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| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 1855420 1892946 b Total plan assets (subtract line 7b from line 7a). 7c 1855420 1892946 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 1892946 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 1892946 9 Contributions received or receivable from: 8a(1) 145471 (b) Total 145471 (2) Participants 8a(2) 116903 38633 16003 38633 386533 386 253280 253280 | b | | | | | | | | | | |
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| aTotal plan assets7a18554201892946bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c185542018929468Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)145471(2)Participants8a(2)116903(3)Others (including rollovers)8a(3)38633bOther income (loss)8b-47727cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c253280dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d196558eCertain deemed and/or corrective distributions (see instructions)8f191916gOther expenses8g00fAdministrative service providers (salaries, fees, commissions)8f191916gOther expenses (add lines 8d, 8e, 8f, and 8g)8h215754iNet income (loss) (subtract line 8h from line 8c)8i37526 | Pa | | | | | | | | | | |
| aFor a plan labelities.FabTotal plan liabilities.7b0cNet plan assets (subtract line 7b from line 7a) | 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | | | | | |
| CNet plan assets (subtract line 7b from line 7a) | а | Total plan assets | | 7a | | | | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 145471 (1) Employers 8a(1) 145471 (2) Participants 8a(2) 116903 (3) Others (including rollovers) 8a(3) 38633 b 0ther income (loss) 8b -47727 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 253280 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 196558 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | b | • | | 7b | | | | | | | |
| a Contributions received or receivable from: (1) Employers 8a(1) 145471 (2) Participants 8a(2) 116903 (3) Others (including rollovers) 8a(3) 38633 b Other income (loss) 8b -47727 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 253280 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 196558 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | | | | 7c | 1855420 | | 1892946 | | | | |
| (1) Employers 8a(1) 145471 (2) Participants 8a(2) 116903 (3) Others (including rollovers) 8a(3) 38633 b Other income (loss) 8b -47727 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 253280 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 196558 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | - | | | | (a) Amount | | (b) Total | | | | |
| (2) FolloppingOutput(3) Others (including rollovers)8a(3)(3) Others (including rollovers)8a(3)(3) Other income (loss)8b-47727(3) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c(3) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c(3) Other specific provide banefits)8d(3) Other expenses8d(4) Other expenses0(5) Administrative service providers (salaries, fees, commissions)8f(6) Other expenses8g(7) Other expenses8g(8) Other expenses (add lines 8d, 8e, 8f, and 8g)8h(9) Other expenses (add lines 8d, 8e, 8f, and 8g)8h(9) Other expenses (add lines 8d, 8e, 8f, and 8g)8h(10) Other expenses (add lines 8d, 8e, 8f, and 8g)8h(10) Other expenses (add lines 8d, 8e, 8f, and 8g)8i(10) Other expenses (add lines 8d, 8e, 8f, and 8g)8i | a | | | 8a(1) | 145471 | | | | | | |
| b Other income (loss) | | (2) Participants | | 8a(2) | 116903 | | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 253280 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 253280 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 196558 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | | (3) Others (including rollovers) |) | 8a(3) | 38633 | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | b | Other income (loss) | | 8b | -47727 | | | | | | |
| to provide benefits) 8d 196558 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | С | | | 8c | | _ | 253280 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses | d | | | 84 | 196558 | | | | | | |
| f Administrative service providers (salaries, fees, commissions) 8f 19196 g Other expenses | e | · , | | | 0 | | | | | | |
| g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | | | , | | - | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 215754 i Net income (loss) (subtract line 8h from line 8c) 8i 37526 | | • | | | 0 | | | | | | |
| Net income (loss) (subtract line 8h from line 8c) | | | | | | | 215754 | | | | |
| Transfers to (from) the plan (see instructions) | i | | | | | | 37526 | | | | |
| | j | Transfers to (from) the plan (se | e instructions) | 8j | | | | | | | |

