Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MILROSE CONSULTANTS INC.

498 SEVENTH AVENUE, 8TH FLOOR
NEW YORK, NY 10018

2b Employer Identification Number (EIN) 11-3039923

2c Sponsor's telephone number 212-894-0170

2d Business code (see instructions) 541310

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/12/2012	DONNA JORDAN
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MILROSE CONSULTANTS INC.

498 SEVENTH AVENUE, 8TH FLOOR
NEW YORK, NY 10018

3b Administrator's EIN
11-3039923

3c Administrator's telephone number
212-894-0170

4 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 Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	167
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	137
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	171
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
36-6071399	70688	341578		01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
10616	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HOWARD ROSENBAUM
WELLS FARGO INS SERVICES INVES
301 SOUTH COLLEGE ST 19TH FLOOR
CHARLOTTE, NC 28202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
9941			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MICHAEL KOTARSKI
WELLS FARGO ADVISORS INS AGENCY
401 S TRYLON STREET 11 FLOOR
CHARLOTTE, NC 28288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
675			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2176040

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE ADV OPTION

b	Balance at the end of the previous year			7b	247679
c	Additions: (1) Contributions deposited during the year	7c(1)	12397		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	6935		
	(4) Transferred from separate account	7c(4)	42758		
	(5) Other (specify below)	7c(5)	1092		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	63182
d	Total of balance and additions (add **b** and **c(6)**).			7d	310861
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	24047		
	(2) Administration charge made by carrier	7e(2)	1300		
	(3) Transferred to separate account	7e(3)	354		
	(4) Other (specify below)	7e(4)	14443		
	▶ LOAN REQUEST				
	(5) Total deductions			7e(5)	40144
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	270717

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	13613	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS BALANCED INV ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
36-6071399-298	P	25119

a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
36-6071399-309	P	61559

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BOND RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-6071399-312	P	9891

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-6071399-495	P	27276

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-6071399-106	P	120494

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-6071399-108	P	18667

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH INV ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
36-6071399-114	P	165140

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-139	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6822

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE INV

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-155	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3109

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH QUALITY

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-159	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6873

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3734

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA U.S. BOND INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-416	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117412

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA INV ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-403	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189781

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJUSTED

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-440	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22558

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP CORE EQUITY INV ACC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-353	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17412

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-355	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11977

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2005 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-417	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-356	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3971
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110111
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78493
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-295	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	92943
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - CON			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21335
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	164375
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - MOD			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82264
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION - GRO			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58609
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS TECHNOLOGY TOLLKEEPER			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-042	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55907
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND INV ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250219

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7580
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES RET A			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-083	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10711
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20997
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS OVERSEAS RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-091	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12079
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17430
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-097	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16627
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21698
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-134	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16893
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20141

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100698

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50788

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RET ACC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-169	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4237

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VALUE INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-171	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6283

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-172	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7873

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-173	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9478

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO 21ST CENTURY INV A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-174	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100549

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INCOME OPPORTUNITIES INV A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-175	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19872

a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL VALUE RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-210	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5675

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	154628	209813
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1957293	2176040
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	247679	271717
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2359600	2657570
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2359600	2657570

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	452935	
(C) Others (including rollovers)	2a(1)(C)	17333	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		470268
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7441	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7441
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-73760
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11843
d Total income. Add all **income** amounts in column (b) and enter total	2d		415792
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	105609	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		105609
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12213	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12213
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		117822
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		297970
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WAYNE P NAEGELE CPA (2) EIN: 27-3389664

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MILROSE CONSULTANTS INC. 401(K)/PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MILROSE CONSULTANTS INC.

