## 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).

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1210-0089

OMB Nos. 1210-0110

2012

the Internal Revenue Code (the Code).

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

This Form is Open to Public Inspection

Part		identification information							
For ca	endar plan year 2012 or fi	scal plan year beginning 01/0	1/2012	and ending 1	2/31/2	2012			
<b>A</b> Thi	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer)						pant plan		
<b>B</b> Thi	s return/report is:								
		an amended return/report	a short plan year retu	n/report (less than 12 mo	onths)				
C Ch	eck box if filing under:	X Form 5558	automatic extension			DFVC progra	am		
• 011	ook box ii iiiiiig under.	special extension (enter des							
Part	II   Basic Blan Info	<b>prmation</b> —enter all requested in	• ,						
	me of plan	ormation—enter all requested in	normation		1h	Three-digit			
	D S RHODES, PA PROF	IT SHARING PLAN			15	plan number			
donate o thoses, i at torn shade i ear							001		
					1c	Effective date o	•		
2a PI	an sponsor's name and ac	ddress; include room or suite numl	per (employer if for a single	-employer plan)	2h	Employer Identi			
	RD S RHODES, PA	anose, morado room er care nam	oor (ompleyer, ii fer a omgle	omployer plant,		(EIN) 59-15	15349		
126 EAS	ST JEFFERSON ST				2c	Sponsor's telep			
	OO, FL 32801				2d	Business code (	(see instructions)		
						54111	10		
<b>3a</b> Pl	an administrator's name a	nd address XSame as Plan Spor	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
					30	Administrator's	telephone number		
					30	Administrator 5	elephone number		
		e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b	EIN			
	ame, EIN, and the plan nu onsor's name	mber from the last return/report.			4c	DNI			
		s at the beginning of the plan year			5a	FIN	2		
		s at the end of the plan year							
		account balances as of the end o			5b		2		
		account balances as of the end o		•	5с		2		
	•	s during the plan year invested in	`	,			X Yes No		
		of the annual examination and report? (See instructions on waiver eligi			PA)		X Yes No		
		either line 6a or line 6b, the plan	•		Form	5500	M 100   110		
		or incomplete filing of this retu							
		ther penalties set forth in the instru					able, a Schedule		
SB or	Schedule MB completed a	nd signed by an enrolled actuary,							
belief,	t is true, correct, and com	plete.							
SIGN	Filed with authorized	/valid electronic signature.	10/11/2013	RICHARD S. RHODES	CHARD S. RHODES				
HERE	Signature of plan a	administrator	Date	Enter name of individu	dual signing as plan administrator				
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individe	ıal sin	ning as employe	er or plan sponsor		
Prepar		name, if applicable) and address;					number (optional)		
RICHA	RD L. PILHÒRN, CPA	, ,		,	•	407-849	)-1569		
AVERETT WARMUS DURKEE PA 1417 E CONCORD STREET						407-048	, 1000		
	DO, FL 32803								

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	(b) End of Year							
<u>.</u>	Total plan assets	7a	57043				(b) End of Teal				
	Total plan liabilities	7b	01010	370431				010	0 17 1		
	Net plan assets (subtract line 7b from line 7a)	7c	57043	R1				616	6471		
	Income, Expenses, and Transfers for this Plan Year			, ,			(b) To		J <del>-11</del> 1		
	Contributions received or receivable from:		(a) Amount				(b) To	lai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4604	Ю							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						46	6040		
	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									
	Net income (loss) (subtract line 8h from line 8c)	8i						46	6040		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instructio	ns:			
_	V   0 11 0 11										
Par	•					Τ	1				
10	During the plan year:	C = 20-1	andra d'arana andra d'arana d'a	ı	Yes	No	F	mou	nt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
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 of	ner person	s by an insurance carrier,								
	instructions.)		• `	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ					427	705
h		•		10h		X				721	00
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					X					
Part		1 0		10i							
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										
11a	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and	enter th		e lette 'ear	r ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					<u> </u>					
	Enter the minimum required contribution for this plan year	•	•			12b					
b	Enter the minimum required contribution for this bian year					120					

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	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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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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

