Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

. 0	cion Bonom Guaranty Corpo.		Complete all entries in	ı accordanc	e with the instruc	tions to the Form 5	000-5F.		
Par	t I Annual Rep	port Ide	entification Information	on					
For ca	alendar plan year 2013	3 or fiscal	plan year beginning 01,	/01/2013		and ending	12/31/	2013	
A Th	nis return/report is for:	X	a single-employer plan	a mı	ultiple-employer pla	an (not multiemploye	.)	a one-partici	pant plan
B Th	nis return/report is:		the first return/report	the f	final return/report				
		П	an amended return/report	a sho	ort plan year return	/report (less than 12	months)	
C CI	heck box if filing under	r:	Form 5558	auto	matic extension			DFVC progra	am
	Ç	П	special extension (enter de	escription)					
Par	t II Basic Plan	Inform	ation—enter all requested	information					
	lame of plan						1b	Three-digit	
	DD PAWN BROKERS,	, INC. PEI	NSION PLAN					plan number	
								(PN) ▶	002
							1c	Effective date o	f plan
								01/01	/2009
	Plan sponsor's name a DD PAWN BROKERS		ss; include room or suite nu	mber (emplo	yer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-35	fication Number 53349
√30 CE	RESCENT STREET						2c	Sponsor's telep	
	KLYN, NY 11208						2d	Business code ((see instructions)
3a F	lan administrator's na	me and a	ddress XSame as Plan Sp	onsor Name	Same as Plan	Sponsor Address	3b	Administrator's	
							3с	Administrator's	telephone number
1 1	the name and/or EIN	of the pla	an anangar has abangad sin	on the last re	aturn/rapart filed fo	r this plan, optor the	46	FINI	
			an sponsor has changed sin		eturn/report filed fo	r this plan, enter the	4b	EIN	
ı			an sponsor has changed siner from the last return/report.		eturn/report filed fo	r this plan, enter the		EIN PN	
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Var				(b) End of Voor
_ <u>'</u> _a	Total plan assets	7a	(a) Beginning of Yea				(b) End of Year 504428
<u>a</u>	Total plan liabilities	7a 7b		0			004420
	Net plan assets (subtract line 7b from line 7a)	76 7c	43456				504428
8		76		•			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	8432	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					84326
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d	1446				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		0			
g	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14464
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					69862
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0			
Pai	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instructions:
Par							T
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
С				10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		Х	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
C	insurance service, or other organization that provides some or all					Χ	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h			
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							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	0
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·			302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	nter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year					12b	

Page	3	- [1
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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	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?	. 🔲 Y	'es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2013 or fiscal plan year beginning

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

01/01/2013

File as an attachment to Form 5500 or 5500-SF.