D Employer Identification Number (EIN)
11-3039923

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1445542

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. 3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

FINANCIAL STATEMENTS
YEARS ENDING
DECEMBER 31, 2011 AND 2010

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
Years Ending December 31, 2011 and 2010

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010	2
Statement of Changes in Net Assets Available for Benefits for the Year Ending December 31, 2011	3
Notes to Financial Statements	4-15
Schedule 1: Supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2011	16

Note: All other schedules required by Section 2520.103-10 of the United States Department of Labor 's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Wayne P. Naegele
CERTIFIED PUBLIC ACCOUNTANT
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225 WEST 35TH STREET, 16TH FLOOR
NEW YORK, NEW YORK 10001

TEL (212) 736-0055 FAX (212) 736-1865

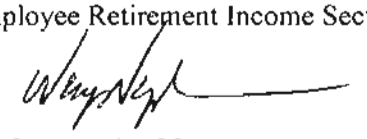
INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
of Milrose Consultants, Inc.
401(K)/Profit Sharing Plan

We were engaged to audit the financial statements of Milrose Consultants, Inc. 401(K)/Profit Sharing Plan as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by Transamerica Retirement Services, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Wayne P. Naegele, CPA
New York, New York
October 4, 2012

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010

	December 31, 2011	December 31, 2010
ASSETS:		
Participant directed investments, at fair value	$ 2,447,757	$ 2,204,972
Notes receivable from participants	209,813	154,628
TOTAL ASSETS	2,657,570	2,359,600
LIABILITIES:		
Contribution refunds payable	-	-
NET ASSETS AVAILABLE FOR BENEFITS, AT FAIR VALUE	$ 2,657,570	$ 2,359,600

See Notes to Financial Statements

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ending December 31, 2011

	For the year ending December 31, 2011
ADDITIONS:	
Additions to net assets attributed to-	
Contributions-	
Participant	$ 452,935
Participant Rollovers	17,333
Earnings on investments-	
Loans	7,441
Unrealized appreciation (depreciation) of assets	(61,917)
TOTAL ADDITIONS	415,792
DEDUCTIONS:	
Deductions from net assets attributed to-	
Benefits paid to participants	105,609
Expenses	12,213
TOTAL DEDUCTIONS	117,822
NET INCREASE	297,970
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of the year	2,359,600
End of the year	$ 2,657,570

See Notes to Financial Statements

MILROSE CONSULTANTS INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

1 - DESCRIPTION OF THE PLAN

The following plan description is provided for general information purposes. Participants of the Milrose Consultants, Inc. 401(K)/Profit Sharing Plan (the "Plan") should refer to the Plan for more detailed and complete information.

General: The Plan became effective January 1, 2006. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a participant-directed defined contribution plan covering all eligible employees of Milrose Consultants Inc. An employee becomes a participant of the Plan immediately on the first day of the month following two months of employment with the Company as defined by the Plan. There is no minimum age requirement to participate. The Plan's custodian is Transamerica Retirement Services. Transamerica Retirement Services is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. Upon entry into the Plan, participants elect to have the Company's contributions invested in any combination of funds offered in the Plan. The following funds were available at year end:

- Transamerica Stable Value Advantage Account – The fund seeks a stable return and safety of principal. It seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year treasury bills.
- Transamerica Partners High Quality Bond Ret Account – The fund seeks to provide a high risk-adjusted return while focusing on the preservation of capital. It invests in a diverse portfolio of high quality bonds and other debt securities with short and intermediate maturities.
- JP Morgan Government Securities Ret Account – The fund seeks total return with a high level of current income and a moderate degree of share-price fluctuation. It is best suited for long-term investors who want higher income than shorter-term securities generally provide.
- Loomis Sayles Investment Grade Bond Ret Account – The fund seeks high total investment return.
- SSgA U.S Bond Index – The fund seeks to match the total rate of return of the Barclays Capital U.S Aggregate Bond Index during a calendar year. It seeks to match investments in a portfolio that owns units of one or more well-diversified portfolios that hold securities representative of the domestic investment grade bond market.
- AEGON Bond – The fund seeks high total return, consistent with capital preservation. It is best suited for investors who wish to invest in a diversified portfolio of bonds and who have the ability to accept above-average bond price volatility in pursuit of a high total return.
- Columbia Income Opportunities Fund – The fund seeks total return, consisting of a high level of income and capital appreciation.
- Oppenheimer International Bond Ret Account – The fund seeks total return with a secondary objective of income consistent with total return. It invests mainly in debt securities of foreign government and corporate issuers.
- Janus Adviser Balanced Investment Account – The fund seeks long-term growth of capital, consistent with preservation of capital and balanced by current income.
- Transamerica Asset Allocation - Conservative Portfolio Ret Account – The fund seeks current income and preservation of capital. It normally invests in underlying Transamerica funds to achieve a mix over time of approximately 35% of assets in equity and 65% of assets in fixed-income which may include bonds, cash, cash equivalents, or other money market instruments.

