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

2012

This Form is Open to Public Inspection

				Complete all entries in a	CCOrdanc	e with the mstru	ctions to the Form 55	ии-о г.					
	art I			ntification Information									
Fo	r calenda	ar plan year 2012 or fis	cal	plan year beginning 01/0	1/2012		and ending	08/17/	2012				
A	This ret	urn/report is for:	X	a single-employer plan	a m	ultiple-employer p	lan (not multiemployer)		a one-particip	oant plan			
В	This ret	urn/report is:	Ш	the first return/report	X the	final return/report							
				an amended return/report	X a sh	ort plan year retur	n/report (less than 12 n	nonths)				
С	Check b	oox if filing under:		Form 5558	auto	omatic extension			X DFVC progra	am			
				special extension (enter des	cription)								
Р	art II	Basic Plan Info	rma	ation—enter all requested in	nformation								
	Name	•						1b	Three-digit				
SEB	ASTIAN	K.P. ENTERPRISES I	NC	401(K) PLAN					plan number	001			
								10	(PN) Fractive data a				
								10	Effective date o	•			
				s; include room or suite num	per (emplo	yer, if for a single	-employer plan)	2b	Employer Identi	fication Number			
SEE	BASTIAN	K.P. ENTERPRISES	INC						-	46173			
								2c	Sponsor's telep				
		UDA LANE), FL 33037						24					
		,						Zu	(see instructions)				
3a	Plan ad	dministrator's name an	d a	ddress XSame as Plan Spor	nsor Name	Same as Plar	n Sponsor Address	3b	Administrator's				
				<u></u>		_							
								3c	Administrator's	telephone number			
4	If the n	name and/or FIN of the	nla	n sponsor has changed since	the last re	eturn/report filed fo	or this plan, enter the	4h	FINI				
•				from the last return/report.	the last i	otarry report mea to	or this plan, enter the	4b EIN					
а	Sponso	or's name						4c	PN				
5 a	Total r	number of participants	at th	ne beginning of the plan year				. 5a		11			
b	Total r	number of participants	at th	ne end of the plan year				. 5b		0			
С				unt balances as of the end o		•	•	. 5c		0			
6-		•		ing the plan year invested in						X Yes □ No			
b				ing the plan year invested in annual examination and repo					••••••				
_				ee instructions on waiver eligi						X Yes No			
	If you	answered "No" to ei	ther	line 6a or line 6b, the plan	cannot us	se Form 5500-SF	and must instead use	Form	1 5500.				
Ca	ution: A	penalty for the late of	r in	complete filing of this retu	rn/report v	will be assessed	unless reasonable ca	use is	established.				
				penalties set forth in the instru									
		edule MB completed and crue, correct, and comp		gned by an enrolled actuary,	as well as	the electronic ver	rsion of this return/repo	rt, and	to the best of my	knowledge and			
Del	iei, it is t	rue, correct, and comp	пете										
	3N	Filed with authorized/v	/alic	l electronic signature.	1	08/13/2014	CLAUDE B KERSHN	NER					
HE	RE	Signature of plan administrator				Date	Enter name of individ	e of individual signing as plan administrator					
SIC													
HE	RE	Signature of employer/plan sponsor Date Enter name of indiv				dual si	gning as employe	er or plan sponsor					
Pre	eparer's	name (including firm na	ame	, if applicable) and address;	nclude roo	om or suite numbe		_		number (optional)			

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Dor	4 III Financial Information		<u> </u>								
<u> </u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor				
		70		(a) Beginning of Year			(b) End of Year				
	Total plan assets	7a 7b	11002				0				
	Net plan assets (subtract line 7b from line 7a)	7c	11062	22			0				
	Income, Expenses, and Transfers for this Plan Year	70					-				
	Contributions received or receivable from:		(a) Amount				(b) Total				
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	846	3							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					8463				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	476	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	4	13							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4806				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					3657				
j	Transfers to (from) the plan (see instructions)	8j	-11427	79							
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D 2K 2J	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 for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in tl	ne instructions:				
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	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		Х					
b		? (Do not	include transactions reported	10b		X					
C	Was the plan covered by a fidelity bond?			10c		X					
d		fidelity bo	nd, that was caused by fraud	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth			100							
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X		430				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10h		Х					
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	ne require	d notice or one of the	10i		X					
Part	1 1 5 11										
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	a Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction (302 of	ERISA? Yes X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	and e	enter th Day	e date of the letter ruling Year				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		- 1						
b	b Enter the minimum required contribution for this plan year										

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			1	1	
C	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 negative amount)		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		. 🔲	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes 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.)	ne plan(s)	to		_
1	3c(1) Name of plan(s):	1	3c(2) E	EIN(s)	13c(3) PN(s)
OASIS	OUTSOURCING 401(K) PLAN	65-07	31524		001
Part	VIII Trust Information (optional)				
14a	Name of trust	14b			