and ending

12/31/2013

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

			to nearest dollar	ar. assessed for late fil	ing of this rep	ort ur	nless reas	onable ca	ause is	establish	ed.			
A 1	Name of	plan	ERS, INC. PENS						В	Three-dig	git	>	002	2
		nsor's name AWN BROKE		e 2a of Form 5500 c	or 5500-SF				D E	Employer	Identificati	on Number	(EIN)	
Ет	ype of p	lan: 🔀 Sing	le Multiple-	A Multiple-B		F Pr	rior year pla	n size:)	X 100 c	or fewer	101-50	00 More	than 500	
Pa	art I	Basic Inf	ormation											
1	Enter	the valuation	date:	Month _01	_ Day <u>01</u>	1	_ Year _	2013						
2	Assets	S:												
	_										2a			434566
											2b			434566
3			icipant count bre			Г	0-	(1) N	Number	of partici		(2)	Funding T	
	_		•	ficiaries receiving pa	•	- H	3a				0			0
			•	ts	•••••		3b				1			10811
		active partici				Г	3c(1)							0
	(,				-	3c(2)				-			307437
	(*	•				-	3c(3)				1			307437
	. `	,				- H	3d				2			318248
4				the box and comple					П					010210
•				cribed at-risk assum							4a			
	b Fun	ding target re	eflecting at-risk a	essumptions, but dis e consecutive years	regarding trar	nsitio	n rule for p	lans that	t have b	een in	4h			
5	Effecti	ve interest ra	te								5			6.15 %
6	Target	normal cost									6			0
;	To the bes	e with applicable	e, the information supplaw and regulations. Ir	plied in this schedule and n my opinion, each other a d experience under the pla	assumption is reas	chedules	s, statements (taking into a	and attachm	ments, if a experienc	ny, is complee of the plan	ete and accur and reasona	ate. Each prescible expectations	ibed assumpti) and such oth	on was applied in er assumptions, in
	ERE											04/01/2	2014	
			Sig	gnature of actuary								Date		
ART	HUR E.	TEILER, AS	A						_			14-01	157	
			Type or	r print name of actua	ary						Most re	ecent enrollm	nent numbe	er
DAN	IIEL R. S	SAUNDERS	ASSOCIATES, F	PC					_			201-5	92-6799	
		ERSITY PLAZ ACK, NJ 0760	ZA, SUITE 412)1	Firm name						T	elephone i	number (incl	uding area	code)
			А	address of the firm					_					
	actuary uctions	has not fully	reflected any re	gulation or ruling pr	omulgated un	nder tl	he statute	in comple	leting th	nis schedu	ıle, check	the box and	see	

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Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							
							(a) (Carryover balance		(b) F	Prefundi	ng balar	се
7		•	0 , ,		icable adjustments (line 13 f				0				66607
8				-	funding requirement (line 35				0				0
9	Amoun	nt remaini	ng (line 7 minus lir	ne 8)					0				66607
10	Interes	t on line 9	using prior year's	s actual re	turn of <u>6.70</u> %				0				4463
11	Prior ye	ear's exce	ess contributions t	o be adde	d to prefunding balance:								
	a Pres	ent value	of excess contrib	utions (line	e 38a from prior year)								0
					interest rate of%								0
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	ce							0
	d Porti	ion of (c)	to be added to pre	efunding ba	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balanc	e at begir	nning of current ye	ear (line 9	+ line 10 + line 11d – line 12)			0				71070
P	art III	Fun	ding Percenta	ages									
14	Fundin	g target a	ttainment percent	age							14	114	.21 %
15	Adjuste	ed fundin	g target attainmen	t percenta	ge						15	136	5.54 %
16					s of determining whether car						16	12′	.10 %
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding tar	get, enter s	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	lity Shortfalls								
18	Contrib	outions ma	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:							
(N /	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer(-	(0		nt paid b	у
(10	IIVI-DD-1	111)	cinployen	(3)	стрюуссэ	(IVIIVI-DD-	-1111)	cilipioyei(3)		СПР	oycc3	
						Totals ►	18(b)			18(c)			
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation o	date after th	ne beginning of the	e year:				
	a Cont	tributions	allocated toward	unpaid mir	nimum required contributions	from prior y	ears		19a				0
	b Cont	ributions	made to avoid res	trictions a	djusted to valuation date				19b				0
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c				0
20	Quarte	rly contrib	outions and liquidit	y shortfall:	S:								
	a Did t	the plan h	nave a "funding sh	ortfall" for	the prior year?						[Yes	X No
	b If line	e 20a is "	Yes," were require	ed quarterl	y installments for the current	year made	in a timely	manner?				Yes	No
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a	s applicable	:						
		(4) 4			Liquidity shortfall as of e	nd of quarter			_		(4) 4"		
		(1) 19	51		(2) 2nd		(3)	3rd			(4) 4tl	I	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %	II.	N/A, fu	ll yield	curve	e used
	b Appl	licable month (enter code)			21b				0
22	Weight	ted average ret	tirement age			22				64
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitut	te			
Pa	rt VI	Miscellane	ous Items							
24				tuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	auired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27		_		
Da	rt VII			ım Required Contribution	e For Prior Voare	11				
28			-	years		28				0
29				d unpaid minimum required contrib		1				0
				unpaid minimum required contrib		29				0
30	Remair	ning amount of	f unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Target	normal cost a	nd excess assets (see instruct	tions):						
	a Targe	et normal cost	(line 6)			31a				0
	b Exce	ess assets, if ap	oplicable, but not greater than	line 31a		31b				0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	lı	nstallm	ent	
	a Net s	shortfall amortiz	zation installment			0				0
	b Waiv	er amortization	n installment			0				0
33				nter the date of the ruling letter gran		33				0
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0
		-		Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35			use to offset funding	0		0				0
36						36				0
37			· · · · · · · · · · · · · · · · · · ·	ontribution for current year adjuste		37				
20	(line 19	9c)				. 37				0
30			ess contributions for current ye			38a				0
						38b				0
20				prefunding and funding standard c		39				0
39		-		ear (excess, if any, of line 36 over		40				0
40 Box	-			Panaian Paliat Aat of 2010		L				
	rt IX			Pension Relief Act of 2010	(See mstructions)				
41			de to use PRA 2010 funding re	<u> </u>				r-	7.	
							2 plus 7 yea		_	years
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	t of acceleratio	n adjustment			42				
43	Excess	installment ac	celeration amount to be carrie	ed over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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

