Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan							OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	<b>B</b> This form is required to be filed	ł	2	2012					
	partment of Labor enefits Security Administration	a) of	of This Form is Open to Public							
Employee Benefits Security Administration       This Form is Open to Inspection         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		entification Information								
For calenda	ar plan year 2012 or fisca			and ending 12	2/31/2	2012				
A This ret	urn/report is for:			lan (not multiemployer)		a one-particip	ant plan			
B This ret	urn/report is:		the final return/report							
		an amended return/report	short plan year return	n/report (less than 12 mo	nths)	-				
C Check b	box if filing under:	✓ Form 5558	automatic extension		DFVC program					
		special extension (enter description								
Part II		nation—enter all requested informat	tion		41					
1a Name		EMPLOYEES' SAVINGS PLAN			10	Three-digit plan number				
						(PN) ▶	001			
					1c	Effective date of	plan			
						01/01/				
	consor's name and addre	ess; include room or suite number (en , INC.	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 59-047				
5320 INTERBAY BOULEVARD						Sponsor's teleph 813-831				
TAMPA, FL 33611-4136						Business code (s 81300	,			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN				
		—		_	0		elephone number			
		lan sponsor has changed since the la er from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN				
a Sponse		•			<b>4c</b> PN					
5a Total number of participants at the beginning of the plan year					5a		89			
<b>b</b> Total r	number of participants at	the end of the plan year			5b		77			
	· ·	count balances as of the end of the pla			5c		41			
		uring the plan year invested in eligible					X Yes No			
<b>b</b> Are yo under	ou claiming a waiver of th 29 CFR 2520.104-46? (	e annual examination and report of a See instructions on waiver eligibility a	n independent qualifiend conditions.)	ed public accountant (IQP	PA)		X Yes No			
lf you	answered "No" to eith	er line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use F	orm	5500.				
		incomplete filing of this return/repo								
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as wel te.								
SIGN Filed with authorized/valid electronic signature. 10/15/2013 MAUREEN CREWS				MAUREEN CREWS	3					
HERE	Signature of plan adn	Date	Enter name of individual signing as plan administrator							
SIGN										
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer					r or plan sponsor					
Preparer's		ne, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets	. 7a	79644	6			967462		
<b>b</b> Total plan liabilities	. 7b	60	6		652			
C Net plan assets (subtract line 7b from line 7a)	7c	79584	0		966810			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:		4700						
(1) Employers	. 8a(1)	1708		_				
(2) Participants	8a(2)	12454	c					
(3) Others (including rollovers)	8a(3)	10040	0	_				
<b>b</b> Other income (loss)	8b	12316	0			00.170.1		
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c			_		264794		
to provide benefits)	8d	8149	0					
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	12334						
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					93824		
i Net income (loss) (subtract line 8h from line 8c)	8i					170970		
<b>j</b> Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
2E       2F       2G       2J       2K       2T       3D         b       If the plan provides welfare benefits, enter the applicable welfare fe         Part V       Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Coc	les in th	ne instructions:		
10 During the plan year:				Yes	No	Amount		
<ul> <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>			10a		X	Amount		
<ul> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	t? (Do not incl	lude transactions reported	10b		x			
<b>C</b> Was the plan covered by a fidelity bond?			10c	Х		500000		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's					х	300000		
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.)	ner persons by of the benefits	y an insurance carrier, s under the plan? (See	10e	x		7010		
${f f}$ Has the plan failed to provide any benefit when due under the plan?					Х			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10g 10h		x			
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)	nents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form		
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection :	302 of E	ERISA? 🛛 Yes 🗙 No		
(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 beir granting the waiver.				, and e	enter the Day	e date of the letter rulingYear		
		Mon		, and e		÷		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No		
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No	
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): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Image: Circle of the space	pen to Public tion plan 001 n 
Employee Bawdit Socurity Administration Paration Bandit Quaranty Corporation       the Internal Revenue Code (the Code).       This Porm is Coperation         Part II       Annual Report Identification Information       and ending       12/31/2012         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant p         B This return/report is:       the first return/report       the first return/report       a diffication provide a short plan year return/report (less than 12 months)         C Check box if filing under:       Special extension (enter description)       automatic extension       DFVC program         1a Name of plan       mame and address; include room or suite number (employer, if for a single-employer plan)       1b Three-digit plan number of 0/0/1/1997         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification (Enty 6-0476000)         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       3c Administrator's telephone of 33a Plan administrator's name and address [X]Same as Plan Sponsor Name       Same as Plan Sponsor Address         34       If the name and/or ELN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ELN, and the plan number from the last return/report.       3b Administrator's telephone of participants at the edgining of the plan year.       5a         54	plan 001 n ion Number 0 e number i11
