Fo	rm 5500-SF	Short Form Annual R	•	of Small Employ	yee		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 Emplo						2012		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 603 Employee Benefits Security Administration the Internal Revenue Code (the Code).						8(a) of This Form is Open to Publi			
Pension B	enefit Guaranty Corporation	0-SF.	Ins	spection					
Part I		entification Information			0/04/				
	lar plan year 2012 or fisca	al plan year beginning 01/01/201.			2/31/				
	turn/report is for:			olan (not multiemployer)		a one-partici	oant plan		
B This re	turn/report is:	the first return/report	the final return/report						
0				rn/report (less than 12 m	onths	-			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
Part II	Basic Plan Inform	nation—enter all requested information	,						
1a Name		nation —enter all requested informa-			1b	Three-digit			
	PPLY CO. RETIREMENT	PLAN				plan number			
					1.	(PN) ▶	001		
					TC	Effective date o 12/30	•		
2a Plan s ROYAL SU		ess; include room or suite number (e	mployer, if for a single	e-employer plan)	2b	Employer Identi			
					2c	Sponsor's telep			
70 FRANKL BROOKLYN	N, NY 11205				2d	Business code (42499	see instructions)		
	administrator's name and			n Sponsor Address	3b	Administrator's			
ROYAL SUPI	PLY CO.	70 FRANKLIN BROOKLYN, N			3c		telephone number		
name	, EIN, and the plan numb	lan sponsor has changed since the l er from the last return/report.	ast return/report filed	for this plan, enter the		EIN			
<u> </u>	or's name	the beginning of the plan war				PN			
		the beginning of the plan year the end of the plan year			5a		2		
		count balances as of the end of the			5b		2		
					5c		2		
	•	luring the plan year invested in eligib	,	,			X Yes 🗌 No		
		e annual examination and report of a See instructions on waiver eligibility					X Yes 🗌 No		
		er line 6a or line 6b, the plan cann							
Caution:	A penalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ise is	established.			
SB or Sch		r penalties set forth in the instruction signed by an enrolled actuary, as we te.	·			0/ 11	'		
SIGN	Filed with authorized/va	lid electronic signature.	10/15/2013	MOSES BODEK					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	dividual signing as plan administrator				
SIGN									
HERE	Signature of employe		Date	Enter name of individe					
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite numb	er (optional)	Prep	oarer's telephone	number (optional)		
For Paperu	ork Poduction Act Notico	and OMB Control Numbers see the ins	tructions for Form 5500				Form 5500-SE (2012)		

7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year	
a Total plan assets	7a	85365	7		940603	
b Total plan liabilities	7b		0	0		
C Net plan assets (subtract line 7b from line 7a)	7c	85365	7	940603		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total	
a Contributions received or receivable from:	0-(4)	E190				
(1) Employers	8a(1)	51800	J			
(2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)	7460	0			
b Other income (loss)	8b	7468	0		100.100	
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c				126486	
to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g	3954	D			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				39540	
i Net income (loss) (subtract line 8h from line 8c)	8i				86946	
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature compliance Questions	eature codes	rom the List of Plan Charac	teristic (Codes in the	e instructions:	
Part V Compliance Questions 10 During the plan year:				es No	A	
a Was there a failure to transmit to the plan any participant contribu		e time period described in			Amount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest			100	X		
	? (Do not incl	ion Program) ude transactions reported	10a	x x		
on line 10a.)	? (Do not incl	ion Program) ude transactions reported	10b	X		
on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl	ion Program) ude transactions reported				
 on line 10a.) C 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 incl	ion Program) ude transactions reported that was caused by fraud	10b	X		
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's 	? (Do not incl fidelity bond, ner persons b of the benefits	ion Program) ude transactions reported that was caused by fraud / an insurance carrier, under the plan? (See	10b 10c	X X		
 on line 10a.) C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or any brokers. 	? (Do not incl fidelity bond, ner persons b of the benefits	ion Program) ude transactions reported 	10b 10c 10d	x x x x		
 on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan 	? (Do not incl fidelity bond, her persons b of the benefits n?	ion Program) ude transactions reported that was caused by fraud / an insurance carrier, under the plan? (See	10b 10c 10d 10d 10e 10f	x x x x x x		
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 	? (Do not incl fidelity bond, ner persons b of the benefits n? is of year end. (See instruction	ion Program) ude transactions reported 	10b 10c 10d 10e	x x x x x x x x		
 on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 	? (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See)	10b 10c 10d 10d 10e 10f 10g	x x x x x x x x x x		
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 on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl fidelity bond, ner persons by of the benefits n? is of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See)	10b 10c 10d 10d 10e 10f 10g 10h 10h	X X X X X X X X hedule SB (
 on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See)	10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X hedule SB (
 on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl fidelity bond, ner persons by of the benefits n? s of year end. (See instruction he required not 1-3 hents? (If "Yes	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X hedule SB (Yes N	
 on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl fidelity bond, ner persons by of the benefits n?	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See)	10b 10c 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X hedule SB (Yes N	
 on line 10a.)	? (Do not incl fidelity bond, ner persons by of the benefits n?	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10d 10d 10d 10f 10g 10h 10i or sections, all	X X X X X X X X hedule SB (11a on 302 of El	Yes N	
 on line 10a.) C Was the plan covered by a fidelity bond?	? (Do not incl fidelity bond, ner persons b of the benefits n? s of year end (See instruction he required not 1-3	ion Program) ude transactions reported that was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10d 10d 10d 10f 10g 10h 10i or sections, all	X X X X X X X X X X X X X Image: A state of the stat	RISA? X Yes N date of the letter ruling	