the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art I Annual Report	identification information					
For	calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12	2/31/2013	
Α	This return/report is for:	x a single-employer plan	multiple-employer p	lan (not multiemployer)		a one-particip	ant plan
В	This return/report is:	the first return/report	he final return/report				
	•		short plan vear retu	rn/report (less than 12 m	onths)		
_	Oheal, hav if filing under		utomatic extension	······································	Γ	DFVC progra	m 🗉
C	Check box if filing under:				L	_ Si vo progra	
		special extension (enter description)					
		ormation enter all requested inform	ation		46	Thursday	
1a	Name of plan				10	Three-digit plan number	
	Seapod Pawn Broker	s, Inc. Pension Plan				(PN) ▶	002
						Effective date of	fplan
22	Plan anancar's name and a	ddress; include room or suite number (en	anlover if for a single	-employer plan)		01/01/2009 Employer Identi	fication Number
4 a	Seapod Pawn Broker		ilployer, il lor a singic	-citiployer plant)		(EIN) 11-355	
						Sponsor's telepi	
	439 Crescent Stree	_				(718) 272-7	
	439 Crescent Stree	C			2d	Business code ((see instructions)
US	Brooklyn	NY 11208				453990	
3a	Plan administrator's name a	and address 🗶 Same as Plan Sponsor	Name 🔲 Same as l	Plan Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4	VII		at water water a set file of		4b	EIM	
4		e plan sponsor has changed since the la mber from the last return/report.	st return/report filed	for this plan, enter the	40	EIN	
а	Sponsor's name				4c	PN	
	- Value	at the beginning of the plan year			5a		2
b	· · ·	s at the end of the plan year			5b		1
С		account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances as of the end of the plant account balances account balance			_		
_			NO STREET, THE SECOND STREET, TH		5c	.1	
	•	s during the plan year invested in eligible					X Yes No
b		f the annual examination and report of ar ? (See instructions on waiver eligibility ar					X Yes No
		ither line 6a or line 6b, the plan cannot		and must instead use			100 110
С		fit plan, is it covered under the PBGC ins					Not determined
_							
		or incomplete filing of this return/rep					achlo a Cahadula
Ur SF	ider penalties of perjury and c B or Schedule MB completed :	other penalties set forth in the instructions and signed by an enrolled actuary, as we	s, I declare that I hav Ill as the electronic ve	e examined this return/re ersion of this return/repor	eport, ii t. and	to the best of m	y knowledge and
	lief, it is true, correct, and cor				,		, ,
	IGN x Ralich P.	Moreg		Ralph Patrick Mo	orea		
111.5444	ERE Signature of plan adr	ministrator	Date 4/21/14	Enter name of individua	al siani	ng as plan admi	nistrator
	70	,	200 211 211		- 9.11	<u></u>	
	IGN - Signature of employe	adulan ananas	Date	Enter name of individua	al signi	na as employer	or plan sponsor
	- 3	name, if applicable) and address; include					number (optional)
'-'	oparer a name (moluding little	marrio, il applicabio, and address, illolder		(
					150 49		
					OFF OF		

