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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance	with the instruc	tions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pa	art I	Annual Report I	Identification Information						
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	2012		and ending	12/31/2	2012	
		urn/report is for:	X a single-employer plan			an (not multiemployer)		a one-particip	oant plan
В	This ret	urn/report is:	the first return/report	H	nal return/report				
			an amended return/report	a shor	t plan year return	/report (less than 12 m	onths))	
C	Check b	oox if filing under:	Form 5558	autom	natic extension			DFVC progra	ım
			special extension (enter descrip	ption)					
Pa	rt II	Basic Plan Infor	rmation—enter all requested info	ormation					
	Name	•					1b	Three-digit	
		MERCE GROUP INC	401K PLAN					plan number	
								(PN) •	001
							1c	Effective date o	•
								01/01	/2011
2a SOU	Plan sp TH CO	oonsor's name and add MMERCE GROUP INC	dress; include room or suite number	r (employe	er, if for a single-e	employer plan)	2b	Employer Identi (EIN) 26-22	fication Number 80710
0700	W 70 0						2c	Sponsor's telep	
UNIT	W 79 S 13) I					2d		(see instructions)
HIAL	EAH, FI	L 33016					24	52314	` ,
3a	Plan ad	dministrator's name and	d address XSame as Plan Sponso	or Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN
							30	Administrator's	telephone number
								, tarriiniotrator o	.ciopitorio riarribor
4	If the n	name and/or EIN of the	plan sponsor has changed since the	he last reti	urn/report filed fo	r this plan, enter the	4b	EIN	
	name,	EIN, and the plan num	nber from the last return/report.						
		or's name					4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		4
b	Total r	number of participants	at the end of the plan year				5b		4
С			account balances as of the end of th		`	•	5c		4
6a			during the plan year invested in eli						X Yes No
b			the annual examination and report	•	•	•			
			(See instructions on waiver eligibil						X Yes No
	If you	answered "No" to eit	ther line 6a or line 6b, the plan ca	annot use	Form 5500-SF a	and must instead use	Form	5500.	
Cau	ıtion: A	penalty for the late o	or incomplete filing of this return/	/report wi	II be assessed u	ınless reasonable caı	use is	established.	
			ner penalties set forth in the instruct						
		edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, as olete.	s well as th	ne electronic vers	ion of this return/repor	t, and	to the best of my	knowledge and
SIG		Filed with authorized/v	valid electronic signature.	09	9/08/2015	ELISA DIAZ			
HEF	₹E	Signature of plan ac	dministrator	Da	ate	Enter name of individ	lual siç	gning as plan adr	ninistrator
SIG	N								
HEF		Signature of employ	ver/nlan enoneor		ate	Enter name of individ	منم اديا	ning as ampleys	ar or plan enoncor
Pre	parer's		yer/plan sponsor ame, if applicable) and address; inc						number (optional)
	- 5. 51 51	(, appcas, and dad, inc			(-F.10.10.)		5. 5 totophone	(Spaintal)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	(a) Dog g 61 166				(5) =::	<u> </u>	726	9	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	6815				7269				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(13)	Total			
	(1) Employers	8a(1)	80	0							
	(2) Participants	8a(2)	260)5							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	60)5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4010)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e	355	6							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							355	6	
	Net income (loss) (subtract line 8h from line 8c)	8i							45	4	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	٠,									
	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	acteris	stic Co	des in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
Part	•				1		I				
10	During the plan year:			1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					10	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	100		X					
f	instructions.) Has the plan failed to provide any benefit when due under the plan			10e		X					
	has the plan falled to provide any benefit when due under the plan	n <i>?</i>		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	2520.101-3.)			10h		X					
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	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and e	enter th Day	ne date o	f the le		ling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		1		ı				
b	b Enter the minimum required contribution for this plan year										