1 - DESCRIPTION OF THE PLAN - (continued)

- Transamerica Asset Allocation - Growth Portfolio Ret Account – The fund seeks long-term capital appreciation. It invests in underlying funds that invest primarily in equities. It allocates assets among the underlying funds based on such things as prudent diversification principles, general market outlooks, historical performance, global markets' current valuations, and other global economic factors.
- Transamerica Asset Allocation - Moderate Growth Portfolio Ret Account – The fund seeks capital appreciation with current income as secondary objective. It invests in a diversified combination of underlying Transamerica Funds.
- Transamerica Asset Allocation - Moderate Portfolio Ret Account – The fund seeks capital appreciation and current income. It normally invests in a diversified combination of underlying Transamerica funds.
- Vanguard Target Date Retirement Funds (2005 through 2050) - These funds seek to provide growth of capital and current income. They primarily invest in other Vanguard mutual funds according to an asset allocation designed for investors planning to retire between the years 2005 through 2050.
- SSgA Russell Large Cap Value Index – The fund seeks to replicate the returns and characteristics of the Russell 1000 Value Index.
- Transamerica Partners Mid Value Ret Account – The fund seeks a high total investment return. It normally invests at least 80% of net assets in securities of medium-sized companies.
- WMC Core Equity – The fund seeks to maximize capital appreciation and is best suited for investors who want a valuation approach to investing and the ability to accept average market volatility.
- Transamerica Partners Stock Index Ret Account – The fund seeks to match the performance of the Standard & Poor's 500 Index. It normally invests at least 90% of assets in stock comprising the S&P 500 Index.
- Invesco Mid Cap Core Equity Investment Account – The fund seeks long-term growth. It seeks to meet its objective by investing, normally, at least 80% of its assets in equity securities, including convertible securities of mid-capitalization companies.
- SSgA S&P Mid Cap Index – The fund seeks to replicate the returns and characteristics of the S&P MidCap 400 Index. It seeks to match the return of the S&P MidCap 400 Index by investing in a portfolio that owns units of one or more portfolios that hold securities of the S&P MidCap 400 Index, in the same capitalization weights as they appear in the Index.
- Columbia Marsico 21st Century Investment Account – The fund seeks long-term capital growth. It invests primarily in equity securities of companies of any capitalization size.
- SSgA Russell Large Cap Growth Index – The fund seeks to replicate the returns and characteristics of the Russell 1000 Growth Index.
- American Century Vista Investment Account – The fund seeks long-term capital growth. It primarily invests in companies that management believes will increase in value over time.
- Franklin Small Cap Value Ret Account – The fund seeks long-term total return. It normally invests at least 80% of net assets in small capitalization companies with market capitalizations under $3.5 billion at the time of purchase.

1 - DESCRIPTION OF THE PLAN - (continued)