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	6. 8.16	(a) Beginning of Year				(b) End of	Year	
a	Total plan assets	7a	434,5	66				504,428	3
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	434,50	66				504,428	3
8	Income, Expenses, and Transfers for this Plan Year	7/12/5	(a) Amount				(b) To	al	
а	Contributions received or receivable from:			0	DOVE	11/3		fion by	
=	(1) Employers	8a(1)		0	2007				
	(2) Participants	8a(2)		0	The state of				
	(3) Others (including rollovers)	8a(3) 8b	84,3			ALV.			9.0
	Other income (loss)	8c	04,32	2.6				04 000	
	Benefits paid (including direct rollovers and insurance premiums				51.5	Hirth	Hailbar	84,326	,
	to provide benefits)	8d	14,40	_					1000
_	Certain deemed and/or corrective distributions (see instructions)	8e		0			6 10		
	Administrative service providers (salaries, fees, commissions)	8f		0	15 32				
<u>g</u>	Other expenses	8g		0	JI SELL	y.c		44.404	MOVA.
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14,464	
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i		0.000		SILIS		69,862	2
	Transfers to (from) the plan (see instructions)	8j		0		SE E			
$\overline{}$	rt IV Plan Characteristics					_			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Charac	teristi	c Cod	es in	the instructio	ns:	
_	1A								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	s:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		х			
b	Were there any nonexempt transactions with any party-in-interest?	(Do not i	nclude transactions reported	10b		x			
_	on line 10a.)			10c	_	x	-		
C				100					
	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of								
	instructions.)			10e		х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (32520.101-3.)	See instru	ictions and 29 CFR	10h					e A l
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	d notice or one of the	10i					
Par	t VI Pension Funding Compliance	2		1	-				
			V	-1-4-	0 - 1	ula C	В (Баша		
11 	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•						X Yes] No
11	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a			0
12	Is this a defined contribution plan subject to the minimum funding r	requireme	ents of section 412 of the Code	or se	tion 3	02 of	ERISA?	Yes X] No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
a		ng amortiz	ed in this plan year, see instruc	tions, nth _	and e	nter t	he date of th	e letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule				1194				
b	Description of the control of the co					12b			
	The state of the s						ţ.		

	Fo	m 5500-SF 2013 Page 3-	-			
С.	Enter	he amount contributed by the employer to the plan for this plan year		12c		
d	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d		
е		e 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?		☐ Ye	es X N	0
		" enter the amount of any plan assets that reverted to the employer this year		13a		
b	Were of the	tll the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol	[Yes X No
С	If durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				
1	3c(1) N	ame of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				
14a ı	Name o	trust		14b T	rust's EIN	

Ę

Schedule SB, Part V Summary of Plan Provisions

Seapod Pawn Brokers, Inc. Defined Benefit Plan 11-3553349 / 002

For the plan year 01/01/2013 through 12/31/2013

Employer: Seapod Pawn Brokers, Inc.

Type of Entity - S-Corporation

EIN: 11-3553349 TIN: 11-3553349 Plan #: 003 Plan Type: Defined Benefit

Dates: Effective - 01/01/2009 Year end - 12/31/2013 Valuation - 01/01/2013

Top Heavy Years - 2010, 2011, 2012, 2013

Eligibility: All employees excluding non-resident aliens, members of an excluded class, union.