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	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?		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?	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) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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Form 5500-SF	Short Form Annual	Return/Report o Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be fil	led under sections 104 a		2012				
Department of Lebor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		nat Revenue Code (the C	ade).	This Form is Open to Public Inspection				
	➤ Complete all entries in acco	ordance with the instruc	tions to the Form 5500-SF	.				
	I Identification Information	01/01/2012	and ending	12/31/2012				
For calendar plan year 2012 or		7						
A This return/report is for:	X a single-employer plan	=	lan (not multiemployer)	a one-participant plan				
B This return/report is:	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	m/report (less than 12 month	B)				
C Check box if filing under:	Form 5558	automatic extension	*	DFVC program				
·	special extension (enter descrip	tion)						
Part II Basic Plan Info	ormation—enter all requested infon	mation						
1a Name of plan			16	Three-digit				
SOUTH COMMERCE G	ROUP INC 401K			plan number (PN) > 001				
PLAN			10	Effective date of plan				
	:		''	01/01/2011				
2a Plan sponsor's name and a SOUTH COMMERCE GR	ddress; include room or suite number	(employer, if for a single-	employer plan) 2b	Employer Identification Number (EIN) 26-2280710				
***			20	Sponsor's telephone number				
				(305) 827-8348				
2739 W 79 ST UNIT 13 HIALEAH	. 5	PT.	33016 2d	Business code (see instructions) 523140				
	and address XSame as Plan Sponsor			Administrator's EIN				
	ne plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the 4b	EIN .				
name, EIN, and the plan no a Sponsor's name	umber from the last return/report.		46	PN				
	s at the beginning of the plan year			1 4				
	s at the end of the plan year							
• •	· -			7				
	account balances as of the end of the			4				
	ts during the plan year invested in elig			X Yes No				
	of the annual examination and report of	•	•					
	5? (See instructions on waiver eligibilit							
	either line 6a or line 6b, the plan car							
	or incomplete filing of this return/r							
	ther penalties set forth in the instruction and signed by an enrolled actuary, as aplete.							
SIGN SAL		7/11/13	Elisa	Siaz				
HERE CIVIN	Andrei mile treatmy	Enter name of individual a						
E STATE OF THE STA	Signature of plan administrator Date Enter name of individual signing as plan administrator							
SIGN HERE		7/11//3	Elisa	<u>Naz</u>				
Signature of empl	oyer/plan sponsor name, if applicable) and address; indi	Date ude room or suite numbe		gning as employer or plan sponsor parer's telephone number (optional)				
				305-827-8348)				
			(305-827-8348)				

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Day	t III Financial Information												
	Plan Assets and Liabilities		(a) Beginning of Yes	ır	Т		(b) En	l of V	'ear				
	Total plan assets	7a		6,81	.5		(10) (11)		- Car	7,269			
	Total plan liabilities	7b		-	_				-				
	Net plan assets (subtract line 7b from line 7a)	7c		6,81	.5					7,269			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		/bì	Total					
	Contributions received or receivable from:	10.000 00.000	(4)		2.40					7.7.7.			
	(1) Employers	. 8a(1)		80	27.5			7-1-	Control Herri				
	(2) Participants	. 8a(2)		2,60	15		Allenia (France)	44					
	(3) Others (including rollovers)									· · · · · ·			
	Other income (loss)	. 8b		60	15		The Prince	11 (1)	**!	4 010			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		5 13	200	tion is	os jaga in n			4,010			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1 54.								
_ 0	Certain deemed and/or corrective distributions (see instructions)	8e		3,55	6	3,556 454 odes in the instructions: des in the instructions:							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			199					- 1			
g	Other expenses	. 8g		(Br) 4: 1:	45			10.02		<u> </u>			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		307 13 14 14 14 14 14 14 14 14 14 14 14 14 14									
	Net income (loss) (subtract line 8h from line 8c)	. 81		102.3		V 5 4 5 .	ora de Cara	1100		454			
J	Transfers to (from) the plan (see instructions)	<u> 8j</u>			43.					·			
	t IV Plan Characteristics												
Pari	V Compliance Questions During the plan year:				Yes	No	<u> </u>	An	ount				
-iv		itions with	in the time period described in					~	OUIN				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х							
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10 1 b		х							
С	Was the plan covered by a fidelity bond?			10c	х					1,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х							
8	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all												
	instructions.)	,		10e		Х							
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х							
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end:)	10g		Х							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х							
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d natice ar one of the	101									
Part	VI Pension Funding Compliance						pagasara. Jan						
11	Is this a defined benefit plan subject to minimum funding requirem				Sched	iule Si	3 (Form	Тг	Yes	Пио			
11-	5500) and line 11a below)				T	440			1.00				
11a			W-723			11a	EDIGAS	Т	Yes	XNo			
12	is this a defined contribution plan subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			or Se	SULION I	o∪∠ ÇI	ENGA!	-1-1	1.00	[2],10			
a	If a waiver of the minimum funding standard for a prior year is being	ng amorti	zed in this plan year, see instru		, and a	enter t		the !		ling			
If	granting the waiver	e MB (Fo	nn 5500), and skip to line 13.	1941		Pay		1.0	<u></u>				
	Enter the minimum required contribution for this plan year					12b							

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c	Enter the amount contributed by the employer to the plan for this plan year			120				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)			12d				
8	Will the minimum funding amount reported on line 12d be met by the funding deadling	∍?				Yes	No	N/A
Part	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X 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 and of the PBGC?							es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify the pla	n(s)i	to				
	13c(1) Name of plan(s):		1	3c(2)	EIN(s)		130	(3) PN(s)
Part	Trust information (optional)							
14a	Name of trust			14b	Trust':	s EIN		_
			1					