- Vanguard Small-Cap Index Ret Account – The fund seeks to track the performance of the benchmark index that measures the investment return of small capitalization stocks. It employs a passive management investment approach designed to track the performance of the MSCI US Small Cap 1750 Index, a broadly diversified index of stocks of smaller U.S. companies.
- Invesco Small Cap Growth Investment Account – The fund seeks long-term growth. It seeks to meet its objective by investing, normally, at least 80% of its assets in securities of small-capitalization companies.
- American Funds New Perspective Investment Account – The fund seeks capital appreciation and income. It normally invests in stock of companies located around the world to take advantage of investment opportunities generated by changes in international trade patterns and economic and political relationships.
- American Funds EuroPacific Growth Ret Account – The fund normally invests at least 80% of net assets in securities of issuers in Europe and the Pacific Basin that the investment adviser believes to have the potential for growth.
- Templeton Foreign Ret Account – The fund seeks long-term capital growth. It is best suited for long-term investors who want international investment opportunities and who can accept the special risks associated with these investments.
- Thornburg International Value Ret Account – The fund seeks long-term capital appreciation. It normally invests at least 75% of assets in foreign securities or depository receipts of foreign securities.
- American Century Inflation-Adjusted Bond Investment Account – The fund seeks total return and inflation protection consistent with the investment in inflation-indexed securities. It invests at least 80% of assets in inflation-adjusted securities including inflation-indexed securities issued by the U.S. Treasury, by other U.S. government agencies and instrumentalities, and by other, non-U.S. government entities such as corporations.
- Nuveen Real Estate Securities – The fund seeks current income and long-term capital appreciation. It normally invests at least 80% of net assets in income-producing common stocks of publicly traded companies engaged in the real estate industry.
- Goldman Sachs Tollkeeper Investment Account – The fund seeks long-term growth of capital. It normally invests at least 80% of assets in equity investments in Tollkeeper companies.
- SSgA Emerging Markets Index – The fund seeks to match closely returns of the capitalization weighted MSCI Emerging Markets (EM) Index. It also incorporates a 15% limit on the weight of any single country in the portfolio.
- SSgA Russell Small Cap Value Index – The fund seeks to achieve its objective by investing directly or indirectly in securities and other instruments, including other commingled funds that may be maintained by SSgA, direct investments in common stocks contained in the Index, US Treasury Bills, short-term fixed income securities, equity index futures, exchange-traded funds, and other similar derivative instruments as deemed appropriate.

1 - DESCRIPTION OF THE PLAN - (continued)

- SSgA Russell Small Cap Growth Index – The fund seeks to achieve its objective by investing directly or indirectly in securities and other instruments, including other commingled funds that may be maintained by SSgA, direct investments in common stocks contained in the Index, US Treasury Bills, short-term fixed income securities, equity index futures, exchange-traded funds, and other similar derivative instruments as deemed appropriate.
- BlackRock Equity Dividend Inv Account – The funds seeks long-term total return and current income. It invests primarily in investments in dividend-paying stocks that fund management believes will increase in value over the long-term, as well as provide current income.
- Janus Overseas Ret Account – The fund seeks long-term growth of capital. The fund normally invests at least 80% of assets in securities of issuers from countries outside of the United States. It normally invests in securities of issuers from several different countries, excluding the United States. The fund may have significant exposure to emerging markets. It may invest in foreign equity and debt securities. The fund may invest assets in derivatives.

Contributions: Contributions from Milrose Consultants, Inc. (the "Company" or "Employer") are accrued in the year in which they become obligations of the Company. Contributions by participants are recorded when payroll deductions are made. Participants may contribute from 1% to 85% of their compensation, as defined. In addition, participants age 50 and older may contribute additional catch-up contributions, which are subject to limitations. At the discretion of the management of the Company, the Company may elect a matching contribution equal to a percentage of elective contributions not to exceed 100%. For the year ending December 31, 2011, the Company did not match employee contributions.

Investments Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 11 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant Accounts: Each participant's account is credited with the participant's contributions, allocations of the Company's matching contributions, if applicable, and Plan gains and losses. Allocations of earnings and losses for each fund are based on the weighted average participant balances per the fund to the total weighted average of all participant account balances. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's accounts.

Investments: All Plan investments are reported at fair value except for an investment in a fully benefit-responsive common collective trust which is reported at contract value, which approximates fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly

1 - DESCRIPTION OF THE PLAN - (continued)

transaction between market participants at the measurement date. Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of $500 and a maximum of 50% of their account balance, or $50,000. The loans are secured by the balance in the participant's account and bear interest at prime rate plus .25% published in the Wall Street Journal. As of December 31, 2011, the rate was 4.25%. Principal and interest are paid ratably through monthly payroll deductions. Notes receivable from participants are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Vesting: A participant becomes fully (100%) vested in Company matching contributions upon the completion of three years of service (100% in the third year). Participants are entitled to their vested balances in the Plan upon termination of employment, retirement, death or disability.

Retirement and Benefits: At any time, a participant may be permitted to withdraw his/her 401(K) contributions to meet a condition of extreme hardship, to the extent permitted under the provisions of the Internal Revenue Code. Payments to a participant are in the form of a lump sum payment. As of December 31, 2011, there were no outstanding requests for participant withdrawals.