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - First day of calendar month coincident with or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62

Early - Attainment of age 55 and completion of 10 years of participation

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Frozen benefit formula

Accrued Benefit - Frozen accrued benefit as of 12/31/2011

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

<u>Top Heavy Minimum:</u> Frozen Top-Heavy benefit

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$205,000

Maximum 401(a)(17) compensation - \$255,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 0, 5, 10, 15 or 20 Years

Annuity Guaranteed for 0 Years

Joint with 0%, 50%, 66.67%, 75% or 100% Survivor Benefit

<u>Vesting Schedule:</u> Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

Seapod Pawn Brokers, Inc. Defined Benefit Plan 11-3553349 / 002

For the plan year 01/01/2013 through 12/31/2013

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	1.02
Segment 2	6 - 20	3.71
Segment 3	> 20	4.67

Mortality Table - 13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2013

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 ▶ Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit Seapod Pawn Brokers, Inc. Pension Plan 002 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF **D** Employer Identification Number (EIN) Seapod Pawn Brokers, Inc. 11-3553349 E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X 100 or fewer 101-500 More than 500 Part I **Basic Information** Enter the valuation date: Month Day Year 434,566 2a 2b **b** Actuarial value 434,566 Funding target/participant count breakdown: (2) Funding Target (1) Number of participants **a** For retired participants and beneficiaries receiving payment 3a 0 n 3b 10,811 **b** For terminated vested participants 1 C For active participants: 3c(1) 0 (1) Non-vested benefits 307,437 Vested benefits 3c(2)3c(3)1 307,437 (3) **d** Total 2 318,248 If the plan is in at-risk status, check the box and complete lines (a) and (b) a Funding target disregarding prescribed at-risk assumptions 4a **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in 4b at-risk status for fewer than five consecutive years and disregarding loading factor 6.15 % 5 5 Effective interest rate Target normal cost 0 Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each presribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in arthur + Teiler SIGN **HERE** 04/01/2014 Signature of actuary Date Arthur E. Teiler, ASA 14-01157 Most recent enrollment number Type or print name of actuary Daniel R. Saunders Associates, PC (201) 592-6799 Firm name Telephone number (including area code) One University Plaza, Suite 412 US Hackensack NJ 07601 Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

Schedule SB (Form 5500) 2013		Page 2						
Part II Beginning of Year Carryov	er and Prefunding Bal	ances						
7 Balance at beginning of prior year after app year)	licable adjustments (line 13 fro	om prior	(a) (Carryover balance	0	(b) F	'refundi	ng balance 66,607
8 Portion elected for use to offset prior year's prior year)					0			0
9 Amount remaining (line 7 minus line 8)					0			66,607
10 Interest on line 9 using prior year's actual re	eturn of6.70%				0			4,463
11 Prior year's excess contributions to be adde	ed to prefunding balance:							
a Present value of excess contributions (lin	ne 38a from prior year)							0
b Interest on (a) using prior year's effective otherwise provided (see instructions) .	interest rate of% e	except as						0
C Total available at beginning of current plan	an year to add to prefunding b	alance .						0
d Portion of (c) to be added to prefunding to	palance							0
12 Other reductions in balances due to election	ns or deemed elections				0			0
13 Balance at beginning of current year (line 9	+ line 10 + line 11d - line 12)	•••••			0			71,070
Part III Funding Percentages								
14 Funding target attainment percentage	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •			14	114.21 %
15 Adjusted funding target attainment percenta							15	136.54 %
16 Prior year's funding percentage for purpose current year's funding requirement							16	121.10 %
17 If the current value of the assets of the plan							17	%
Part IV Contributions and Liquid	dity Shortfalls					•		
18 Contributions made to the plan for the plan	•	lovees:						
(a) Date (b) Amount paid by (MM-DD-YYYY) employer(s)	(c) Amount paid by employees	(a) D (MM-DD-		(b) Amoun employ				unt paid by loyees
		Totals ►	18(b)			18(c)		
19 Discounted employer contributions see in								
a Contributions allocated toward unpaid mi	nimum required contributions	from prior ye	ears	•••••	19a			0
b Contributions made to avoid restrictions a	•••••	•••••	19b			0		
C Contributions allocated toward minimum	•	nt year adjus	sted to va	aluation date	19c			0
 Quarterly contributions and liquidity shortfall a Did the plan have a "funding shortfall" for b If line 20a is "Yes," were required quarter 	the prior year?						-	Yes X No