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

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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: 2A 2E 2G 2H 2J 2K 3B 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V **Compliance Questions** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 200000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 25193 g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h i. 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500)).... 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... Yes No (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 instructions, and enter the date of the letter ruling granting the waiver.Month _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х 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 control Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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. | 09/25/2012 | DAVID WILSON |
|------|---|------------|--|
| 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 | yee | OMB Nos. 1210-0110 1210-0089 | | | | | | |
|---|---|---|--|--|--------|--|--|--|--|
| | Department of the Treasury Internal Revenue Service | е | 2011 | | | | | | |
| E | Department of Labor nployee Benefits Security Administration | (a) of | a) of This Form is Open to Public | | | | | | |
| F | ension Benefit Guaranty Corporation | Complete all entries in accord | dance wit | h the instructions to the Form 5500 | 0-SF. | Inspection | | | |
| | | entification Information | | | | | | | |
| For | calendar plan year 2011 or fisca | | 01/01/2 | and ending | | 12/31/2011 | | | |
| Α | This return/report is for: | a single-employer plan | a multiple | e-employer plan (not multiemployer) | | a one-participant plan | | | |
| В | This return/report is: | the first return/report | the final r | eturn/report | | | | | |
| | | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) |) | | | |
| С | Check box if filing under: | Form 5558 | automatic | c extension | | DFVC program | | | |
| | | special extension (enter description | on) | | | | | | |
| Pa | rt II Basic Plan Inforn | nation-enter all requested inform | ation | | | | | | |
| | Name of plan | | | | 1b | Three-digit | | | |
| | Wilson Relationship | Marketing Services, | LLC 40 | 1K | | plan number (PN) ▶ 001 | | | |
| | rofit Sharing Plan | | | | 1c | Effective date of plan | | | |
| | | | | | | 01/01/2002 | | | |
| 2a | | | employer, if for a single-employer plan) | | | Employer Identification Number | | | |
| | Wilson Relationship ces, LLC | Marketing Servi | | | | (EIN) 13-4189243 | | | |
| | | | | | 2c | Sponsor's telephone number (212) 473-6900 | | | |
| | 333 Seventh Ave, 5t New York | h Floor | | NY 10001 | 2d | Business code (see instructions) 541800 | | | |
| | | address (if same as plan sponsor, er | nter "Same | | 3b | Administrator's EIN | | | |
| | same | | | · | | | | | |
| | | | | | 3c | Administrator's telephone number | | | |
| 4 | If the name and/or EIN of the pl | an sponsor has changed since the la | ast return/r | report filed for this plan, enter the | 4b | EIN | | | |
| • | name, EIN, and the plan number | | | | 40 | | | | |
| | Sponsor's name | | | | 4c | | | | |
| 5a | Total number of participants at | the beginning of the plan year | | | 35 | | | | |
| b | Total number of participants at | 35 | | | | | | | |
| C 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 | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | | |
| | 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. | | | | | | | | |
| Pa | rt III Financial Informa | | | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year | | | |
| а | Total plan assets | | 7a | 1,855,42 | 0 | 1,892,946 | | | |
| b | Total plan liabilities | | 7b | | 0 | 0 | | | |
| C | Net plan assets (subtract line 7 | b from line 7a) | 7c | 1,855,42 | 0 | 1,892,946 | | | |
| 8 | Income, Expenses, and Transfe | ers for this Plan Year | | (a) Amount | | (b) Total | | | |
| а | Contributions received or received | | 0.(1) | 145,47 | 1 | | | | |
| | | | 8a(1) | 116,90 | | | | | |
| | | | 8a(2) | 38,63 | _ | | | | |
| ь | | | 8a(3) 8b | (47,727 | - | | | | |
| b | | | 8c | | - | 253,280 | | | |
| c d | | ollovers and insurance premiums | 00 | | + | | | | |
| | | | 8d | 196,55 | 8 | | | | |
| е | | ve distributions (see instructions) | 8e | | 0 | | | | |
| f | Administrative service providers | s (salaries, fees, commissions) | 8f | 19,19 | 6 | | | | |
| g | Other expenses | | | | U | | | | |
| h | | e, 8f, and 8g) | | | - | 215,754 | | | |
| i | | 8h from line 8c) | | | | 37,526 | | | |
| 1 | , , , , , | e instructions) | | | | Form 5500-SF (2011) | | | |
| 0 For F | aperwork Reduction Act Notice and OM | B Control Numbers, see the Instructions for | rorm 5500-S | r. | | Form 5500-5F (2011) | | | |

Page **2** -

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: 2A 2E 2G 2H 2J 2K 3B 3D

`

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | v | Compliance Questions | | | | | | | |
|--------------|--|--|--------|----------|---------|----------------|---------------------|--------------|--|
| 10 | Duri | ng the plan year: | | Yes | No | A | mount | | |
| 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) | | | | | | | |
| b | • Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X | | | | | | | | |
| с | Was the plan covered by a fidelity bond? | | | | | | | | |
| d | | | | | | | | | |
| e | 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 10e X | | | | | | | | |
| f | Has | the plan failed to provide any benefit when due under the plan? | 10f | | х | | | | |
| g | Did t | he plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | | 2 | 25,193 | |
| h | | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.) | 10h | | Х | | | | |
| i | | h was answered "Yes," check the box if you either provided the required notice or one of the providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| Part | VI | Pension Funding Compliance | | | | | | | |
| 11 | | | | | | | | | |
| 12 | ls th | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | orse | ction 3 | 302 of | ERISA? | Yes | X No | |
| | (If "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 granting the waiver | | | | | | | | |
| lf y | ou c | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Г | | | | | |
| b | b Enter the minimum required contribution for this plan year | | | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | | | | | | | | |
| d | 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) | | | | | | | | |
| е | Will t | he 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? | | | ۲ 🗌 | ′es X No | | | |
| | lf "Y | es," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | | | |
| С | | ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.) | ne pla | n(s) to | | | | _ | |
| 1 | 3c(1) | Name of plan(s): | | 13 | c(2) El | N(s) | 13c(3) | PN(s) | |
| | | | | | | | | | |
| Caut | | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | ise is | establ | ished. | | | |
| Unde SB o | r pena r Sche | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return adule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, true, correct, and complete. | urn/re | oort, ir | cludin | g, if applicab | e, a Sch owledge | edule and | |

| | | | | <u> </u> | |
|------|------------------------------------|------|----|----------|--|
| SIGN | D- | 2/0 | 8/ | 12 | David Wilson |
| HERE | Signature of plan administrator | Date | 1 | <u> </u> | 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 |