Fo	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				е	2	2012	
	Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code).				This Form i	s Open to Public		
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-S						pection	
Part I		lentification Information		and anding 1	0/04/	2012		
	ar plan year 2012 or fisca				2/31/2			
	eturn/report is for:		1 1 9 1	an (not multiemployer)		a one-particip	oant plan	
B This re	eturn/report is:		e final return/report	kanat (lass than 10 m	ontho)			
	have if fills are shown in a		itomatic extension	/report (less than 12 mo	uns)	DFVC progra	m	
C Check	box if filing under:	special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	n					
1a Name					1b	Three-digit		
	CIALTY STAFFING, LLC					plan number		
					4 -	(PN)	001	
					10	Effective date o	•	
	sponsor's name and addre CIALTY STAFFING, LLC	ess; include room or suite number (emp	oloyer, if for a single-e	employer plan)	2b	Employer Identi (EIN) 20-20		
PO BOX 17	31				2c	Sponsor's telep		
EAGLE, ID 83616					2d	Business code ( 56130		
3a Plan a	administrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					20	A due in introduction		
					<b>3c</b> Administrator's telephone number			
4 If the	name and/or FIN of the n	lan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4h	EIN		
• • • • • •	e, EIN, and the plan numb	per from the last return/report.						
<u> </u>	sor's name				4c	PN		
_		the beginning of the plan year			5a		4	
		the end of the plan year			5b		0	
	· ·	count balances as of the end of the plan		•	5c		0	
6a Were	e all of the plan's assets d	luring the plan year invested in eligible a	assets? (See instruct	ions.)			X Yes No	
		e annual examination and report of an						
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot					X Yes No	
		incomplete filing of this return/repor						
		r penalties set forth in the instructions, I					able, a Schedule	
SB or Sch		signed by an enrolled actuary, as well a						
SIGN HERE	Filed with authorized/va	lid electronic signature.	10/15/2013	ROBERT GURGEL				
	Signature of plan adm		Date	Enter name of individu	ual sig	ning as plan adr	ninistrator	
SIGN Filed with authorized/valid electronic signature. 10/15/2013 ROBERT GURGEL								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's	name (including firm har	ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone	number (optional)	

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year
a Total plan assets	7a	4253	9		0
<b>b</b> Total plan liabilities	7b				0
C Net plan assets (subtract line 7b from line 7a)	7c	4253	9		0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)				
(2) Participants	8a(2)	1176	59		
(3) Others (including rollovers)	8a(3)				
<b>b</b> Other income (loss)	8b	-41	9		
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				11350
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5388	9		
e 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				53889
i Net income (loss) (subtract line 8h from line 8c)					-42539
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
2E       2G       2J       3D         b       If the plan provides welfare benefits, enter the applicable welfare for         Part V       Compliance Questions	eature codes	s from the List of Plan Chara	cteristic	Codes in	the instructions:
				Yes No	
<ul> <li>During the plan year:</li> <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 Fidu</li> </ul>			-	X	Amount
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	? (Do not in	clude transactions reported	10b	x	
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х	
<ul> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> </ul>	fidelity bond	d, that was caused by fraud	10c	х	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	ner persons	by an insurance carrier, ts under the plan? (See	10e	x	
f Has the plan failed to provide any benefit when due under the pla	n?		10f	Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	Х	
<ul> <li>h If this is an individual account plan, was there a blackout period?</li> <li>2520.101-3.)</li> </ul>	(See instruc	tions and 29 CFR	10g	×	
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			10i		
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	nplete S	Schedule S	B (Form
11a Enter the amount from Schedule SB line 39					
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	e or sec	tion 302 of	f ERISA? 🛛 Yes 🗙 N
Is this a defined contribution plan subject to the minimum funding	requirement				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.					
· · · · ·	, as applicat	ble.) d in this plan year, see instruc		and enter t	•
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. <b>a</b> If a waiver of the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for a prior year is being the minimum funding standard for	, as applicating amortized	ole.) d in this plan year, see instruc Mon			-

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 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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