С	Ente	r the amount contributed by the employer to the plan for this plan year		12c			51800	
d	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)						0	
е		he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	X N/A	
Part	art VII Plan Terminations and Transfers of Assets							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?		Y	′es X I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			er the c	ontrol		Y	es X No	
С	C 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):	13	Bc(2) El	N(s)	130	:(3) PN(s)	
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Fo	rm 5500-SF	Short Form Annual Re	turn/Report enefit Plan	of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	This form is required to be filed u	and 4065 of the Employe	e	2012					
Employee E	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 19 the Internal F								
Pension B	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		dentification Information				Sec. 18				
For calend	lar plan year 2012 or fisc		01/2012	and ending	1	.2/31/2012				
	tum/report is for:	-	multiple-employer	plan (not multiemployer)] a one-participant plan				
D misre	Cumreport is:		100 C	rn/report (less than 12 m	onthe)					
C. Chark	box if filing under:	=	utomatic extension	inneport (less than 12 m	oniins) L	DFVC program				
special extension (enter description)						J DPVC program				
Part II	Basic Plan Inform	nation-enter all requested information								
1a Name	The second se	nation-enter all requested information	011		1h т	Three-digit				
	SUPPLY CO. RET:	IREMENT PLAN			р	Ilan number PN) ► 001				
					1C E	Effective date of plan 2/30/1978				
	ponsor's name and addr SUPPLY CO.	ess; include room or suite number (emp	ployer, if for a single	e-employer plan)	2b Employer Identification Number					
	NKLIN AVE				(EIN) 13-2959185 2c Sponsor's telephone number					
					718-875-4666 2d Business code (see instructions)					
BROOKL		NY 11205				24990				
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address ROYAL SUPPLY CO.						dministrator's EIN 3-2959185				
70 FRANKLIN AVE					00000-11200	dministrator's telephone number 18-875-4666				
BROOKL	4000 C	NY 11205	hillion and the Armonia	Harris Margaret	<u>, 1</u>					
name		plan sponsor has changed since the last per from the last return/report.	t return/report filed f	or this plan, enter the	4b E 4c P					
-	and the second se	the beginning of the plan year			5a					
1201 Contraction		the end of the plan year			5b	2				
		count balances as of the end of the plan		tool of the set in the set of the set of the	ac	2				
					5c	2				
		luring the plan year invested in eligible a				X Yes 🗌 No				
under	29 CFR 2520.104-46? (ne annual examination and report of an See instructions on waiver eligibility and	d conditions.)							
		er line 6a or line 6b, the plan cannot incomplete filing of this return/repor								
Under pena SB or Sche	alties of periury and other	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have	examined this return/rep	ort, inclu	uding, if applicable, a Schedule				
SIGN	M-A-		10/14/13	MOSES BODEK						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signir	ng as plan administrator				
SIGN		1								
HERE	Signature of employe		Date			ng as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; include n	oom or suite numbe	er (optional)	Prepare	er's telephone number (optional)				
			541 T							
For Paperwo	ork Reduction Act Notice a	IND OMB Control Numbers, see the instruct	ctions for Form 5500-	SF.		Form 5500-SF (2012) v. 120126				