Liquidity shortfall as of end of quarter of this plan year

3rd

(3)

(4) 4th

c If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

Pa	art V	Assumption	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21	Discou	unt rate:					
	a Seg	gment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	,	N/A, full yield curve used
	b App	olicable month	(enter code)			21b	0
22	Weigh	ted average re	etirement age			22	64
23	Mortal	ity table(s) (se	e instructions) X Pr	escribed - combined Pres	scribed - separate	Substitu	te
Pa	rt VI	Miscellane	eous items				
24		-	•	tuarial assumptions for the current			
			<u> </u>	an year? If "Yes," see instructions			
				·		l attachme	ntX Yes No
		-	_	ter applicable code and see instru		27	
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years		
_28	Unpaid	d minimum req	uired contributions for all prior	years		28	0
29		. ,		d unpaid minimum required contrib	. ,	29	0
30				ntributions (line 28 minus line 29)		30	0
Pa	rt VIII	Minimum	Required Contribution	For Current Year			
31	Target	normal cost a	nd excess assets (see instruct	ions):			
	a Targ	jet normal cost	t (line 6)			31a	0
	b Exce	ess assets, if a	pplicable, but not greater than	line 31a		31b	0
32 Amortization installments: Outstanding Bala						ance	Installment
	a Net	shortfall amort	ization installment	• • • • • • • • • • • • • • • • • • • •		0	0
	b Wai	ver amortizatio	n installment			0	0
33				nter the date of the ruling letter gra) and the waived amount .	•	33	0
34	Total fo	unding requirer	ment before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
				Carryover balance	Prefunding Bala	ance	Total balance
35	Baland	ces elected for	use to offset funding				
	require	ement	• • • • • • • • • • • • • • • • • • • •	0		0	0
36	Additio	onal cash requi	irement (line 34 minus line 35)		• • • • • • • • • • • • • • • • • • • •	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						37	0
38			ess contributions for current ye		• • • • • • • • • • •		
				· · · · · · · · · · · · · · · · · · ·		38a	0
						38b	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0	
40				3		40	-
Pa	rt IX			Pension Relief Act of 2010)	
41 If an election was made to use PRA 2010 funding relief for this plan:							
a Schedule elected							
	b Eligi	ble plan year(s	s) for which the election in line	41a was made		. 200	08 2009 2010 2011
42	Amount	t of acceleratio	on adjustment			42	
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Seapod Pawn Brokers, Inc. Defined Benefit Plan 11-3553349 / 002

For the plan year 01/01/2013 through 12/31/2013

Valuation Date: 01/01/2013

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are not included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.62
Segment 2	6 - 20	4.40
Segment 3	> 20	5.45

Segment rates as of September 30, 2012 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	4.94
Segment 2	6 - 20	6.15
Segment 3	> 20	6.76

Pre-Retirement - Mortality Table - None

Turnover/Disability - None
Salary Scale - 4%
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 13C - 2013 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

or

13E - 2013 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

8.5%

Permissively Aggregated Plans - Tested as a Single Plan

Post-Retirement - Interest -

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Age 65 or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Seapod Pawn Brokers, Inc. Defined Benefit Plan 11-3553349 / 002

For the plan year 01/01/2013 through 12/31/2013

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule SB, line 26 - Schedule of Active Participant Data

Seapod Pawn Brokers, Inc. Defined Benefit Plan 11-3553349/002

For the plan year 01/01/2013 through 12/31/2013

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49			1							
50 to 54										
55 to 59										
60 to 64										
65 to 69										
70 & up										