Part 1       Annual Report Identification Information         For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan year segundary plan year return/report       a dending       12/31/2012         A This return/report is:       In the first return/report       a short plan year return/report (less than 12 months)       Image: complex plan wear return/report (less than 12 months)       DFVC program         C Check box if filing under:       Form 5558       automatic extension       DFVC program         generation       special extension (enter description)       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN)         12       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1       C Exponsor's telephone (Bill)         22       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2       2         13a Plan administrator's name and address       Same as Plan Sponsor Address       3       Administrator's telephone (Bill)         5320 Interbav Boulevard       Imamoa, FL 33611-4136       3       3       Administrator's telephone (Bill	001 n ion Number 0 e number i11
For calendar plan year 2012 or fiscal plan year beginning       01/01/2012       and ending       12/31/2012         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant p         B This return/report is:       it the first return/report       a short plan year return/report (less than 12 months)       C Check box if filing under:       M Form 5558       a utomatic extension       DFVC program         C Check box if filing under:       M Form 5558       automatic extension       DFVC program       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) / 00         1a Name of plan       Ib Three-digit plan number (PN) / 00       Ic Effective date of plan Ol101/1997       00         24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer lemitfication (EIN) 59-0476030         2c Sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer lemitfication (EIN) 59-0476030         3a Plan administrator's name and address (Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's teleph align number (employer, if for a single-employer plan)         3a Plan administrator's name and address (Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's teleph align on the last return	001 n ion Number 0 e number i11
A This return/report is for:       is a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan (not multiemployer)         B This return/report       is the first return/report       is a short plan year return/report (less than 12 months)         C Check box if filing under:       Image: Second secon	001 n ion Number 0 e number i11
B       This return/report is:       the first return/report       a short plan year return/report (less than 12 months)         C       C Check box if filing under:       A Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       Ib       Three-digit plan number (PN) b       00         1a       Name of plan       Ib       Three-digit plan number (PN) b       00         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identificatio (EN) 59-0470030         320       Interbav Boulevard       (B)       Same as Plan Sponsor Address       3b       Administrator's telephone (813) 831-161         3320       Interbav Boulevard       Same as Plan Sponsor Address       3b       Administrator's telephone (813) 831-161         34       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone (813) 821-61         354       Total number of participants at the beginning of the plan year.       5a       5a       5a         36       Total number of participants at the dot the plan year.       5a       5b       5b         36       Nathe of the plan year.       5a	001 n ion Number 0 e number i11
an amended return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558         gecial extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) ▶         1a Name of plan       1b Three-digit plan number (PN) ▶         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identificatio (EN) 59-0476030         320 Interbay Boulevard       anga_FL 33611-4136       2c Sponsor's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's telephone (813) 831-161         33 Plan administrator's name and address [Same as Plan Sponsor Name [Same as Plan Sponsor Address]       3b Administrator's telephone (813) 831-161         34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone (813) 831-161         35a Total number of participants at the beginning of the plan year.       5a       5a         54 Total number of participants at the end of the plan year.       5a       5a         55 Total number of participants at the end of the plan year.       5a       5b         55 Total number of participants with accocount balances as of the end of the plan year.       5a<	n ion Number 0 e number 511
C       C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN)       00         1a Name of plan       1b       Three-digit plan number (PN)       00         1c       Effective date of plan 0/0/0/11/1997       00         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) annot 0/0/11/1997       2b       Employer Identificatic (EIN) 59-0476030         320       Interbay Boulevard       (EIN)       59-0476030       2c       Sponsor's telephone (813) 831-161         33a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's telephone (813) 831-161         34       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone (4c PN)         5a       Total number of participants at the beginning of the plan year.       5a       5a       5a         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not       5b       5b	n ion Number 0 e number 511