P	art I Annual Report Identification Inf	ormation					
For	calendar plan year 2012 or fiscal plan year beginni	ng 01/01/2	012	and e	endina	12/31/20	12
	This return/report is for:  X a single-employ the first return/		tiple-employer plan (no nal return/report	t mult	tiemployer)	a one-partici	
С	Check box if filing under:  An amended re X Form 5558  Special extension	auton on (enter description)	rt plan year return/reponatic extension	ort (les	ss than 12 r	months)  DFVC progra	m
PE	rt II Basic Plan Information - enter all r	equested information				######################################	***************************************
	Name of plan CHARD S RHODES, PA PROFIT	SHARING PLA	AN	1b	Three-digit	t per (PN)	001
Westerstand				1c	Effective of 0.4	date of plan /01/1974	
2a RI	Plan sponsor's name and address; include room or suite CHARD S RHODES, PA	number (employer, if for s	ingle-employer plan)	2b	Employer	Identification Num	ber (EIN)
12	6 EAST JEFFERSON ST			2c 407	Sponsor's	telephone number 4310	Г
	LANDO FL 32	2 4 800	w	2d		oode (see instruction 1110	ons)
3a F	Plan administrator's name and address 🛛 Same a	s Plan Sponsor Name X Sar	me as Plan Sponsor Address	3b	Administra	tor's EIN	***************************************
				3с	Administra	tor's telephone nu	mber
	the name and/or EIN of the plan sponsor has chan an, enter the name, EIN, and the plan number from		rn/report filed for this	4b	EIN	-	*
	Sponsor's name			4c	PN		
5a -	Total number of participants at the beginning of the	e plan year		5a	1	2	· · · · · · · · · · · · · · · · · · ·
b ·	Total number of participants at the end of the plan			5b		2	
C	Number of participants with account balances as o	of the end of the plan ye	ear (defined			****	_
	penefit plans do not complete this item)	********************		5c		2	
6a ∨	Vere all of the plan's assets during the plan year in	vested in eligible asset	s? (See instructions.)			X Ye	s No
(	Are you claiming a waiver of the annual examination QPA) under 29 CFR 2520.104-467 (See instruction	ns on walver eligibility a	and conditions.)	. <b>.</b>		X Ye	s No
<u> 1</u>	you answered "No" to either line 6a or line 6b,	the plan cannot use F	orm 5500-SF and mu	st ins	stead use F	orm 5500.	·
Gaut	ion: A penalty for the late or incomplete filing of	this return/report wil	l be assessed unless	reaso	onable caus	se is established.	
cnea	penalties of perjury and other penalties set forth in ule SB or Schedule MB completed and signed by owledge and belief, it is true, correct, and complet	an enrolled actuary, as	clare that I have examing well as the electronic	ned th versio	nis return/repon of this ret	port, including, if a curn/report, and to	pplicable, a the best of
SIGN	Signature of plan administrator		RICHARD S.	RH	ODES		
	Signature of plan administrator	Date	Enter name of individ	ual si	gning as pla	n administrator	
IGN IERE							
	Signature of employer/plan sponsor	Date	Enter name of individ		gning as em	ployer or plan spo	nsor
ICF	rer's name (including firm name, if applicable) and	address; include room	or suite number (optio		Preparer's t	elephone number $9-1569$	(optional)
	RETT WARMUS DURKEE PA 'E CONCORD STREET						
	NDO FL 328	303			and a second		
				Manage of the state of the stat			

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Part III Financial Information		·····	***************************************	***************************************		
7 Plan Assets and Liabilities	82/8	(a) Beginnin	or of Voc	. 1	0-1 E	I of Vone
a Total plan assets	7a	**********************************	5704		(B) End	1 of Year 61647
b Total plan liabilities	7ь		0,01.	<del>-  </del>	<u> </u>	01047.
C Net plan assets (subtract line 7b from line 7a)			57043	31		61647
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo		-	(b) 7	Total
a Contributions received or receivable from:			***************************************			
(1) Employers	8a(1)					
(2) Participants	8a(2)		***************************************			
(3) Others (including rollovers)	8a(3)		****			
b Other income (loss) SEE STATEMENT 1	8b		4604	0		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					46040
d Benefits paid (including direct rollovers and insurance premiums to provide		-		8		
benefits)	8d					
Certain deemed and/or corrective distributions (see instructions)	8e		**************************************			
f Administrative service providers (salaries, fees, commissions)	8f		***************************************	8		
g Other expenses	8g		- Harriston Company	8		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				***************************************	*********************
i Net income (loss) (subtract line 8h from line 8c)	8i					46040
j Transfers to (from) the plan (see instructions)	8j	***********	***********			
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension feature 2 E  b If the plan provides welfare benefits, enter the applicable welfare feature c						
Part V Compliance Questions		**************************************	***************************************		***************************************	
O During the plan year:	····		Yes I	do	Amo	unt
a Was there a fallure to transmit to the plan any participant contributions within the time						
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	ction Progra	ım.) 10a		X		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude					
transactions reported on line 10a.)		10b		X		
C Was the plan covered by a fidelity bond?		10c	2	X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo	nd, that					
was caused by fraud or dishonesty?		10d		ζ		
e Were any fees or commissions paid to any brokers, agents, or other persons						
carrier, insurance service or other organization that provides some or all of to	he benefits (	under				
the plan? (See instructions.)	43.17.18.17.48.17.48.1	10e	2	ζ		
f Has the plan failed to provide any benefit when due under the plan?		10f	}	2	***************************************	***************************************
g Did the plan have any participant loans? (If "Yes," enter amount as of year e	nd.)	10g	X			42705
h If this is an individual account plan, was there a blackout period? (See instru	ctions					
and 29 CFR 2520.101-3.)		10h	X			
i If 10h was answered "Yes," check the box if you either provided the required	notice or o	ne			*****************	***************
of the exceptions to providing the notice applied under 29 CFR 2520.101-3	200-12010-200-200-		X			
Part VI Pension Funding Compliance					****	***************************************
Is this a defined benefit plan subject to minimum funding requirements? (if "	Yes," see ins	structions and o	complete	***************************************		
Schedule SB (Form 5500) and line 11a below)					Yes	X No
a Enter the amount from Schedule SB line 39			11	a		
2 is this a defined contribution plan subject to the minimum funding requirements of sec		e Code or section	302 of EP	IISA?	Yes	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ble.)			T		
a If a waiver of the minimum funding standard for a prior year is being amortize	d in this plan	n year, see inst	ructions.	and er	nter the date	of the letter
ruling granting the waiver.	Mon	nth	Day		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and	skip to line 13	),			
b Enter the minimum required contribution for this plan year			121	T		***************************************