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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number PULL, INC. PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PULL, INC. 13-4201418 (EIN) 2c Sponsor's telephone number 212-929-2324 **68 KING STREET** NEW YORK, NY 10014 2d Business code (see instructions) 561490 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN PULL, INC. 13-4201418 **68 KING STREET** NEW YORK, NY 10014 **3c** Administrator's telephone number 212-929-2324 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 215419 284350 Total plan assets..... 7a n 7b Total plan liabilities..... 215419 284350 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 55000 8a(1) (1) Employers (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 13931 **b** Other income (loss)..... 8b 68931 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 0 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 68931 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions)

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Part IV	Plan	Charac	teristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plantage		Vec	NI-		_		
	During the plan year:		Yes	No		Ar	nount	
а	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		Χ				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
	on line 10a.)	10b		.,				
;	Was the plan covered by a fidelity bond?	10c		X				
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
	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				
j	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						
	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						
	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nloto	Cobod	ulo CE	/Form	^		
	is this a defined benefit plan subject to minimum funding requirements? (If Tes, See instructions and comp		Scried	ule SE	(LOIII	1	Yes	
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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	+
							=	
(Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA	.?	Yes	, X 1
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/27/2012	JOHN SCOTT BRITTINGHAM
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 e Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	24 / 24 / 224		500	46 (64 (66)	
For	calendar plan year 2011 or fiscal plan year beginning	01/01/201	1 and ending		12/31/2011	**************************************
Α	This return/report is for:	a multiple-en	nployer plan (not multiemployer)		a one-participan	t plan
В	This return/report is: the first return/report	the final retur	rn/report			
	an amended return/report	a short plan y	ear return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	automatic ex	tension		DFVC program	
	special extension (enter descrip	ition)		8		
P:	art II Basic Plan Information—enter all requested infor					***
	Name of plan			1b	Three-digit	
	PULL, INC. PROFIT SHARING PLAN				plan number	
					(PN) >	001
				1c	Effective date of place of pla	an
22	Plan sponsor's name and address; include room or suite number	(amployer if for	a single employer plan)	25		£ N 1
	PULL, INC.	(eniblo)er, il loi	a single-employer plan)	20	Employer Identifica (EIN) 13-42014	
				2c	Sponsor's telephor	
					(212) 929-23	
	68 KING STREET			2d	Business code (see	e instructions)
	NEW YORK		NY 10014		561490	**
3a	Plan administrator's name and address (if same as plan sponsor, SAME	enter "Same")	į	3b	Administrator's EIN	1
	,			3c	Administrator's tele	phone number
207000	nego extrem			-	Fighting (alor 3 lese	priorie namber
4	If the name and/or EIN of the plan sponsor has changed since the	e last return/rep	ort filed for this plan, enter the	4b	EIN	0.000.000 Telephone (AU)
_	name, EIN, and the plan number from the last return/report.				DN	
5a	Sponsor's name Total number of participants at the beginning of the plan year			4c	T T	
b			No. ACCIONOS CONTROLOS	5a	-	. 2
350	Number of participants with account balances as of the end of the		THE COURT OF THE C	5b	3000	2
	complete this item)			5c	*	2
- 100	complete this item)					2 X Yes No
6a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of	ible assets? (Se	e instructions.)	PA)	20 N 20 N	X Yes No
6a	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ible assets? (Se of an independer of and conditions	ee instructions.) nt qualified public accountant (IQF	PA)	20 N 20 N	
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Part Part Part Part Part Part Part Part	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Total expenses (add lines 8d, 8e, 8f, and 8g).	ible assets? (See f an independer y and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 215, 41 (a) Amount	9 0 0	(b) End of	Yes No Year 284,350 284,350 1 68,931

•	F	Form 5500-SF 2011	Page 2 -	<u> </u>		·			
Par	ŧIV	Plan Characteristics						**************************************	
9a		plan provides pension benefits, enter the applicable pension fea	ture codes from the l	List of Plan Chara	cterist	ic Co	des in	the instr	uctions:
d		arepsilon 3D $arepsilon$ plan provides welfare benefits, enter the applicable welfare feati	ure codes from the Li	st of Plan Charac	teristic	c Cod	es in th	ne instruc	zions:
		Canaliana Ovactions					e can		
Part		Compliance Questions				Yes	No		Amor
10 a	Was	ing the plan year: s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time per	iod described in	10a		Х		Minor
b	Wer	re there any nonexempt transactions with any party-in-interest? (I	Do not include transa	ctions reported			х		
		ine 10a.)s the plan covered by a fidelity bond?		64.	10b	-	X		
c d		the plan have a loss, whether or not reimbursed by the plan's fid.		10.000	100		Λ	75 Y-1985	
-	or d	ishonesty?			10d		Х		
e	insu	re any fees or commissions paid to any brokers, agents, or other trance service or other organization that provides some or all of ti ructions.)	ne benefits under the	plan? (See	10e		Х		
f	Has	the plan failed to provide any benefit when due under the plan?			10f		Х		10 TO
g	Dio	the plan have any participant loans? (If "Yes." enter amount as o	f year end.)	······································	10g		Х		
h		is is an individual account plan, was there a blackout period? (Se 0.101-3.)			19h				
i	If 16	Th was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3	required notice or an	e of the	10i				
Part		Pension Funding Compliance							
11	550 Is ti	is a defined benefit plan subject to minimum funding requiremen 0))	quirements of section						
а	if a	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab waiver of the minimum funding standard for a prior year is being nting the waiver.	amortized in this plan						
łf		completed line 12a, complete lines 3, 9, and 10 of Schedule N				F		,	
b	Ente	er the minimum required contribution for this plan year				-	12b		
G di		er the amount confributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b, Enter th	15			• -	12c		
u		ative amount)	A STATE OF THE PARTY OF THE PAR			L	12d		
-	100000000000000000000000000000000000000	the minimum funding amount reported on line 12d be met by the	funding deadline?		,,,,,,,,			Yes	No
Part	VII	Plan Terminations and Transfers of Assets							
13a		a resolution to terminate the plan been adopted in any plan year?			-			es X	No
		es," enter the amount of any plan assets that reverted to the emp				2007 B			
Ð		e all the plan assets distributed to participants or beneficiaries, tr	ansferred to another	plan, or brought t	ınder t	the co	ntrol		П
c		ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify th	e plan	(s) to		200	
	13c(1)) Name of plan(s):				136	(2) EI	N(s)	1
36									
Caut	ion:	A penalty for the late or incomplete filing of this return/repor	t will be assessed u	nless reasonabl	e cau	se is	establ	ished.	
SBo	r Sch	nalties of perjury and other penalties set forth in the instructions, is edule MB completed and aigned by an enrolled actuary, as well a true-correct, and complete.	declare that I have a as the electronic vers	examined this return/	m/rep report,	ort, in and t	cluding o the t	g, if appli sest of m	cable, a y knowl
SIG	ent I	C-7425(N	6-05 12	JOHN SCOTT	BRJ	TTI	NGHA	·Μ	
HE		Signature of plan administrator	Date	Enter name of it		100000			tministra

Date

Enter name of individual signing as employer or pla

SIGN HERE

Signature of employer/plan sponsor