Special extension (enter description)  Part II Basic Plan Information—enter all requested information Ia Name of plan ampa Yacht & Country Club Employees' Savings Plan  Ib Three-digit plan number (PN)  Ic Effective date of plan 01/01/1997 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ampa Yacht & Country Club, Inc.  2b Employer Identificatio (EIN) 59-0476030 2c Sponsor's telephone (313) 831-161 2d Business code (see in 813000 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's teleph 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year	n ion Number 0 e number 511
Part II       Basic Plan Information—enter all requested information         1a Name of plan ampa Yacht & Country Club Employees' Savings Plan       1b Three-digit plan number (PN) >         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ampa Yacht & Country Club, Inc.       2b Employer Identificatio (EIN) 59-0476030         2b Imployees' Savings Plan       2b Employer Identificatio (EIN) 59-0476030       2c Sponsor's telephone (813) 831-161         320 Interbav Boulevard       3c Administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address         3a Plan administrator's name and address Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's telephone (813) 831-161         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone (3a Total number of participants at the beginning of the plan year	n ion Number 0 e number 511
1a Name of plan ampa Yacht & Country Club Employees' Savings Plan       1b Three-digit plan number (PN) ▶       0//0/// 1c Effective date of plan 01/01//1997         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ampa Yacht & Country Club, Inc.       2b Employer Identificatio (EIN) 59-0476030         320 Interbay Boulevard ampa, FL 33611-4136       2d Business code (see in 813000       2c Sponsor's telephone (813) 831-161         3a Plan administrator's name and address ∑Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c Administrator's telephone (813)         a Sponsor's name       4c PN         5a       5b         c Number of participants at the end of the plan year	n ion Number 0 e number 511
ampa Taoh d oodnity club Employees davings Plant       (PN) ▶       00         1c       Effective date of plan 01/01/1997         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ampa Yacht & Country Club, Inc.       2b       Employer Identificatio (EIN) 59-0476030         320       Interbay Boulevard       2c       Sponsor's telephone (813) 831-161         320       Interbay Boulevard       2d       Business code (see in 813000         3a       Plan administrator's name and address       Same as Plan Sponsor Address       3b         3b       Administrator's telephone (813) 831-161       3c       Administrator's telephone         3a       Plan administrator's name and address       Same as Plan Sponsor Address       3b       Administrator's telephone         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone         3c       Administrator       4c       PN         3a       Total number of participants at the end of the plan year.       5a       5b         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not       5b       5b <td>n ion Number 0 e number 511</td>	n ion Number 0 e number 511
22       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ampa Yacht & Country Club, Inc.       2b       Employer Identification (EIN) 59-0476030         22.0       Distribution (EIN) for a single-employer plan) ampa, FL 33611-4136       2c       Sponsor's telephone (813) 831-161         22.0       Business code (see in 813000)       3b       Administrator's EIN         32.0       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3c       Administrator's telephone (813) 81.161         32.0       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone (813) 81.161         33.0       Total number of participants at the end of the plan year.       5a       5b         35.0       C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not       5b	n ion Number 0 e number 511
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification (EIN) 59-0476030         2c       Sponsor's telephone (813) 831-161       2d       Business code (see in 813000)         320 Interbay Boulevard       3b       Administrator's EIN         3ampa, FL 33611-4136       3b       Administrator's telephone (813) 831-161         3ampa, FL 33611-4136       3b       Administrator's telephone (813) 831-161         3ampa, FL 33611-4136       3b       Administrator's telephone (813) 831-161         3a       Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address         3b       Administrator's telephone (813) 831-161       3b       Administrator's telephone (813) 831-161         3c       Administrator's telephone (813) 831-161       3c       Administrator's telephone (813) 831-61         3c       Administrator's telephone (813) 831-61       3c       Administrator's telephone (813) 831-61         3c       Administrator's telephone (813) 831-61       3c       Administrator's telephone (813) 831-61         4d       ElN       3c       Administrator's telephone (813) 831-61       3c         4d       ElN       3c       Administrator's telephone (810)       3c         5a       5a	ion Number 0 e number 11
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identificatio         ampa Yacht & Country Club, Inc.       2b       Employer Identificatio       (EIN)       59-0476030         320 Interbav Boulevard       2d       Business code (see in 813000)       2c       Sponsor's telephone       (813) 831-161         320 Interbav Boulevard       3b       Administrator's name and address       XISame as Plan Sponsor Name       Same as Plan Sponsor Address       3b       Administrator's EIN         3a       Plan administrator's name and address       XISame as Plan Sponsor Name       Same as Plan Sponsor Address       3c       Administrator's telephone         4       b       EIN       3c       Administrator's telephone       4b       EIN         3c       Administrator's telephone       4c       PN       5a       5b       5b         5       5       5       5       5       5       55       5	ion Number 0 e number 11
