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

	art I	Annual Report Identification Information							
For	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
A 7	This ret	urn/report is for:	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan		
B 7	This ret	urn/report is: X the first return/report	e final return/report						
		an amended return/report as	short plan year returi	n/report (less than 12 m	onths))			
C	Check b	oox if filing under: X Form 5558 au	tomatic extension			DFVC progra	ım		
		special extension (enter description)				_			
Pa	rt II	Basic Plan Information—enter all requested information	on						
	Name	·			1b	Three-digit			
LELA,	, INC. 4	01(K) PLAN				plan number (PN) ▶	001		
					10	Effective date or			
						01/01/	•		
	Plan sp	onsor's name and address; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identii (EIN) 45-34	fication Number		
160 N	1EDCE	D CTDEET			2c Sponsor's telephone number				
3RD I	FLOOR	NY 10012			2d	Business code ((see instructions)		
3a	Plan ad	dministrator's name and address XSame as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	3h	Administrator's I			
ou	i idii de	Animistration of harme and address Double as Fight Openior Hari		r oponsor Address		7 tarriirii Strator 5 i			
					3с	Administrator's t	telephone number		
4		ame and/or EIN of the plan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b	EIN			
а		EIN, and the plan number from the last return/report. or's name			4c	PNI			
		number of participants at the beginning of the plan year			5a		0		
_		number of participants at the end of the plan year			5b		23		
		er of participants with account balances as of the end of the plan			0.0				
		ete this item)			5c		5		
6a		all of the plan's assets during the plan year invested in eligible a					X Yes No		
b		u claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No		
		answered "No" to either line 6a or line 6b, the plan cannot							
Cau		penalty for the late or incomplete filing of this return/repor							
		alties of perjury and other penalties set forth in the instructions, I							
		dule MB completed and signed by an enrolled actuary, as well a rue, correct, and complete.	as the electronic ver	sion of this return/report	, and	to the best of my	knowledge and		
01014		Filed with authorized/valid electronic signature.	10/11/2013	STEVEN ADLER					
HER	RE	Signature of plan administrator	Date	Enter name of individ	dividual signing as plan administrator				
SIG		Filed with authorized/valid electronic signature.	10/11/2013	STEVEN ADLER					
HER		Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan spon				
Prep	oarer's	name (including firm name, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	arer's telephone	number (optional)		

Page 2	
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Part III Financial Information							
	•		(a) Danimin a (1)				(b) Ford a CV and
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a		0			37686
	Total plan liabilities	7b		^			27000
	Net plan assets (subtract line 7b from line 7a)	7c		0			37686
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
а	(1) Employers	8a(1)					
	(2) Participants	8a(2)	3686	0			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	82	26			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37686
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
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					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					37686
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in tl	he instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		tiono withi					Amount
				10a		X	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest	ciary Cori ? (Do not	ection Program)nclude transactions reported	10a 10b		X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Cori	nclude transactions reported	10b	X		25000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	ciary Cori	nclude transactions reported		X		25000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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?	? (Do not	nclude transactions reported	10b	X		25000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 of	(Do not fidelity bo	nclude transactions reported and, that was caused by fraud so by an insurance carrier, offits under the plan? (See	10b 10c	X		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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.)	fidelity bo	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d			25000
d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bo	nclude transactions reported and, that was caused by fraud as by an insurance carrier, effits under the plan? (See	10b 10c 10d 10e 10f		X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 bo	nclude transactions reported and, that was caused by fraud as by an insurance carrier, offits under the plan? (See	10b 10c 10d		X	
d d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 bo er person of the bene- s of year e	nclude transactions reported and, that was caused by fraud as by an insurance carrier, sfits under the plan? (See	10b 10c 10d 10e 10f		X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 bid the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	fidelity bo	nclude transactions reported and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.)	10b 10c 10d 10e 10f 10g		X X X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulia Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount 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	fidelity bo	nclude transactions reported and, that was caused by fraud so by an insurance carrier, offits under the plan? (See and.)	10b 10c 10d 10e 10f 10g 10h		X X X	
e f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulia Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount 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	fidelity bo fidelity bo firer person finer person fine	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Adule SE	555
f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulia 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	fidelity bo	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Aulule SE	3 (Form Yes X No
f g h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 dinstructions.) 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X Aulule SE	3 (Form Yes X No
f 9 h 11 11 11 11 11 11 11 11 11 11 11 11 1	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 dinstructions.) 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 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is 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,	fidelity bo mer person of the benefits s of year of (See instru- me required 1-3	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Aulule SE	3 (Form Yes X No ERISA? Yes X No
f g h 11 11a 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 dinstructions.) 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 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	fidelity bo mer person of the benefits s of year of (See instru- me required 1-3 requirement as applications and amortize graph and a second	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Aulule SE	3 (Form Yes X No ERISA? Yes X No
f g h 11 11a 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule 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 dinstructions.) 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 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is 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	fidelity bo mer person of the benefits s of year of (See instru- me required 1-3 requirement as applications and amortize graph and a second	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i plete	Scheo	X X X X Audule SE 11a 302 of enter th	3 (Form Yes X No ERISA? Yes X No e date of the letter ruling