10/14/2013 03:56 OCT 14 2013 1.4	2083781358 8PMRUDD & COMPANY	ELIT	E		PAGE 03/03			
Form 5500-SF					VO. 2734P. 3			
Department of the Treasury Internal Revenue Service		Benefit Plan			QMQ Nos. 1210-0110 1210-0089			
	ee	2012						
Employee Benefits Security Addition (the Code) (the Code) (the Code)					This Form Is Open to Public			
Pension Benglis Guaranty Corporation	➤ Complete all entries in accor				Inspection			
Annual Report Id	enutication information		denotes to the Form Sh	00-51				
For calendar plan year 2012 or fisca		01/01/2012	and ending		/31/2012			
A This return/report is for:		a multiple-employe	r plan (not multiemployer)		a one-participant plan			
B This return/report is:	the first return/report	the final return/repo	ort					
	an amended return/report	a short plan year re	turn/report (less than 12 n	nonthe)				
C Check box if filing under:		automatic extension	1		DFVC program			
Strong) 25-a	special extension (enter descriptio							
1a Name of plan	ation enter all requested infor	nation						
58 D					hree-digit			
ELITE SPECIALTY STAFF	ING, LLC				en number PN)► 001			
				10 E	ffective date of plan			
2a Plan sponsor's name and addre	ss; include room or suite number (e	mplover If for a sing	le.employer plan)		1/01/2010			
ELITE SPECIALTY STAFF	ING, LLC	sinployer, it los a sing	ie-eniployet pian)	(E	IN) 20-2046421			
PO BOX 1731				2c Sponsor's telephone number				
				(208) 378-1338 2d Business code (see instructions)				
US EAGLE 1D 83616					51300			
3a Plan administrator's name and a	3b Ad	Iministrator's EIN						
4 If the name and/or EIN of the pla	n spongor has changed since the la	ast retum/report filed	for this plan onter the	3c Ad	iministrator's telephone number			
narrie, Env, and the plan nutriber	from the last return/report,		for the plan, criter the		N			
a Sponsor's name				4C PM	1			
<ul> <li>5a Total number of participants at th</li> <li>b Total number of participants at th</li> </ul>	e beginning of the plan year			5a	4			
C Number of participants with acco	unt balances as of the end of the pl	lan year (defined ber	with plans do not	5b	0			
complete this item)	(IIII)	1		5c	0			
ba Were all of the plan's assets duri	ng the plan year invested in eligible	assets? (See instrue	ctions.)		XYes No			
	e instructions on waiver eligibility ar	nd conditions.)			XYes No			
Coutiens & cooply for the late of	Itne Ga or line 6b, the plan canno	t use Form 5500-SF	and must instead use F	onn 550	0.			
Caution: A penalty for the late or In	complete filing of this return/rep	ort will be assessed	d unless reasonable cau	se is est	ablished.			
Under penalties of perjury and other p SB or Schedule MB completed and si belief, it is true, correct, and complete	gried by an enrolled actuary, as we	ell as the electronic ve	e examined this return/report eraion of this return/report	oort, Inclu , and to t	iding, if applicable, a Schadule he best of my knowledge and			
SISTERNA / OA A	//	11.14.13	ROBERT GURGEL					
HERE Signature of plan administ	rator _	Date						
Date Enter name of individual signing as plan administrator           Date         Enter name of individual signing as plan administrator           Date         Constraints           Date         Enter name of individual signing as plan administrator           Date         Constraints           Date         Enter name of individual signing as plan administrator								
SERE Signature of employer/pla	sponsor	Date		clastre	as employer or plan sponsor			
Preparer's name (including firm name			er (optional)		a telephone number (optional)			
For Paperwork Reduction Act Notic	e and OMB Control Numbers, see	the instructions fo	or Form 5500-SF.	uncession (California)	Form 5500-SF (2012)			