Form 5500-SF 2012

a Total plan assets 7a 853657 b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 853657	nd of Year 940603 0 940603 1 Total 126486 126486 39540
b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 7c 853657 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (a) Amount (b) (1) Employers 8a(1) 51800 (2) Participants 8a(2) (a) (3) Others (including rollovers) 8a(3) (b) (b) Others (including direct rollovers and insurance premiums to provide benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 6 (2) Other expenses 8g 39540 (c) (1) Transfers to (from) the plan (see instructions) 8e (c) (c) (2) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) (c) (1) Transfers to (from) the plan (see instructions) 8e (c) (c) (c) (2) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) (c) (c) (3) If the plan provides pension benefits, enter the applicable pension feature codes from the List of	0 940603 Total 126486
c Net plan assets (subtract line 7b from line 7a) 7c 853657 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 51800 (2) Participants 8a(2) (a) (3) Others (including rollovers) 8a(3) (b) (b) Dene fils paid (including direct rollovers and insurance premiums to provide benefits) and (including direct rollovers and insurance premiums to provide benefits) 8d (c) g Other expenses 8g 39540 (c) h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) (c) i The plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructors) 8j Part IV Plan Characteristics 8j (c) 9a If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructors 10a 2C 3B 3D (d) (d) b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructors 10a X <td>17otal 126486</td>	17otal 126486
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: 8a(1) 51800 (1) Employers 8a(2) 8a(3) (2) Participants 8a(3) 8a(3) (3) Others (including rollovers) 8a(3) 8b 74686 (4) Boenefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 6 (5) Other spenses 8g 39540 8c (7) Administrative service providers (salaries, fees, commissions) 8f 9 9540 (7) Plan Characteristics 8g 39540 9 9 (7) Plan Characteristics 8j 9 9 9 (7) Plan Characteristics 8j 9 9 9 (8) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru 2C 3B 3D 9a If the plan pare: Yes No 10a X 10 During the plan year: Yes No	17otal 126486
a Contributions received or receivable from: (a) (b) (c) (1) Employers 8a(1) 51.800 (c) (2) Participants 8a(2) (c) (c) (3) Other income (loss) 8a(3) (c) (c) (a) Other income (loss) 8b 74.686 (c) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) (a) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d (c) (c) (a) Contracter (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (c) (c) (c) (b) provide benefits (c) formon (loss) 8d (c) (c) (c) (c) provide benefits (c) formon (loss) (c) formon (los	126486
(1) Employers 8a(1) 51800 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8a(3) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d g Other expenses 8g g Other expenses 8g g Other expenses 8g g Other expenses 8g g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruct 2C 3B 3D Part IV Plan Characteristics 9a If the plan provides velfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruct 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruct 2C 3B 3D 10 During the plan year: Yes 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) 10a X a Was there a nan onexempt transactions with any party-in-i	
(2) Participants. Ba(2) (3) Others (including rollovers). Ba(3) b Other income (loss) Ba(2), Ba(3), and Bb) Ba c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Ba d Benefits paid (including direct rollovers and insurance premiums to provide benefits) Bd e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses Bg g Other expenses 8g i Net income (loss) (subtract line Bh from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructor 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructor 2C 3B 3D c Mas 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X	
(3) Others (including rollovers)	
b Other income (loss) 8b 74686 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 8d e Certain deemed and/or corrective distributions (see instructions) 8e 8d 74686 f Administrative service providers (salaries, fees, commissions) 8f 74686 74686 g Other expenses 8g 39540 74686 74686 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 74686 74686 74686 g Other expenses 8g 39540 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686 74686	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions)	
to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g 39540 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 i Net income (loss) (subtract line 8h from line 8c) 8i 1 j Transfers to (from) the plan (see instructions) 8j 1 Part IV Plan Characteristics 8j 1 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructor 2C 3B 3D 1 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructor 2C 3B 3D 1 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructor 2 3B 3D 10 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	39540
f Administrative service providers (salaries, fees, commissions)	39540
g Other expenses 8g 39540 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i 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 codes from the List of Plan Characteristic Codes in the instru 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru Part V Compliance Questions 10 During the plan year: Yes 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c 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 fidelity bond, that was caused by fraud or dishonesty? 10d X	39540
g Other expenses 8g 39540 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 8j 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru Part V Compliance Questions 10 During the plan year: 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c 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 fidelity bond, that was caused by fraud or dishonesty? 10d X	39540
i Net income (loss) (subtract line 8h from line 8c)	39540
j Transfers to (from) the plan (see instructions)	Name of Contract o
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru Part V Compliance Questions 10 During the plan year: Yes 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)	86946
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instru 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru Part V Compliance Questions 10 During the plan year: Yes 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)	
Part V Compliance Questions 10 During the plan year: Yes No 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)	
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)	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Anount
on line 10a.) 10b X c 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 fidelity bond, that was caused by fraud or dishonesty? 10d X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
or dishonesty?	
A Ware any leas or commissions haid to any brakers, another or other persons by an insurance corrier	
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan? 10f X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i 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	
Part VI Pension Funding Compliance	to be apprendiced and the second s
11 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 11a	Yes No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	Yes No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of granting the waiver	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	X Yes No
b Enter the minimum required contribution for this plan year	X Yes No

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C Enter the amount contributed by the employer to the plan for this plan year		12c			51800
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)	а	12d			0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 1	X N/A
Part VII Plan Terminations and Transfers of Assets			_		- (a 1.)
13a Has a resolution to terminate the plan been adopted in any plan year?		Y	es X	40	
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 un of the PBGC?				Yes	X No
C 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.)					
13c(1) Name of plan(s):	13	c(2) Ell	V(s)	13c(3) PN(s)
				-	
Part VIII Trust Information (optional)					
14a Name of trust			14b Trust's EIN		
			and the state of the state		