	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 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

► Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant plan **B** This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan **1b** Three-digit plan number 001 Lela, Inc. 401(k) Plan (PN) ▶ 1c Effective date of plan 01/01/2012 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Lela, Inc. (EIN) 45-3417402 2c Sponsor's telephone number (917) 612-6200 160 Mercer Street 2d Business code (see instructions) 3rd Floor 519100 NY 10012 New York 3 Plan administrator's name and address 🗓 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 0 5a **5a** Total number of participants at the beginning of the plan year 5b Total number of participants at the end of the plan year 23 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5 complete this item) **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **x** Yes Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Steven Adler **SIGN** HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Form 5500-SF 2012 Page **2**

P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	,			(b) End of	Year
a	Total plan assets	. 7a	() 0	0			. ,	37,686
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		0				37,686
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)	36,86					
_	(2) Participants	8a(2)	30,00	50				
b	(3) Others (including rollovers)	8a(3) 8b	Q.	26				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0.2	20				27 696
d	Benefits paid (including direct rollovers and insurance premiums							37,686
_	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						37,686
辶	Transfers to (from) the plan (see instructions)	. 8j						
P	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions	s:
	2E 2F 2G 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Character	ristic	Codes	in the	instructions:	:
P	art V Compliance Questions							
10	During the plan year:				Yes	No	Aı	mount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х		
L								
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		x		
	· · · · · · · · · · · · · · · · · · ·	•••••		10b 10c	х	х		25,000
	on line 10a.)	fidelity bor	d, that was caused by fraud	t	х	x		25,000
	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	fidelity bor	d, that was caused by fraud	10c	х			25,000
	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 commissions.	fidelity bor er persons	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c				
	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.)	fidelity bor er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e	x	х		25,000 555
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bor er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f				
	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 as	fidelity bor er persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e		х		
	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	fidelity bor er persons of the bene n? s of year e	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10c 10d 10e 10f		x		
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all coinstructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.)	fidelity borer persons of the benear of the benear of year e	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the	10d 10d 10e 10f 10g		x x x		
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G G G G G G G G G G	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 1 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 (10 Int 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 bein granting the waiver	fidelity borner persons of the bene on?	d, that was caused by fraud by an insurance carrier, fits under the plan? (See and.) ctions and 29 CFR notice or one of the res," see instructions and comp at sof section 412 of the Code of able.) and in this plan year, see instructions and skip to line 13.	10c 10d 10e 10f 10g 10h 10i r secions, oth	Schedu tion 30	x x x x 11a 2 of E	RISA?	Yes ☒ NoYes ☒ NoYes ☒ No

	Form 5500-SF 2012 Page 3-			
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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 (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?	□ Ye	es X N	lo
	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 cord of the PBGC?			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) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
		1/h +	rust's EIN	
144	Name of trust	140	iusi s EIN	