## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	► Complete all entries in acc	cordance with the instru	ctions to the Form 5500	O-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		lan (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descri	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name		ination of an requested line	omadon .		1b	Three-digit	
	, LLC 401(K) PROFIT	SHARING PLAN				plan number	
						(PN) <b>•</b>	001
					1c	Effective date of	f plan
						09/26/	/2006
2a Plan s	ponsor's name and add ., LLC	dress; include room or suite numbe	er (employer, if for a single-	-employer plan)	2b	Employer Identification (EIN) 13-41	fication Number 23312
					2c	Sponsor's telep	hone number
812 PARK <i>A</i>	AVENUE					212-303	
SUITE 2C NEW YORK	Z, NY 10021				2d	Business code ( 52390	see instructions)
3a Plan a	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's	telephone number
						,	
4 If the	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed for	or this plan, enter the	4b	EIN	
	•	nber from the last return/report.					
	or's name				4c	PN	
		at the beginning of the plan year			5a		4
<b>b</b> Total	number of participants	at the end of the plan year			5b		5
		account balances as of the end of t	. , ,		5c		5
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instruc	ctions.)			X Yes No
_	·	the annual examination and report	•	•			
		? (See instructions on waiver eligibi	•				X Yes No
If you	ı answered "No" to ei	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.	
Caution: A	A penalty for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cau	se is	established.	
SB or Sche		ner penalties set forth in the instruc nd signed by an enrolled actuary, a plete.					
SIGN	Filed with authorized/	valid electronic signature.	03/18/2013	THOMAS SAUNDERS	;		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal siq	ning as plan adr	ninistrator
SIGN	Filed with authorized/	valid electronic signature.	03/18/2013	THOMAS SAUNDERS	;		
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employe	r or plan sponsor
Preparer's		ame, if applicable) and address; inc	clude room or suite numbe				number (optional)

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	rt III   Financial Information		<u> </u>								
7	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End o				
	Total plan assets	7a	20744		300			00574			
	Total plan liabilities	7b		0				0			
	Net plan assets (subtract line 7b from line 7a)	7c	20744	Ю			300574				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal			
а	Contributions received or receivable from:  (1) Employers	8a(1)	2265	2							
	(2) Participants	8a(2)	6260	)9							
	(3) Others (including rollovers)										
b	Other income (loss)	. 8b	791	4							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	3175		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					<u> </u>		
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	4	1							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							41		
i	Net income (loss) (subtract line 8h from line 8c)	8i						ç	93134		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pai	rt IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D 3H	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amou	ınt		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule)			10a		X		41100	4111		
b		? (Do not	include transactions reported	10b		X					
				10c	X					50/	000
	Did the plan have a loss, whether or not reimbursed by the plan's			100						500	000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or										
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance				•						
11											
112	Enter the amount from Schedule SB line 39										
12		Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										_
	Enter the minimum required contribution for this plan year	•				12b					
									_		

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	e control Yes X		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Dopartment of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Socurity Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos 1210-0110 1210-0089