A separate account is maintained for each participant and is adjusted monthly for the following:

- Income, expenses, realized and unrealized gains and losses of the Plan since the last determined value of the account
- Participant contributions made through payroll deductions during the year
- Company matching contributions
- Participant withdrawals

Participant Investment Rollovers: Participants are allowed to transfer or rollover funds into the Plan from other qualified plans.

Participating Affiliate: Metropolitan Data Corp. is a participating affiliate of the Plan.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except that benefits paid to plan participants are recorded on a cash basis.

2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Use of Estimates: The preparation of the Plan's financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results may differ from those estimates.

Reclassifications: Certain 2010 items have been reclassified to conform to the 2011 presentation.

Recent Accounting Pronouncements: In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-6, Improving Disclosures about Fair Value Measurements ("ASU 2010-6") which provides amendments to ASC Topic 820, Fair Value Measurements and Disclosures ("ASC 820"). ASU-2010-6 requires entities to make new disclosures about recurring or nonrecurring fair value measurements of assets and liabilities, including (i) the amounts of significant transfers, (ii) the reasons for any transfers in or out of Level 3, and (iii) information on purchases, sales, issuances and settlements on a gross basis in the reconciliation of recurring Level 3 fair value measurements. The FASB also clarifies existing fair value measurement disclosure guidance about the level of disaggregation of assets and liabilities, and information about the techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. Except for certain detailed Level 3 disclosures, which are effective for fiscal years beginning after December 15, 2010, and interim periods within those years, the new guidance became effective during 2010. The Plan did not have any transfers of assets and liabilities in or out of Level 1 and Level 2 fair value measurements. The adoption of this disclosure only guidance is included in Note 11 - Fair Value Measurements and did not have an impact on the Plan's financial statements.

In September 2010, the FASB issued ASU 2010-25, Reporting Loans to Participants by Defined Contribution Pension Plans. ASU 2010-25 requires that participant loans be measured at their unpaid principal balance plus accrued interest and to be reflected as notes receivable in the Statement of Net Assets Available for Benefits. ASU 2010-25 is effective for fiscal years ending after December 15, 2010, and are required to be applied retrospectively. Adoption of ASU 2010-25 did not change the value of the participant loans from the amount previously reported as of December 31, 2009. Participant loan balances were reclassified from investments in fair value to notes receivable from participants in the Statement of Net Assets Available for Benefits as of December 31, 2010 and 2009.

3 - INCOME TAX STATUS

The Company received a favorable opinion letter dated March 31, 2008 from the Internal Revenue Service that the Prototype Nonstandardized Profit Sharing Plan with CODA is acceptable under Section 401(a) of the Internal Revenue Code. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code, and the underlying trust is, therefore, exempt from federal income taxes under Section 501(a) of the Code.

3 - INCOME TAX STATUS – continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or assets) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. There are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2009.

4 - ADMINISTRATION OF THE PLAN

The Plan is managed by a plan administrator. The assets of the Plan are administered under a trust agreement with a third party administrator who is required to distribute the funds of the Plan in accordance with the text of the Plan, the trust agreement and instructions from the plan administrator. Transamerica Retirement Services holds and manages the assets of the Plan and invests in funds managed by them.

The Company provides certain administrative and recordkeeping services for the Plan at no charge. Expenses of the Plan are paid by the Plan to the extent not paid by the Company.

5 - RELATED PARTY TRANSACTIONS

The Plan purchases investments through Transamerica Retirement Services, who is also custodian of the Plan. Fees charged by Transamerica Retirement Services totaled $12,213. These qualify as party of interest transactions.

