	Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan						OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service			Benetit Plan This form is required to be filed under sections 104 and 4065 of the Employe					2012		
Department of Labor Retin Employee Benefits Security Administration				etirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			B(a) of This Form is Open to Inspection		olic	
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-								poonon		
-			entification Information	2040	and an Provide	0/04/	2010			
For	calendar	plan year 2012 or fisca	7			2/31/2	-			
ΑΤ	This return/report is for:							ant plan		
В т	his retur	n/report is:	the first return/report the final return/report							
			an amended return/report	ionths)						
C (Check bo	k if filing under:	Form 5558 automatic extension				DFVC program			
	special extension (enter description)									
Pa	rt II	Basic Plan Inform	nation—enter all requested info	rmation						
1a Name of plan MPS MANAMATION PAYROLL SERVICES INC. 401(K) PLAN							Three-digit plan number (PN) ▶	001		
_						1c	Effective date or 01/01/	•		
		nsor's name and addre	ess; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identii (EIN) 11-28		r	
79 MI	LL ROAD)				2c	Sponsor's telep 516-223			
		IY 11520				2d		Business code (see instructions) 541214		
3a	Plan adm	inistrator's name and	address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	Administrator's EIN		
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 										
	name, E Sponsor'		er from the last return/report.			4c PN				
5a	Total nu	mber of participants at	the beginning of the plan year			5a			14	
b	Total nui	mber of participants at	the end of the plan year			5b			6	
С		lumber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							6	
6a	Were al	l of the plan's assets d	uring the plan year invested in eli	gible assets? (See instruct	tions.)			X Yes	No	
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							X Yes	No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									-	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.										
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGI HER SIGI	•	led with authorized/va	lid electronic signature.	06/05/2013	MICHAEL BUSCH					
	E	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator		
		led with authorized/va	lid electronic signature.	06/05/2013	MICHAEL BUSCH					
HER		Signature of employe		Date	Enter name of individ					
Prep	oarer's na	me (including firm nan	ne, if applicable) and address; inc	lude room or suite number	r (optional)	Prep	parer's telephone	number (option	nal)	

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i X 11a 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 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 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruli granting the waiver. Month Day Year 11a <th>Part III Financial Information</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Part III Financial Information								
b Total pion liabilities To To c Net pion assets (subtract line 7b from line 7a) 7c 239558 51527 c Noome, Expresse, and Transfers of mis Pion Year (a) Amount (b) Total (b) Total a Contributions received or receivable from: 8a(1) (c) Amount (c) Total (d) Dense finckiding rollovers) 8a(2) (c) (c) (c) (d) Dense finckiding rollovers) 8a(2) (c) (c) (c) (c) (d) Dense finckiding rollovers) 8a(2) (c)	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
c Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	23595	8			51527		
8 Income. Expanses, and Transfers for this Plan Yeat (a) Amount (b) Total a Combutions received or receivable from: 8a(1) (b) Total (c) Penicopants. 8a(2) (c) Penicopants. 8a(2) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(3) (c) Other (nonding rolevers). 8a(1) (c) Other (nonding rolevers). 8a(1) (c) Other (nonding rolevers). 8a(1) (c) Other (nonding rolevers). 8a(1) (c) Other (nonding rolevers). 8a(1) (c) Other (nonding rolevers). 8a(1) (c) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) Other (nonding rolevers). 8a(1) (c) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) Other (nonding rolevers). 8a(1) (c) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (c) Other (nonding rolevers). (c) Other (nonding rolevers). (c) Other plan	b Total plan liabilities	7b							
a) Contributions received or receivable form: Ba(1) Image: second process and	C Net plan assets (subtract line 7b from line 7a)	7c	235958			51527			
(1) Employers 8a(1) (2) Participants 8a(2) (3) Other nome (loss) 8b (4) Other nome (loss) 8b (5) Other nome (loss) 8b (7) Other nome (loss) 8b (7) Other nome (loss) 8c (7) Other nome (loss) 8c (7) Other nome (loss) 8c (7) Other sciences 8g (8) Other sciences 8g (8) Other sciences 8g (8) Other sciences 8g (11) Transfers to (from) the plate (see instructions) 8t (11) Transfers to (from) the plate (see instructions) 8g (11) Transfers to (from) the plate (see instructions) 8g (22) 2.1 2.2 X (11) 4X (23) 2.2 X (24) 2.1 X (11) During the plan provides welfare benefits, enter the applicable persion feature codes from the List of Plan Characteristic Codes in the instructions: (22) 2.2 X (24) 2.1 X (24) 2.2 X (24) 2.1 X (25) 0.2 J X (24) 2.1 X (26) 0.2 X (26) 0.1 X (26) 0.2 X (26) 0.1 X (26) 0.2 X (26) 0.1 X	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
(2) Participants		0-(4)							
(3) Others (including rollovers)									
b Other income (loss) Bb 27603 C Total income (loss) Barefits paid (including direct followers and insurance premiums in provide benefits) Barefits paid (including direct followers and insurance premiums in provide benefits) 271466 277603 G Certral meemed and/or corrective distributions (see instructions). Be 766 766 G Other expenses Bg					_				
c Tatal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 27803 d Benefits paid (including direct rollovers and insurance premiums and insurance premium and insurence premium anding requirements? (If "Yes			2790	0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			2700	3			07000		
to provide benefits)		00			_		27803		
f Administrative service providers (salaries, fees, commissions)		8d	21146	8					
g Other expenses Bit 212234 I Net income (loss) (subtract line 8h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f	76	6					
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g							
j Transfers to (from) the plan (see instructions) Bj Part IV Plan Characteristics 3a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: ZE E2 C 2 C 32 X 30 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount 10 During the plan year: Yes No Amount a Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X 10c X <	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					212234		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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 2510.3102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X 10c <	i Net income (loss) (subtract line 8h from line 8c)	8i					-184431		
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2E 2F 20 2.1 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: Part V Compliance Questions 10 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 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d X 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 10d X g Did the plan have any	Part IV Plan Characteristics								
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all	of the benefit	s under the plan? (See	10e		x			
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i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				x	1014		
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b Enter the minimum required contribution for this plan year									
	b Enter the minimum required contribution for this plan year					12b			

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
C 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.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN