For	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	B € This form is required to be filed u		nd 4065 of the Employee	Э	2	012		
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19	974 (ERISA), and sec Revenue Code (the C	tions 6057(b) and 6058	(a) of	This Form is	s Open to Public		
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						pection		
Part I		entification Information							
For calenda	ar plan year 2012 or fisca	<u>, , , , </u>			2/31/2				
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:		e final return/report						
	an amended return/report a short plan year return/report (less than 12 mo								
C Check b	box if filing under:		utomatic extension			X DFVC progra	m		
		special extension (enter description)							
Part II		nation—enter all requested information	on		41				
1a Name	•	NC. 401(K) PROFIT SHARING PLAN			1b	Three-digit plan number			
CARRIES	AWILT RESTAURANT, II	NC. 401(K) PROFIL SHARING FLAN				(PN) ►	001		
					1c	Effective date of	f plan		
						01/01/	2003		
	oonsor's name and addre	ess; include room or suite number (emp NC.	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 05-04			
1035 DOUG	LAS AVENUE				2c	Sponsor's telepl 401-831			
	CE, RI 02904				2d	Business code (see instructions) 722110			
3a Plan ad	dministrator's name and	address 🛛 Same as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b	Administrator's E	EIN		
					_	3c Administrator's telephone number			
name,	 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 Sponso		the beginning of the plan year			-	4C PN			
_		the end of the plan year		-	<u>5a</u>		2		
		count balances as of the end of the pla			5b	b 2			
		count balances as of the end of the pla			5c		2		
b Are you under	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X 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. Yes No								
Caution: A	penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	se is	established.			
SB or Sche		r penalties set forth in the instructions, signed by an enrolled actuary, as well te.							
SIGN	SIGN Filed with authorized/valid electronic signature. 10/02/2014 THOMAS B FECTEAU			THOMAS B FECTEAU					
HERE						ning as plan adm	ninistrator		
SIGN									
HERE				ual sic	ning as employe	r or plan sponsor			
Preparer's		ne, if applicable) and address; include r					number (optional)		
999-999-999						-9999			

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

Par	t III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of Year
а	Total plan assets	7a	8652			9110
b	Total plan liabilities	7b		0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	865	8652		9110
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from:			_		
	(1) Employers	8a(1)		0 0		
	(2) Participants					
	(3) Others (including rollovers)	8a(3)	0			
	Other income (loss)	8b	45	0		450
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				458
	to provide benefits)	8d	(0		
е	Certain deemed and/or corrective distributions (see instructions)	8e	(0		
f	Administrative service providers (salaries, fees, commissions)	8f	(0		
g	Other expenses	8g		0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0
<u> i </u>	Net income (loss) (subtract line 8h from line 8c)	8i				458
j	Transfers to (from) the plan (see instructions)	8j		0		
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	s from the List of Plan Charac	cteristic	Codes in the	e instructions:
10	During the plan years				Vos No	A
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within t	the time period described in		Yes No	Amount
10 a				10a	Yes No X	Amount 0
a	Was there a failure to transmit to the plan any participant contribu	uciary Correct: ? (Do not inc	ction Program) clude transactions reported			Amount 0
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 Were there any nonexempt transactions with any party-in-interest	uciary Correct: ? (Do not inc	ction Program) clude transactions reported	10a	X	Amount 0 0 0 0 0
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correct? (Do not inc	ction Program) clude transactions reported 	10a 10b	X X	00
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit	ction Program) Clude transactions reported 	10a 10b 10c	X X X X	0 0 0
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	fidelity bond fidelity bond	ction Program) Clude transactions reported 	10a 10b 10c 10d	X X X X X	0 0 0 0 0
a b c d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n?	ction Program) Clude transactions reported I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d 10d 10e	x x x x x x x	0 0 0 0 0
a b c d e f	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Correct ? (Do not ind fidelity bond ner persons h of the benefit n? is of year end (See instruct	ction Program) Clude transactions reported 	10a 10b 10c 10d 10d	X X X X X X X X X	0 0 0 0 0 0
a b c d e f	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r	ction Program) Clude transactions reported 	10a 10b 10c 10d 10e 10f 10g	X X X X X X X X X X	0 0 0 0 0 0
a b d e f f h	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? s of year end (See instruct he required r	ction Program) Clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h	X X X X X X X X X X	0 0 0 0 0 0
a b c d e f f h	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 	iciary Correct ? (Do not ind fidelity bond ner persons to of the benefit n? is of year end (See instruct he required r 1-3 hents? (If "Ye	ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X Schedule SB (0 0 0 0 0 0 0 0
a b c d e f g h i Part	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? (See instruct he required r 1-3	ction Program) Clude transactions reported 	10a 10b 10c 10d 10d 10f 10g 10h 10h 10i	X X X X X X X X X Schedule SB (0 0 0 0 0 0 0 0
a b c d e f g h i Part	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below). 	iciary Correct ? (Do not ind fidelity bond fidelity bond of the benefit n? s of year end (See instruct he required r 1-3	ction Program) clude transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X Schedule SB (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
a b c d f g h i 11 11a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? is of year end (See instruct he required r 1-3	ction Program) Clude transactions reported 	10a 10b 10c 10d 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X Schedule SB (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
a b c d e f g h i Part 11 11a 12	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. 	iciary Correct ? (Do not ind fidelity bond her persons to of the benefit n? (See instruct he required r 1-3	ction Program) Clude transactions reported 	10a 10b 10c 10d 10d 10d 10e 10f 10g 10h 10b 10c 10e 10f 10g 10h 10i plete S or sec ctions, sec	X X X X X X X X X X X X X X	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
a b c d e f g h i l l 11a 12 a	 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding funding for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum funding standard for a prior year is being a minimum fund	iciary Correct (Do not ind fidelity bond her persons to of the benefit n? (See instruct he required r 1-3 hents? (If "Ye requirement , as applicab ng amortized	ction Program) Clude transactions reported clude transactions reported clude transactions reported clude transactions reported by an insurance carrier, ts under the plan? (See clude) clude the plan? (See clude) clude transactions carrier, clude transactions (See clude) clude transactions (See clude transactions) clude tra	10a 10b 10c 10d 10d 10d 10e 10f 10g 10h 10b 10c 10e 10f 10g 10h 10i plete S or sec ctions, sec	X X X X X X X X X X X X X X X X X X X	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			0
d		ract 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			0
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	X 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?	. X Y	Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) hassets or liabilities were transferred. (See instructions.)	to		_	
1	3c(1)	Name of plan(s): 1	3c(2) El	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			•	