6 - INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets:

	December 31, 2011	December 31, 2010
Templeton Foreign Return Account	$ 120,494	$ 154,032
Invesco Small Cap Growth Investment Fund	165,410	169,059
SSgA U.S. Bond Index	117,412	110,859
American Century Vista Investment Account	-	222,222
Transamerica Asset Allocation-Moderate Growth Ret Account	164,375	126,398
BlackRock Equity Dividend Inv Account	250,219	240,432
Transamerica Stable Value Advantage Account	271,717	247,679
Columbia Marisco 21st Century Investment Account	-	113,551

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value by $(61,917) as follows:

6 - INVESTMENTS – (continued)

	December 31, 2011	
WMC Core Equity	$	(5,128)
AEGON Bond		480
Transamerica Partners Mid Value Return Account		(896)
Templeton Foreign Return Account		(17,737)
JP Morgan Government Securities		1,020
Invesco Small Cap Growth Investment Fund		(1,796)
Transamerica Partners Stock Index		146
American Funds New Perspective Investment Fund		(219)
Transamerica Partners Hign Quality Bond Return Account		100
SSgA S&P Mid Cap Index		(127)
SSgA U.S. Bond Index		7,758
Vanguard Target Date Funds		(12,465)
American Century Inflation-Adjusted Bond Inv Account		1,250
American Century Vista Investment Account		(16,729)
AIM Mid Cap Core Equity Investment Account		(378)
SSgA Russell Small Cap Value Index		(531)
SSgA Russell Small Cap Growth Index		128
Janus Adviser Balanced Investment Account		138
Transamerica Asset Allocation-Conservative Ret Account		(1,844)
Transamerica Asset Allocation-Growth Portfolio Ret Account		(3,960)
Transamerica Asset Allocation-Moderate Growth Ret Account		(225)
Transamerica Asset Allocation-Moderate Portfolio Ret Account		(3,032)
Goldman Sachs Tollkeeper Inv Account		(4,824)
BlackRock Equity Dividend Inv Account		11,843
Janus Overseas Ret Account		(5,032)
Transamerica Stable Value Advantage Account		6,935
Loomis Sayles Investment Grade Bond Ret Account		991
Columbia Marisco 21st Century Investment Account		853
SSgA Russell Large Cap Growth Index		(312)
Franklin Small Cap Value Ret Account		(397)
Vanguard Small Cap Index Ret Account		(706)
Subtotal	$	(44,696)

6 - INVESTMENTS – (continued)

Subtotal	$	(44,696)
American Funds EuroPacific Growth Ret Account		(1,260)
Columbia Income Opportunities Fund		(14,021)
Nuveen Real Estate Securities		485
Oppenheimer International Bond Ret Account		(103)
SSgA Emerging Markets Index		(1,610)
Thornburg International Value Ret Account		(711)
	$	(61,917)

7 - INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

The Plan has fully benefit-responsive investment contracts ("investment choices") with one of Transamerica's life insurance companies ("Insurance Company"). The investment choices are invested in the general account of the insurance company. The investment choices have no stated maturity. Interest rates are reset monthly as of the beginning of each month, during which a new interest rate is applied daily to the total outstanding balance of the investment. These investment choices are considered fairly valued at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The assets held in the investment choices are commingled with assets in the general account. There is no specific portfolio of assets in which the investment choices invest; therefore, no financial statements are available. The credited interest rate is supported by the income received from the assets held in the general account.

	December 31, 2011	December 31, 2010
Minimum rate	2.45%	2.90%
Average rate	2.70%	2.98%
Closing Rate	2.45%	2.90%

8 - FORFEITURES

The forfeiture amount is the participant's account balance attributable to Company contributions that are not vested. As of December 31, 2011 and 2010, forfeited nonvested accounts totaled $0 and $0, respectively. These accounts, when applicable, will be used to fund future employer contributions or Plan expenses.

9 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of such termination, each participant will automatically become fully vested in his/her account.

10 - INFORMATION CERTIFIED BY THE CUSTODIAN

The following information included in the financial statements and supplemental schedule was provided and certified by the Plan's custodian as complete and accurate for the year ending December 31, 2011:

- Investments
- Net investment gain (loss) from pooled separate accounts
- Schedule of Assets (Held at End of Year) as of December 31, 2011 (Schedule 1)

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

11 - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") established a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted process for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

11 - FAIR VALUE MEASUREMENTS – (continued)

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2011 and December 31, 2010.

Pooled Separate Accounts: Valued at the net asset value of shares or units held by the Plan.

