## 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

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1	art i Annual Report Identification information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:  the first return/report	the final r	eturn/report		<u> </u>	
		a short pla	an year return/report (less than 12 m	onths)		
_	片_ ' 片	•	extension	,	DFVC progra	am
C			, exterision		☐ Di ve piogra	1111
_	special extension (enter description	,				
	art II Basic Plan Information—enter all requested information	ation		1 41		
	Name of plan ISON DEARBORN SUPPLEMENTAL RETIREMENT PLAN			10	Three-digit plan number	
IVIAL	ISON DEARBORN SUPPLEMENTAL RETIREMENT PLAN				(PN)	002
				1c	Effective date o	
					01/01	
2a	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identi	fication Number
MAE	DISON DEARBORN PARTNERS, LLC				(EIN) 36-42	64559
				2c	Sponsor's telep	hone number
THR	EE FIRST NATIONAL PLAZA				312-89	5-1330
	CAGO, IL 60602			2d	Business code (	(see instructions)
					54111	
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's	EIN 264559
IVIAL	ISON DEARBORN PARTNERS, LLC THREE FIRS' CHICAGO, IL		AL PLAZA	30		
				36	312-89	telephone number 5-1330
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.					
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		80
b	Total number of participants at the end of the plan year			5b		C
С	Number of participants with account balances as of the end of the p	olan year (	defined benefit plans do not			
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a					X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		· · · · · · · · · · · · · · · · · · ·			X Yes   No
Pá	art III Financial Information	31111 3300-	or and must mstead use rorm 55			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
_	Total plan assets	72	(a) Beginning of Tear 434587		(b) Liid	0
d C	•		434587			0
<u>C</u>		7c				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) 1	otal
а	(1) Employers	8a(1)				
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b			-34311			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		0.011			-34311
c d	Benefits paid (including direct rollovers and insurance premiums	8c				0.011
u	to provide benefits)	8d	400276			
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses					
h	·	8h				400276
ï	Net income (loss) (subtract line 8h from line 8c)					-434587
i	Transfers to (from) the plan (see instructions)					
		8j	İ			

Form	5500.	SF.	201

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2F 2G 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amoun	:
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
Was the plan covered by a fidelity bond?	10c	Χ				100000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
t VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))			ule SB (F	orm		
0000]]					Ye	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Y (	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	ction 3	002 of EF	RISA?	Ye	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	and e	002 of EF	RISA?	Ye	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moi f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.	e or se	and e	nter the	RISA?	Ye	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moi f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	nter the Day	RISA?	Ye	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se	and e	nter the Day	RISA?	Ye	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	nter the Day	RISA?	he letter Year	s X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	nter the Day	Yes	he letter Year	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	and e	nter the Day	Yes	he letter Year  No	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	Yes	he letter Year  No	Noruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Moif you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day	Yes	Year	Noruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	Yes	he letter Year No No Ye	ruling N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	nter the Day	Yes	he letter Year No No Ye	ruling  N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/11/2012	DAVID SNYDER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## 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** 

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

- ·		dance witl	n the instructions to the Form 5500	SF.		p			
	art I Annual Report Identification Information								
For		1/01/2	011 and ending		12/31/201	.1			
Α	This return/report is for:      X   a single-employer plan	a multiple	-employer plan (not multiemployer)	oyer) a one-participant plan					
В	This return/report is:	the final r	eturn/report						
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m			
	special extension (enter description			ı					
D	art II Basic Plan Information—enter all requested informa								
	Name of plan	alion		1h	Three-digit				
ıa	MADISON DEARBORN SUPPLEMENTAL RETIREMENT	ΡΤ.ΔΝ		1.0	plan number				
	PROTOGN DEFINED NOT DEFENTAL NET INDIGEN	1 11/11/			(PN) <b>•</b>	002			
					Effective date of	•			
					01/01/2001	L			
2a	Plan sponsor's name and address; include room or suite number (et	mployer, if	for a single-employer plan)		Employer Identif				
	MADISON DEARBORN PARTNERS, LLC		·		(EIN) 36-426				
				2C	Sponsor's telep (312) 895-				
	THREE FIRST NATIONAL PLAZA			2d		see instructions)			
	CHICAGO		IL 60602		541110	see manachons)			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same		3b	Administrator's I	ΞΙΝ			
	SAME		,						
				3с	Administrator's t	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la	act roturn/	conart filed for this plan, ontor the	4b	EIN				
•	name, EIN, and the plan number from the last return/report.	ast return/	eport med for this plant, enter the	40	EIIN				
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			5a		80			
b	Total number of participants at the end of the plan year			5b		(			
С	Number of participants with account balances as of the end of the parameter this item.			5c		(			
62	complete this item)  Were all of the plan's assets during the plan year invested in eligible					X Yes No			
b	Are you claiming a waiver of the annual examination and report of a		•			<u> </u>			
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No			
r _	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End	of Year			
а	Total plan assets	7a	434,58	7		(			
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	434,58	7		(			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:	0=(4)							
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		_					
<b>L</b>	(3) Others (including rollovers)	8a(3)	/2/ 211	\					
b	Other income (loss)	8b	(34,311	)		(24 211)			
q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(34,311)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	400,27	6					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				400,276			
i	Net income (loss) (subtract line 8h from line 8c)	8i				(434,587)			
i	Transfers to (from) the plan (see instructions)					, , - , - ,			

	art 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: 2A 2E 2F 2G 2T 3D										
b	If the	e plan provides welfare benefits, enter the applicable welfare feature	e codes from the Li	st of Plan Characte	eristi	ic Cod	les in t	he instru	uctions	:	
Part	٧	Compliance Questions									
10	Dui	ing the plan year:				Yes	No		Am	ount	
а	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	m) <u>1</u>	10a		Х				
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
С	Wa	s the plan covered by a fidelity bond?		1	10c	Χ				1,00	0,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit ishonesty?	•	,	10d		Х				
е	•						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 ye	ear end.)	1	10g		Х				
h		is is an individual account plan, was there a blackout period? (See i 0.101-3.)		CFR	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the req									
<b>.</b> .		eptions to providing the notice applied under 29 CFR 2520.101-3		1	10i						
Part		Pension Funding Compliance	) (16 lb) (   li     · · · · · · ·			<u> </u>					
11		nis a defined benefit plan subject to minimum funding requirements?  0))							Г	Yes	X No
12		his a defined contribution plan subject to the minimum funding requi								Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	_	_
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling										
If v		nting the waivercomplete lines 3, 9, and 10 of Schedule MB					Day		_ Ye	ar	
b		er the minimum required contribution for this plan year					12b				
C		er the amount contributed by the employer to the plan for this plan ye					12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the reative amount)	esult (enter a minu	s sign to the left of	a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the fur	nding 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?					X ,	Yes	No		
	If "Y	es," enter the amount of any plan assets that reverted to the employ	yer this year		1	3a					0
b		re all the plan assets distributed to participants or beneficiaries, trans		. , .	nder	the co	ontrol		Σ	Yes	No
С		uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	is plan to another إ	olan(s), identify the	plar	n(s) to	)				
1	13c(1) Name of plan(s):						<b>c(2)</b> E		13c(3)	PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed u	nless reasonable	cau	se is	estab	lished.			
SB o	r Śch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as t true, correct, and complete.									
			3/29/2012	Many DaSily	· · ·						
SIG		muy basilin		Mary DaSilv		ıal ein	ning a	s nlan a	dminie	trator	

Date

Enter name of individual signing as employer or plan sponsor

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Form 5500-SF 2011

SIGN HERE

Signature of employer/plan sponsor