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				/ee 2012			
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act o		ctions 6057(b) and 605		This Form i	s Open to Public	
Pension Benefit Guaranty Corporation	Complete all entries in accor	rdance with the instru	ctions to the Form 550	0-SF.		pection	
Part I Annual Report Id For calendar plan year 2012 or fisca	entification Information	1/2012	and ending	;	12/31/2012		
	a single-employer plan	1	lan (not multiemployer)		a one-partici	pant plan	
B This return/report is:	the first return/report	the final return/report					
	an amended return/report	· · · ·	n/report (less than 12 m	onths)		
C Check box if filing under:		DFVC progra	m				
	special extension (enter descripti	on)					
	nation—enter all requested inform	nation		r		· · · · · · · · · · · · · · · · · · ·	
1a Name of plan				1b	Three-digit plan number	6 1 1	
CARRIES FAMILY RES	TAURANT, INC. 401(k) PRC	FIT SHARING PL	AN		(PN) ►	001	
				1c	Effective date of 1/1/	f plan '2003	
2a Plan sponsor's name and addre		employer, if for a single-	-employer plan)	2b	Employer Identii		
CARRIES FAMILY RESTAU	JRANT, INC.			2c	Sponsor's telep	50413793 hone number	
1035 DOUGLAS AVENUE					40183		
1055 DOUGLAS AVENUE				20	Business code (see instructions)		
PROVIDENCE	RI				722	2110	
02904							
3a Plan administrator's name and a	address ØSame as Plan Sponsor I	Name Same as Plar	Sponsor Address	3b	Administrator's I	=1N	
				3c	Administrator's t	elephone number	
4 If the name and/or EIN of the pl	an sponsor has changed since the	last return/report filed fo	or this plan, optor the	46			
name, EIN, and the plan number		last return/report med it	or this plan, enter the	40	EIN		
a Sponsor's name				4c PN			
5a Total number of participants at						2	
	the end of the plan year			5b		2	
	count balances as of the end of the			5c		2	
6a Were all of the plan's assets du	uring the plan year invested in eligib	le assets? (See instruc	tions.)	•••••••		Yes No	
b Are you claiming a waiver of the	e annual examination and report of See instructions on waiver eligibility					Yes 🗌 No	
	er line 6a or line 6b, the plan cann						
Caution: A penalty for the late or i	ncomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is	established.		
Under penalties of perjury and other SB or Schedule MB completed and s belief, it is true, correct, and completed	signed by an enrolled actuary, as w	is, I declare that I have ell as the electronic vers	examined this return/rep sion of this return/report	port, ir , and t	cluding, if applica to the best of my	able, a Schedule knowledge and	
	76	9.7-7.121	Ma	-ha	eh ARR	eh	
HERE Signature of plan adm	/// V injistrator	Date	Enter name of individ	ual sig		0-7	
SIGN 1/1	b-	9-27-14	Mo	chi	2 - 17	exi	
HERE Signature of employer		Date	Enter name of individ	ual sig		0.	
Preparer's name (including firm nam	e, if applicable) and address; includ	le room or suite numbe				number (optional)	
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the ins	tructions for Form 5500-	SF.		····· ·	orm 5500-SF (2012)	

. .. _ . .

- -----

Ра	rt III Financial Information		······································							_
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
а	Total plan assets	7a		8652			911			_
b	Total plan liabilities	7b		()				0	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7¢		8652					91 1 0	_
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) `	Fotal		_
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		()					_
	(3) Others (including rollovers)	8a(3)		C)					-
b	Other income (loss)	8b		458	}					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							458	
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	<u>8d</u>		0						_
	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>	<u>.</u>		-		<u></u>			
	Administrative service providers (salaries, fees, commissions)	<u>8f</u>		(_
	Other expenses	8g		·····					0	_
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		 				·		—
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i		0					458	
,		8j					<u></u>			سعمت
\	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 instructions: 2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	cteristi	c Code	es in t	he instruct	ions:		
							•			-
Part				<u> </u>			1			_
10	During the plan year:				Yes	No		Amoun	t	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		√			I	0
b 	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		✓				0
C	Was the plan covered by a fidelity bond?			10c		√			•	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		√				0
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.)	of the bene	fits under the plan? (See	10e		√			i	0
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		√				Û
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		<				0
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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i					••••••• <u>•</u> •••••	-
Part				I						-
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Y	es 🖌 No	
11a	Enter the amount from Schedule SB line 39				1	1a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	tion 3	02 of	ERISA?		es 🖌 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 bein granting the waiver.	g amortize	ed in this plan year, see instruc		and er	iter th Day	e date of i	he letter Year	ruling	_
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	B (For	n 5500), and skip to line 13.				r			_
b	Enter the minimum required contribution for this plan year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 11	2b	L,			

Form 5500-SF 2012

.

с	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	N N	′es 🔄 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	× 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):	1 <mark>3c(2)</mark> El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			1	

14a Name of trust	14b Trust's EIN