Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	/U- Эг.				
P	art I	Annual Report	Identification Information							
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012			
Α	This retu	urn/report is for:	x a single-employer plan	a multiple-employer pla	an (not multiemployer)	yer) a one-participant plan				
В	This retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year return	/report (less than 12 m	onths)				
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program	m		
			special extension (enter desc	ription)						
Р	art II	Basic Plan Info	rmation—enter all requested in	formation						
1a	Name o	of plan				1b	Three-digit			
LAW	OFFICE	OF MALCOLM E HA	RRISON PA 401(K) PLAN				plan number			
							(PN) •	001		
						1c	Effective date of	plan		
							01/01/2	2010		
			dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b Employer Identification Number				
LAV	VOFFICI	E OF MALCOLM E HA	ARRISON PA				(EIN) 41-226	55812		
						2c Sponsor's telephone number				
		ST HILL BLVD					561-214			
VVEI	LINGIC	N, FL 33414-5700				2d	Business code (s			
							541110			
3 a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	IN		
						30	Administrator's to	olophono numbor		
						30	Auministrator 5 to	elephone number		
4	If the s	ome and/or FINI of the	nlan ananar has shangad sinas	the leat return/renert filed fo	rthic plan antartha	41				
-			e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	i tilis piari, eriter tile	4b EIN				
а		or's name				4c	PN			
5a Total number of participants at the beginning of the plan year						5a	5a			
b	Total n	number of participants	at the end of the plan year			5b		7		
C	Numbe	er of participants with a	account balances as of the end of	the plan year (defined bene	fit plans do not					
_	•	•				5c		7 		
			s during the plan year invested in e					X Yes No		
b			the annual examination and report (See instructions on waiver eligible)					X Yes No		
			ther line 6a or line 6b, the plan of							
Ca			or incomplete filing of this return							
			her penalties set forth in the instruc					phia a Cabadula		
			nd signed by an enrolled actuary, a							
		rue, correct, and comp				τ, απα		omougo ana		
				1						
	GN RE	Filed with authorized/	valid electronic signature.	10/14/2013	KRISTINE KNAPP	TINE KNAPP				
116		Signature of plan administrator Date Enter name of indivi				lual sig	ning as plan adm	inistrator		
	3N									
HE	RE	Signature of employer/plan sponsor Date Enter name of indivi					ning as employer	or plan sponsor		
Preparer's		rer'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**

Pai	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
a	Total plan assets	7a	12321				183272			
	Total plan liabilities	7b		0				0		
-	Net plan assets (subtract line 7b from line 7a)	7c	12321					18327	72	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot			
	Contributions received or receivable from:		(u) Amount				(6) 101	<u></u>		
	(1) Employers	8a(1)	4663	.2						
	(2) Participants	8a(2)	1820	00						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	-75	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6407	' 9	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	389	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
q	Other expenses	8g	12	25						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						40:	22	
	Net income (loss) (subtract line 8h from line 8c)	8i						600		
	Transfers to (from) the plan (see instructions)	8j		0						
Par	rt IV Plan Characteristics	oj		0						
	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ons:		
b	2E 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instructior	ns:		
Par	t V Compliance Questions			-		1	1			
10	During the plan year:				Yes	No	Α	mount		
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		Х				
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		Х				
е										
	insurance service or other organization that provides some or all o	of the bene	efits under the plan? (See			X				
	instructions.)			10e		ł				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form									
11a										
							No			
_12	· · · · · · · · · · · · · · · · · · ·						> <u>X</u>	INO		
	(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			ctions	and	antar ti	l ne data of the	lottor -	ulina	
а	granting the waiver	-			, and (enter tr Day		ear	umg	_
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b Enter the minimum required contribution for this plan year										

	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):	13c(2) EIN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF 1210-0089 **Benefit Plan** Department of the Tressury Internal Revenue Service 2012 This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 8058(a) of Department of Labor This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administra Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF Part | Annual Report Identification Information 12/31/2012 01/01/2012 and ending For calendar plan year 2012 or fiscal plan year beginning a single-employer plan a one-participant plan a multiple-employer plan (not multiemployer) A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program N automatic extension C Check box if filing under. Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number LAW OFFICE OF MALCOLM E HARRISON PA 001 (PN) 401(K) PLAN 1c Effective date of plan 01/01/2010 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (EIN) 41-2265812 LAW OFFICE OF MALCOLM E HARRISON PA 2c Sponsor's telephone number (561) 214-6163 12230 FOREST HILL BLVD 2d Business code (see instructions) 541110 33414-5700 WELLINGTON 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name | Same as Plan Sponsor Address 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 5a Total number of participants at the beginning of the plan year 5a 6 7 b Total number of participants at the end of the plan year 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 7 5c complete this item).. X Yes No 68 Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions.)..... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-487 (See instructions on waiver eligibility and conditions.)..... if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-6F and must instead use Form 5500. Caution: A penalty for the late or incomplete filling 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, nd complete. MALCOLM E. HARRISON SIGN HERE Date niivil plan administrator Enter name of Individual signing as plan administrator MALCOLM E. HARRISON HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date 1114 Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional) Preparer's telephone number (optional)

Pai	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
а	Total plan assets	7a	12:	3,21	5		183,272	
b	Total plan liabilities	7b			0		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	12:	3,21	5		183,272	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:		1	5,63	2			
	(1) Employers	8a(1)		3,03	_			
	(2) Participants	8a(2)		J, Z U	<u></u>			
	(3) Others (including rollovers)	8a(3)		(753	1			
	Other income (loss)	8b		(755	Ή		64,079	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		01,013	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d]	3,89	7			
e	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
q	Other expenses	8g		12	5			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		4,022	
i	Net income (loss) (subtract line 8h from line 8c)	8i					60,057	
j	Transfers to (from) the plan (see instructions)	8i			0			
Pai	t IV Plan Characteristics	<u> </u>						
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2R 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	asture cod	es from the List of Plan Chara	ctorieti	c Coc	les in t	he instructions:	
	in the plan provides welfare benefits, enter the applicable welfare to	sature cou	oo nom the Elot of Flam Offara.	otorioti	000	100 111 0	ine metactions.	
Par	V Compliance Questions					•		
10	During the plan year:				Yes	No	Amount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х		
c				10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
—е				100				
	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
	Did the plan have any participant loans? (If "Yes," enter amount a					Х		
<u> </u>	If this is an individual account plan, was there a blackout period? (10g				
	2520.101-3.)			10h		Х		
i								
Part	VI Pension Funding Compliance							
11								
11a	Enter the amount from Schedule SB line 39							
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver				and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012 Page 3 -								
	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 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?			es X N)				
	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 und of the PBGC?	der the o	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 which assets or liabilities were transferred. (See instructions.)	plan(s) t	to			·			
13c(1) Name of plan(s):				13c(2) EIN(s)) PN(s)			
Part	VIII Trust Information (optional)								
14a Name of trust					14b Trust's EIN				