320 Interbav Boulevard       2c Sponsor's telephone (813) 831-161         32d Business code (see in 813000         3ampa, FL 33611-4136         3a Plan administrator's name and address X Same as Plan Sponsor Name         Same as Plan Sponsor Address         3b Administrator's EIN         3c Administrator's telephone name, EIN, and the plan number from the last return/report.         a Sponsor's name         a Total number of participants at the beginning of the plan year	e number 11
320 Interbay Boulevard       (813) 831-161         2d Business code (see in 813000         3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address       3b Administrator's EIN         3c Administrator's teleph         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         4 Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year	511
ampa. FL 33611-4136       813000         ampa. FL 33611-4136       3b Administrator's EIN         a Plan administrator's name and address X Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         a Plan administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         a Total number of participants at the beginning of the plan year	
a Plan administrator's name and address       Same as Plan Sponsor Name       Same as Plan Sponsor Address       3b Administrator's EIN         a Plan administrator's name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN       4c PN         a Total number of participants at the beginning of the plan year	instructions)
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         a Sponsor's name       4c PN         a Total number of participants at the beginning of the plan year       5a         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       5b	
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year	
5a       5a         b       Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	89
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	77
complete this item)	41
3a 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)	1
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Yes    No
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. Jnder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a	a Schedule
BB 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, it is true, correct, and complete.	
SIGN Mauree Crews Maureen Crews	
HERE Signature of plan administrator Date Enter name of individual signing as plan administra	
IGN	rator
IERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or pl	rator
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone numb	plan sponsor
	plan sponsor
or Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF. Form 5	plan sponsor

Form 5500-SF 2012

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Part III   Financial Information							
7 Plan Assets and Liabilities (a) Beginning of Yea				(b) End of Year			
						967462	
b Total plan liabilities						652	
C Net plan assets (subtract line 7b from line 7a)						966810	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>			(b) Total	
a Contributions received or receivable from:		(a) Anount		-			
(1) Employers							
(2) Participants	8a(2)	12454	5				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					264794	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8149	190				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f	1233	4				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					93824	
i Net income (loss) (subtract line 8h from line 8c)	8i					170970	
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics		· · · · · · · · · · · · · · · · · · ·					
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instructions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Co	des in tl	ne instructions:	
Part V Compliance Questions							
10 During the plan year:				Yes	No	Amount	
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			10a		x		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x		
C Was the plan covered by a fidelity bond?			10c	x		500000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)</li> </ul>				x		7010	
f Has the plan failed to provide any benefit when due under the plan?					x		
g Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	nd.)	10f 10g		x		
<ul> <li>If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> </ul>	See instru	ctions and 29 CFR	10g		x	illen in an	
<ul> <li>If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10<sup>-1</sup></li> </ul>	ne required	notice or one of the	10i				
Part VI Pension Funding Compliance						energi - An - adarika kana minana manana manana a	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the amount from Schedule SB line 39					11a	- <u></u>	
12 Is this a defined contribution plan subject to the minimum funding			*****			ERISA? Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u>i u io</u>	
<ul> <li>a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.</li> </ul>	ig amortize	ed in this plan year, see instruc		, and e	enter the Day	e date of the letter ruling Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule							
					12b		
<b>b</b> Enter the minimum required contribution for this plan year	************	***************************************	*********				

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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	<u> </u>	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	۱ 🗌 ۱	res 🗶 N	0	
******	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?			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.)				
1	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊺r	rust's EIN		