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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		dentification Information							
For caler	dar plan year 2012 or fisc	al plan year beginning	01/01/2012	and ending	08/17/20	12			
A This	eturn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-partici				
B This	eturn/report is:								
		an amended return/report	X a short plan year retur	n/report (less than 12 m	onths)				
C Chec	k box if filing under:	e ar	X DFVC progra	am					
special extension (enter description)									
Part II	Basic Plan Inform	mation—enter all requested info							
1a Nam				WAS THE STATE OF T	1b Three-digit				
SEB	ASTIAN K.P. ENT	plan number							
401	(K) PLAN				(PN) ▶	001			
		The state of the s			1c Effective date of 03/01/200	\$290 Bitter (\$200 to 0)			
	sponsor's name and addr ASTIAN K.P. ENTI	ess; include room or suite number ERPRISES INC	r (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 65-0846173				
85500 0					2c Sponsor's telep (305) 367				
1A	BARRACUDA LANE				2d Business code	(see instructions)			
	LARGO	п		33037	812990				
3a Plan	administrator's name and	address XSame as Plan Sponso	or Name Same as Plar	Sponsor Address	3b Administrator's	EIN			
					3c Administrator's telephone number				
					7 Tommorator 3	iciopriorie namber			
4 If the	name and/or EIN of the n	olan sponsor has changed since the	ne last return/report filed for	or this plan, antor the	Ab En	-			
nam	e, EIN, and the plan numb	per from the last return/report.	io last retarrireport filed to	or this plan, enter the	4b EIN				
· · · · · · · · · · · · · · · · · · ·	sor's name				4c PN				
		the beginning of the plan year			5a	11			
		the end of the plan year			5b	0			
com	olete this item)	count balances as of the end of th			5c	0			
6a Wer	e all of the plan's assets d	luring the plan year invested in eliq	gible assets? (See instruc	tions.)		X Yes No			
b Are	ou claiming a waiver of th	ne annual examination and report See instructions on waiver eligibili	of an independent qualifie	d public accountant (IQI	PA)	N-			
If yo	u answered "No" to eith	er line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5500	X Yes No			
		incomplete filing of this return/							
Under per	nalties of perjury and other	r penalties set forth in the instruction	ons. I declare that I have	examined this return/ren	ort including if applie	able a Schedule			
SB or Scr	edule MB completed and true, correct, and comple	signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	, and to the best of my	knowledge and			
SIGN HERE	1 June 1	1. Gus Well		CLAUDE B KERSH	HNER				
HERE	Signature of plan adn	ninistrator	Date 8/13/14	Enter name of individu	ual signing as plan adr	ninistrator			
SIGN			11						
HERE	Signature of employe		Date	Enter name of individu	ividual signing as employer or plan sponsor				
Preparer's	name (including firm nan	ne, if applicable) and address; incl	lude room or suite number	(optional)	Preparer's telephone	number (optional)			
				ŀ					

	t III Financial Information									
7	Plan Assets and Liabilities	145.35	(a) Beginning of Yea	~ ~			(b) End	d of Ye	ar	
	Total plan assets	7a	11	0,62	22					0
	Total plan liabilities	7b			\perp					
-	Net plan assets (subtract line 7b from line 7a)	7c	11	0,62	22					0
-	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		8,46	53					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7		8	,463
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4,76	53					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4	13				-	
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							4	,806
i	Net income (loss) (subtract line 8h from line 8c)	8i							3 ,	,657
j	Transfers to (from) the plan (see instructions)	8i	(114	,279	9)					
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 3D 2K 2J	feature code	es from the List of Plan Char	acteri	stic Co	odes in	the instru	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cterist	tic Cod	des in t	he instruc	tions:		
Part	V Compliance Questions					****				
10	During the plan year:				Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within t	he time period described in ction Program)	10a		х		Alliot	arit.	
b		? (Do not inc	clude transactions reported	10b		х			**********	
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		Х				1 - 189
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	er persons to	by an insurance carrier, as under the plan? (See	10e	х					430
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		*1		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	d.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	10i		х				
Part										
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete	Sched	dule SE	3 (Form	Τп	Yes X	No
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	П	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								3-900-00K	
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized	in this plan year, see instruc	ctions th_	, and e	enter th Day	ne date of	the lette Year	er ruling	j
If v	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500) and skin to line 13				2804-	Tropics .		
	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		to the left of a	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, of the PBGC?	or brought under the o	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)		0		
	13c(1) Name of plan(s):	1:	3c(2) EI	V(s)	13c(3) PN(s)
Oas	is Outsourcing 401(k) Plan	65	-0731	.524	001
Part	t VIII Trust Information (optional)				
14a	14a Name of trust				