2012

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	Pension Benefit Gueranty Corporation	► Complete all entries in acc	cordance with the instruc	tions to the Form 550	)0-SF. ]				
		Identification Information				- 1			
For	calendar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending		1/2012			
A T	This return/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)	a	one-participant plan			
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 r	nonths)				
C	Check box if filing under:	Form 5558	automatic extension		ם	FVC program			
		special extension (enter descri	iption)						
Ps	art II Basic Plan Info	rmation enler all requested in	nformation						
	Name of plan	<u>, , , , , , , , , , , , , , , , , , , </u>			1b Thre				
Ivor & Co., LLC 401(k) Profit Sharing Plan						n number  ) ▶ 001			
	1001 & 00., 220 401	.(1) 110110 011011111 1	<del>.</del>		1c Effective date of plan				
					09/	/26/2006			
2a		ddress; include room or suite numbo	er (employer, if for a single	-employer plan)		ployer Identification Number			
	Ivor & Co., LLC					N) 13-4123312			
						onsor's telephone number 12) 303-6110			
	812 Park Avenue					siness code (see instructions)			
110	Suite 2C New York	NY 10021				3900			
		nd address X Same as Plan Spo	onsor Name Same as F	Plan Sponsor Address	3b Adn	ninistrator's EIN			
					3c Adn	ninistrator's telephone number			
	****				<del> </del>				
4	If the name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b EIN				
		mber from the last return/report.			4c PN				
_	Sponsor's name	at the beginning of the mine year	<u></u>		· · · · · · · · · · · · · · · · · · ·	4			
		at the beginning of the plan year				5			
b C		account balances as of the end of t							
	complete this item)	***************************************	*****************************	**************	5c_	5			
6a		s during the plan year invested in eli				X Yes No			
b	Are you claiming a waiver of	f the annual examination and report	t of an independent qualifie			elv- Disa			
		? (See instructions on waiver eligibi							
_		ither line 6a or line 6b, the plan c							
		or incomplete filing of this return							
Ur SE	nder penalties of penulty and o	ther penalties set forth in the instru and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/rep	ort, and to t	he best of my knowledge and			
be	elief, it is true, correct, and con	pipleter							
SIGN // May Jan 3 (L) 0 3 Thomas Saunders									
10.00	HERE signature of plan administrator  Date Enter name of Individual signing as plan administrator								
12.00	Man A Art Man Tue 18 (1) 2013 Thomas Saunders								
	SIGN Date Enter name of individual signing as employer or plan sponsor								
		name, if applicable) and address; is				's telephone number (optional)			
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Pari	III Financial Information								
<b>7</b> P	lan Assets and Liabilities	Park Park	(a) Beginning of Year		(b) End of Year				
a T	otal plan assets	7a	207,44	10	300,574				
b T	otal plan liabilities	7b		0					0
C N	et plan assets (subtract line 7b from line 7a)	7c	207,44	10	300,5				00,574
8 Ir	come, Expenses, and Transfers for this Plan Year	HAZY (A.	(a) Amount		(b) Total				
	ontributions received or receivable from:	0-14)	22,65	52					
	) Employers	8a(1)	62,60					Danifer Madian	Augus Na Na Aire. Traditional and the tra
	2) Participants	8a(2)	02,00	0	2 (M. 17)	yaan Maad	1916 - 1919 - 1916 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 - 1916 -		建筑在1000mm。 建筑是1000mm。
	3) Others (including rollovers)	8a(3) 8b	7,93						
	otal income (loss)otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1045		(18.1.4 × 5	HANKY MA	ergon	
d B	enefits paid (including direct rollovers and insurance premiums oprovide benefits)	8d		0					93,175
e c	ertain deemed and/or corrective distributions (see instructions)	8e		0		S.A.y			
-	dministrative service providers (salaries, fees, commissions)	8f		11	10,17	Įų jų,			
g	ther expenses	8g		0		的為			
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							41
	et income (loss) (subtract line 8h from line 8c)	8i	<b>经现代的</b>					9	93,134
	ransfers to (from) the plan (see instructions)	8j		0				48.00	
Par	IV Plan Characteristics								
<del></del>	the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructi	ons:	
"	2A 2E 2F 2G 2J 2T 3D 3H								
	the plan provides welfare benefits, enter the applicable welfare fea	oturo oodo	n from the List of Dian Characte	rictio	Codo	e ie th	o inetruction		
b) If	the plan provides welfare beliefus, enter the applicable welfare lea	atore code	s iloni tile List oi Plan Characte	1115(16	Couc	5 111 111	e manuchoi	15.	
	0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<del></del>	,				
	Compliance Questions				V			·	
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itiono withi	n the time period described in		Yes	No		Amou	nt
а —	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre	ection Program)	10a		х		•	
	on line 10a.)			10b		х			50.000
	Was the plan covered by a fidelity bond?	·····		10c	Х	├			50,000
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	************	***************************************	10d		х			
e	Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the commissions are considered to the commissions of the commissions of the commissions are considered to the commission of the commission	of the bene	efits under the plan? (See	٠,		x			
	instructions.)			10e		<del> </del>			· · · · · · · · · · · · · · · · · · ·
f	Has the plan failed to provide any benefit when due under the pla	n?	***************************************	10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Parl	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	Enter the amount from Schedule SB line 39	•••••••	199999110199709119121911917919179191919141914191419141	*****		11a			
12	Is this a defined contribution plan subject to the minimum funding					02 of	ERISA?		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below					П			
a									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
	b Enter the minimum required contribution for this plan year								

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	Enter the amount contributed by the employer to the plan for this plan year		12c	· · ·			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?	🗀	Yes 🗀	No N/A		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferre				]Yes ☒ No		
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the plan(s) to					
1	13c(1) Name of plan(s):	130	(2) EIN(	s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			