Funds Held in Insurance Company General Account (Stable Value Funds): Valued at the sum of the market value of all of the trust's investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ 1,941,244	$ 234,796	$ -	$ 2,176,040
Stable Value Fund	-	271,717	-	271,717
	$ 1,941,244	$ 506,513	$ -	$ 2,447,757

11 - FAIR VALUE MEASUREMENTS - (continued)

The following sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts	$ 1,933,517	$ 23,776	$ -	$ 1,957,293
Stable Value Fund	-	247,679	-	247,679
	$ 1,933,517	$ 271,455	$ -	$ 2,204,972

NOTE 12 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

NOTE 13 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 4, 2012, the date which the financial statements are available to be issued.

MILROSE CONSULTANTS, INC.
401(K)/PROFIT SHARING PLAN

EMPLOYER IDENTIFICATION NUMBER: 11-3039923
PLAN NUMBER: 001

SCHEDULE 1 - SUPPLEMENTAL SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	Transamerica Retirement Services	WMC Core Equity	$ 61,559
*	Transamerica Retirement Services	AEGON Bond Return Account	9,891
*	Transamerica Retirement Services	Transamerica Partners Mid Value Return Account	27,276
	Transamerica Retirement Services	Templeton Foreign Return Account	120,494
	Transamerica Retirement Services	JP Morgan Government Securities	18,667
	Transamerica Retirement Services	Invesco Small Cap Growth Investment Fund	165,140
*	Transamerica Retirement Services	Transamerica Partners Stock Index	6,822
	Transamerica Retirement Services	American Funds New Perspective Investment Fund	3,109
*	Transamerica Retirement Services	Transamerica Partners High Quality Bond Return Account	6,873
	Transamerica Retirement Services	SSgA S&P Mid Cap Index	3,734
	Transamerica Retirement Services	SSgA U.S. Bond Index	117,412
	Transamerica Retirement Services	Vanguard Target Date Funds (2005-2050)	474,419
	Transamerica Retirement Services	American Century Inflation-Adjusted Bond Inv Account	6,283
	Transamerica Retirement Services	American Century Vista Investment Account	189,780
	Transamerica Retirement Services	American Century Inflation-Adjusted Bond Inv Account	22,558
	Transamerica Retirement Services	Invesco Mid Cap Core Equity Investment Account	17,412
	Transamerica Retirement Services	SSgA Russell Small Cap Value Index	11,977
	Transamerica Retirement Services	SSgA Russell Small Cap Growth Index	9,478
	Transamerica Retirement Services	Janus Adviser Balanced Investment Account	25,119
*	Transamerica Retirement Services	Transamerica Asset Allocation-Conservative Ret Account	21,335
*	Transamerica Retirement Services	Transamerica Asset Allocation-Growth Portfolio Ret Account	58,609
*	Transamerica Retirement Services	Transamerica Asset Allocation-Moderate Growth Ret Account	164,375
*	Transamerica Retirement Services	Transamerica Asset Allocation-Moderate Portfolio Ret Account	82,264
	Transamerica Retirement Services	Goldman Sachs Tollkeeper Inv Account	55,907
	Transamerica Retirement Services	BlackRock Equity Dividend Inv Account	250,219
	Transamerica Retirement Services	Janus Overseas Ret Account	12,079
*	Transamerica Retirement Services	Transamerica Stable Value Advantage Account	271,717
	Transamerica Retirement Services	Loomis Sayles Investment Grade Bond Ret Account	17,430
	Transamerica Retirement Services	Columbia Marisco 21st Century Investment Account	100,549
	Transamerica Retirement Services	SSgA Russell Large Cap Growth Index Ret Account	7,873
	Transamerica Retirement Services	Franklin Small Cap Value Ret Account	20,997
	Transamerica Retirement Services	Vanguard Small Cap Index Ret Account	21,698
	Transamerica Retirement Services	American Funds EuroPacific Growth Ret Account	7,580
	Transamerica Retirement Services	Columbia Income Opportunities	19,872
	Transamerica Retirement Services	Nuveen Real Estate Securities	10,711
	Transamerica Retirement Services	Oppenheimer International Bond Ret Account	16,627
	Transamerica Retirement Services	SSgA Emerging Markets Index	4,237
	Transamerica Retirement Services	Thornburg International Value Ret Account	5,675
			$ 2,447,757
	Participant loans at fair value maturing 2012 to 2016 at interest rates of 4.25%		209,813
			$ 2,657,570

