		ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012	Page 3 - 1						
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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	'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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in acco	ordance with the instru	ctions to the Form 5500	O-SF.				
-		Identification Information							
For	calendar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending	12/3	31/2012			
	This return/report is for:	x a single-employer plan		olan (not multiemployer)		a one-particip	oant plan		
B .	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C	Check box if filing under:	x Form 5558	automatic extension			DFVC progra	m		
		special extension (enter descript	tion)						
P:	art II Basic Plan Info	rmation enter all requested inf	formation						
	Name of plan	enter air reguested in	omation		1b Th	ree-digit			
	·		T310 401 (T1) D1			an number	000		
ASSOCIATED BUILDERS & OWNERS OF GREATER NY, INC. 401(K) PLAN				AN	7:	N) ►	002		
					1c Effective date of plan 01/01/2001				
2a	Plan sponsor's name and ac	ddress; include room or suite number	(employer, if for a single	e-employer plan)			fication Number		
		& OWNERS OF GREATER NEW				IN) 11-162			
						onsor's telepl			
	260	TR. OMB. 015				212) 385-4			
	369 LEXINGTON AVENU	JE, STE. 215			2d Bu	siness code ((see instructions)		
US	NEW YORK	NY 10017			56	1900			
3 a	Plan administrator's name a	nd address 🕱 Same as Plan Spon	sor Name Same as	Plan Sponsor Address	3b Ad	lministrator's	EIN		
					3c Ad	ministrator's	telephone number		
4		e plan sponsor has changed since th	e last return/report filed	for this plan, enter the	4b EI	٧			
	name, EIN, and the plan nur	mber from the last return/report.							
<u>a</u>	Sponsor's name				4c PN	1			
5a	Total number of participants	at the beginning of the plan year	***************************************		5a		1		
b		at the end of the plan year			5b		1		
C	• • • •	account balances as of the end of the		·	5c		1		
6a	Were all of the plan's assets	during the plan year invested in eligi	ible assets? (See instruc	ctions.)		•••••	X Yes No		
b		the annual examination and report of							
	under 29 CFR 2520.104-46?	? (See instructions on waiver eligibility	y and conditions.)	***************************************			XYes No		
	If you answered "No" to ei	ther line 6a or line 6b, the plan car	nnot use Form 5500-SF	and must instead use	Form 550)0			
Ca	ution: A penalty for the late	or incomplete filing of this return/	report will be assesse	d unless reasonable ca	use is es	tablished.			
		ther penalties set forth in the instruct							
		and signed by an enrolled actuary, as	s well as the electronic v	ersion of this return/repor	t, and to t	the best of m	y knowledge and		
be	lief, it is true, correct, and con	ipiete.		<u> </u>		<i>f</i>			
s	IGN 55			Jan Me	UJU	1,55			
Н	ERE Signature of plan adm	nipristrator	Date /0/3/13	Enter name of individua	l signing	as plan admi	nistrator		
٩	IGN /		/ (Ven Ma	Crul	lies			
A 100 A	ERE Signature of employe	dblan sponsor	Date 10/9/13	Enter name of individua	l signing	as employer	or plan sponsor		
Pre		name, if applicable) and address; inc	clude room or suite numb				number (optional)		
		, , ,	ş		,	•			
							;		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	•	T		(b) End o	f Year	
а	Total plan assets	. 7a		97				194	
b	Total plan liabilities	. 7b	· · · · · · · · · · · · · · · · · · ·	0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1:	97	T	****		194	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			otal	
а	Contributions received or receivable from:	9-(4)		0					
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2) 8a(3)		0					
b	Other income (loss)	8b		29					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	 						29	
d	Benefits paid (including direct rollovers and insurance premiums							2.9	
	to provide benefits)	8d		0					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0					
<u>g</u>	Other expenses	8g		32					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						(3)	
<u> </u>	Transfers to (from) the plan (see instructions)	8j		0					
-	rt IV Plan Characteristics		(
9а	If the plan provides pension benefits, enter the applicable pension fe	eature codes	s from the List of Plan Charac	teristi	c Cod	es in th	ie instructi	ons:	
	2E 2F 2G 2J		MATERIAL AND A STATE OF THE STA						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Characte	eristic	Codes	s in the	instruction	ns:	
							······································		
	rt V Compliance Questions								
10	During the plan year:		the Constitution of the Co		Yes	No	,	Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correct	tion Program)	10a	Yes	No x	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correct ? (Do not inc	tion Program)	10a	Yes		,	Amount	
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Correct	tion Program)		Yes	x		Amount 50,0	00
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 I, that was caused by fraud	10b		x	,		00
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 other controls and participant contributions and participant contributions.	ciary Correct ? (Do not income	clude transactions reported I, that was caused by fraud by an insurance carrier,	10b 10c		x			00
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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?	ciary Correct (Do not incomplete	tion Program)	10b 10c		x	,		1
b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions 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.)	fidelity bond	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	x	x	,		
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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	ciary Correct (Do not incomplete persons of the benefit in part in par	dion Program)	10b 10c 10d	x	x	,		
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 a	fidelity bond ner persons of the benefit s of year end (See instruct	tion Program)	10b 10c 10d 10e 10f	x	x x			
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 a lf this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bond ner persons of the benefit s of year end (See instruct	tion Program)	10b 10c 10d 10e 10f 10g	x	x x x			
a b c c d d e f g h i	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 a lf this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity bond ner persons of the benefit s of year end (See instruct	tion Program)	10b 10c 10d 10e 10f 10g	x	x x x			
a b c c d d e f g h i	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf 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 2520.101-11. To the plan benefit plan subject to minimum funding requirements.	fidelity bond ner persons of the benefit s of year end (See instruct ne required r 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h	x x Sched	x x x x x ule SB	(Form	50,0	1
a b c d e f g h 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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.	fidelity bond fidelity bond firer persons of the benefit s of year en (See instruct ne required r 1-3 nents? (If "Year	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	x X Sched	x x x x x ule SB	(Form		1
a b c d e f g h 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 clinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf 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 It VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ciary Correct ? (Do not incomplete persons of the benefit incomplete persons of the benefit incomplete persons of year end (See instruction incomplete persons incomp	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	x x Sched	x x x x x ule SB	(Form	50,0	1 No
a b c c d d e e f g h i Pa 11	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce 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 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 2520.101 It 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	fidelity bond fidelity bond fire persons of the benefit s of year en (See instruct fine required r	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	x x Sched	x x x x x ule SB	(Form	50,0	1 No
a b c c d d e f g h i Pa 11 11 12 12	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 a lf 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 It 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	ciary Correct ? (Do not incomplete persons of the benefit of the benefit of the persons of the benefit of the persons of year end (See instruction of year end (See instructio	d.) tions and 29 CFR motice or one of the es," see instructions and complete or section 412 of the Code of the	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	x x x x x ule SB	(Form	Yes X	1 No
a b c c d d e e f g h i 111111111111111111111111111111111	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc 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 a lf 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. (It 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	ciary Correct ? (Do not incomplete persons of the benefit of the benefit of the persons of the benefit of the persons of year ending a mortized of the persons of year ending a mortized of the persons of year ending a mortized of the persons of th	tion Program) Clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and complete of section 412 of the Code of the	10b 10c 10d 10e 10f 10g 10h 10i	x Sched	x x x x x ule SB	(Form	Yes X	1 No
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	Form 5500-SF 2012	Page 3-			
c	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 (entengative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding dead	lline?	🗀	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 Y	es 🔲 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	ar	13a		C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?		ontrol	[Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the plan(s) to)		
	3c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			