Form 5500-SF (2012) v.120126

## Part III Financial Information

7 I	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of	Year
	Total plan assets	7a	42,53			. /	0
	Total plan liabilities	7b					0
	Net plan assets (subtract line 7b from line 7a)	7c	42,53	39			0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	
5-11 Jan 19	Contributions received or receivable from:		(4)	in the		(	
	(1) Employers	8a(1)		1			and the second of the
	(2) Participants	8a(2)	11,76	59		Carlo	
1	(3) Others (including rollovers)	8a(3)		23	125		
b	Other income (loss)	8b	(419	<del>)</del> )		de la della	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11,350
	Benefits paid (including direct rollovers and insurance premiums		53,88				
	to provide benefits)	8d	55,00	,,,			
	Certain deemed and/or corrective distributions (see instructions)	8e		100			
<u>t</u> /	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g			10 19 19 19	and the state	A she was a second second
h <sup>-</sup>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A PERSONAL PROPERTY AND	-			53,889
i	Net income (loss) (subtract line 8h from line 8c)	8i		111			(42,539)
<u> </u>	Transfers to (from) the plan (see instructions)	8j			2		Contraction of the second
Pa	rt IV Plan Characteristics						
bI	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	ristic Coo	les in the	e instruction	IS:
	rt V Compliance Questions						1
Pai	rt V Compliance Questions			Ye	s No	A	mount
Pai 0		tions withir	the time period described in ction Program)	Ye 10a	s No X	A	mount
Pai 0	During the plan year: Was there a failure to transmit to the plan any participant contribut	iary Correct ? (Do not in	ction Program)			A	mount
Pai 0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 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?	iary Correct ? (Do not ir	ction Program)	10a	x	A	mount
Pai 0 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 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.)	iary Correct ? (Do not in fidelity bon	ction Program) nclude transactions reported  d, that was caused by fraud	10a 10b	x x	A	mount
Pai 0 a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 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	iary Correct ? (Do not in fidelity bon her persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	x x x	A	mount
Pai 0 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 of	iary Correct ? (Do not in fidelity bon her persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d	x x x x	A	mount
Pai 0 a b c d d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 of instructions.) Has the plan failed to provide any benefit when due under the plan	iary Correct ? (Do not in fidelity bon the persons of the bene	ction Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10a 10b 10c 10d 10d 10e 10f	x x x x x	A	mount
Par 0 a b c d d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 or 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 and If this is an individual account plan, was there a blackout period? (If	iary Correct ? (Do not in fidelity bon er persons of the bene n? s of year e See instru	ction Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, fits under the plan? (See  nd.) ctions and 29 CFR	10a 10b 10c 10d 10e	x x x x x x x	A	mount
Par l0 a b c d d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 of 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.)	iary Correct (Do not in fidelity bon fidelity bon fidelity bon fithe bene s of year e See instru ne required	ction Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, fits under the plan? (See  nd.) ctions and 29 CFR	10a 10b 10c 10d 10e 10f 10g	x x x x x x x x x x x	A	mount
Par 0 a b c d d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 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 or 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 and 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	iary Correct (Do not in fidelity bon fidelity bon fidelity bon fithe bene s of year e See instru ne required	ction Program) nclude transactions reported d, that was caused by fraud s by an insurance carrier, fits under the plan? (See  nd.) ctions and 29 CFR	10a 10b 10c 10d 10d 10e 10f 10g 10h	x x x x x x x x x x x	A	mount
Par 0 a b c d d e f g h h i	During the plan year:         Was there a failure to transmit to the plan any participant contribut         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?         Was 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 or instructions.)         Has the plan have any participant loans? (If "Yes," enter amount and 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         totl       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	iary Correct ? (Do not in fidelity bon her persons of the bene a? See instru he required I-3	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and comp	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	x x x x x x x x x x edule SE	3 (Form	
Par 0 a b c d e f g h i Par 11	During the plan year:         Was there a failure to transmit to the plan any participant contribut         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 or instructions.)         Has 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         to VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	iary Correct ? (Do not in fidelity bon ber persons of the bene ar? s of year e See instru he required I-3 hents? (If "	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and comp	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	x x x x x x x x x x x edule SB	3 (Form	
Par 0 a b c d e f g h i 11 11a	During the plan year:         Was there a failure to transmit to the plan any participant contribut         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?         Was 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 or instructions.)         Has the plan have any participant loans? (If "Yes," enter amount and 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         totl       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem	iary Correct ? (Do not in fidelity bon er persons of the bene s of year e See instru ne required I-3	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See  nd.) ctions and 29 CFR notice or one of the Yes," see instructions and comp	10a 10b 10c 10d 10d 10f 10g 10h 10i plete Sch	x x x x x x x x x x x x 11a	3 (Form	Yes X No
Par IO a b c d d e f g h i I Par 11	During the plan year:         Was there a failure to transmit to the plan any participant contribut         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 have any participant loans? (If "Yes," enter amount and 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         to Yl       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         a Enter the amount from Schedule SB line 39	iary Correct (Do not in fidelity bon er persons of the bene s of year e See instru ne required 1-3 ments? (If " requireme a s applica	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the Yes," see instructions and comp nts of section 412 of the Code of able.) ed in this plan year, see instruct	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i plete Sch or section tions, and	x x x x x x x x x x x x x x x x x x x	3 (Form ERISA?	Yes X No
Par 10 a b c d d e f f 9 h i 11 11a 12 a	During the plan year:         Was there a failure to transmit to the plan any participant contribut         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?         Was 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 or 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         t VI       Pension Funding Compliance         Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)         A 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 being the subject to the minimum funding	iary Correct (Do not in fidelity bon er persons of the bene s of year e See instru ne required 1-3 ments? (If " requireme as application ng amortize	ction Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i plete Sch or section tions, and	x x x x x x x x x x x x x x x x x x x	B (Form ERISA? he date of th	Yes X No

Form 5500-SF 2012

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 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 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?	ΧY	es 🗌	] No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?			X Yes	5 🗌 No
	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.)	þ			
1:	tc(1) Name of plan(s): 13c	(2) EIN	(s)	13c	(3) PN(s)
Part	VIII Trust Information (optional)				
		12.22			

14a Name of trust	14b Trust's EIN

NO. 2734 P. 2

## 5500-SF Electronic Filing Authorization

 Plan Name:
 ELITE SPECIALTY STAFFING, ELC

 EIN/PN:
 20-2046421/001

 Plan Year:
 01/01/2012 - 12/31/2012

I hereby authorize Rudd and Company PLLC to electronically file the above return with the US Department of Labor's Electronic riling acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Flan Administrator X (sign 10.14.13

(date)

Plan Sponsor (sign)

<u>/0 · 14 · 13</u> (date)