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan MILROSE CONSULTANTS, INC 401(k) PROFIT SHARING PLAN
Contract 341578
EIN: 11-3039923
Plan ID: 8862
Plan #: 001
Period: 01/01/2011 - 12/31/2011

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Janus Balanced Inv Acct	$25,119.25	$25,119.25
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	WMC Core Equity Ret Acct	$61,558.61	$61,558.61
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	AEGON Bond Ret Acct	$9,891.32	$9,891.32
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners Mid Value Ret Acct	$27,276.15	$27,276.15
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Templeton Foreign Ret Acct	$120,493.97	$120,493.97
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	JPMorgan Government Securities Ret Acct	$18,667.21	$18,667.21
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Small Cap Growth Inv Acct	$165,140.12	$165,140.12
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners Stock Index Ret Acct	$6,822.31	$6,822.31
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds New Perspective Inv Acct	$3,109.46	$3,109.46
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Partners High Quality Bond Ret Acct	$6,872.69	$6,872.69
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA S&P Mid Cap Index Ret Acct	$3,734.20	$3,734.20
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA U.S. Bond Index Ret Acct	$117,411.67	$117,411.67
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Century Vista Inv Acct	$189,780.56	$189,780.56
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Century Inflation-Adjusted Bond Inv Acct	$22,557.90	$22,557.90
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Invesco Mid Cap Core Equity Inv Acct	$17,411.63	$17,411.63
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Small Cap Value Index Ret Acct	$11,977.47	$11,977.47
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2005 Ret Acct	$371.24	$371.24
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2015 Ret Acct	$3,971.35	$3,971.35
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2025 Ret Acct	$110,110.72	$110,110.72
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2035 Ret Acct	$78,492.81	$78,492.81
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2045 Ret Acct	$92,942.77	$92,942.77
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Conservative Portfolio Ret Acct	$21,334.55	$21,334.55
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Moderate Portfolio Ret Acct	$164,375.20	$164,375.20
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Moderate Growth Portfolio Ret Acct	$82,263.52	$82,263.52
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Transamerica Asset Allocation - Growth Portfolio Ret Acct	$58,608.70	$58,608.70
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Goldman Sachs Technology Tollkeeper Inv Acct	$55,907.17	$55,907.17
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	BlackRock Equity Dividend Inv Acct	$250,219.32	$250,219.32
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	American Funds EuroPacific Growth Ret Acct	$7,580.46	$7,580.46
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Nuveen Real Estate Securities Ret Acct	$10,711.02	$10,711.02
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Franklin Small Cap Value Ret Acct	$20,996.50	$20,996.50
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Janus Overseas Ret Acct	$12,078.71	$12,078.71
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Loomis Sayles Investment Grade Bond Ret Acct	$17,430.09	$17,430.09
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Oppenheimer International Bond Ret Acct	$16,626.56	$16,626.56
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Small-Cap Index Ret Acct	$21,697.72	$21,697.72
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2010 Ret Acct	$10.04	$10.04
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2020 Ret Acct	$16,892.55	$16,892.55

*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2030 Ret Acct	$20,141.26	$20,141.26
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2040 Ret Acct	$100,698.38	$100,698.38
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Vanguard Target Retirement 2050 Ret Acct	$50,788.04	$50,788.04
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Emerging Markets Index Ret Acct	$4,237.37	$4,237.37
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Large Cap Value Index Ret Acct	$6,282.71	$6,282.71
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Small Cap Growth Index Ret Acct	$7,873.09	$7,873.09
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	SSgA Russell Large Cap Growth Index Ret Acct	$9,478.11	$9,478.11
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Columbia Marsico 21st Century Inv Acct	$100,548.70	$100,548.70
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Columbia Income Opportunities Inv Acct	$19,871.68	$19,871.68
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Thornburg International Value Ret Acct	$5,675.10	$5,675.10
*	TRANSAMERICA FINANCIAL LIFE INSURANCE CO.	Stable Value Adv	$271,716.82	$271,716.82
*	PARTICIPANT LOANS	Loan Fund	$209,813.63	$209,813.63