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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instr	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan	H	plan (not multiemployer)		a one-partici	oant plan
B This ref	turn/report is:	the first return/report	the final return/repor				
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Name	of plan	·			1b	Three-digit	
WILSON RE	LATIONSHIP MARKE	TING SERVICES, LLC 401K ROFI	T SHARING PLAN			plan number	004
					4 -	(PN) •	001
					1C	Effective date o	•
2a Dian a	noncor's name and ad	draga: include room or quite numbe	ur (amplayor if for a singl	o omployer plan)	2h		
WILSON RE	ELATIONSHIP MARKE	dress; include room or suite numbe ETING SERVI CES, LLC	er (employer, ir for a singi	e-employer plan)	20	Employer Identi (EIN) 13-41	89243
					2c	Sponsor's telep	hone number
333 SEVEN	TH AVE, 5TH FLOOR					212-47	
NEW YORK					2d	Business code (see instructions)
						54180	00
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pl	an Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	talanhana numbar
					30	Auministrator 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 this plan, enter the	4b	EIN	
	•	mber from the last return/report.					
	or's name				4c	PN	
		at the beginning of the plan year			5a		37
b Total	number of participants	at the end of the plan year			5b		39
		account balances as of the end of t	. , ,	•	5c		39
_		s during the plan year invested in el					X Yes No
_	·	f the annual examination and report	•	•			
		? (See instructions on waiver eligibi					X Yes No
If you	ı answered "No" to e	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruc					
	edule MB completed all true, correct, and comp	nd signed by an enrolled actuary, a plete.	s well as the electronic vo	ersion of this return/report	i, and	to the best of my	knowledge and
,			Ī	<u> </u>			
SIGN	Filed with authorized/	valid electronic signature.	06/18/2013	DAVID WILSON			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm n	name, if applicable) and address; in	clude room or suite numb	per (optional)	Prep	arer's telephone	number (optional)

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Pa	rt III Financial Information								
7	Assets and Liabilities (a) Beginning			ar	(b) End of Year				
a	Total plan assets	. 7a	189294			2176228			
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	189294	1892946			2176228		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:						(2) 10141		
	(1) Employers	10619	3						
	(2) Participants								
	(3) Others (including rollovers)	8a(3)	2310)7					
b	Other income (loss)	. 8b	18162	25					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					401515		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	11823	3					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
q	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					118233		
ī	Net income (loss) (subtract line 8h from line 8c)						283282		
Ť	Transfers to (from) the plan (see instructions)	8j					200202		
Pa	rt IV Plan Characteristics	0)							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	2A 2E 2G 2J 2K 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
Par	t V Compliance Questions						T		
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ		200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	20000		
—е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service or other organization that provides some or all of					Х			
	instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Χ		35526		
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	he required	d notice or one of the	10i					
Par				10.					
11	Is this a defined benefit plan subject to minimum funding requirem								
11:	5500) and line 11a below)					 11a	Tes NO		
12	Is this a defined contribution plan subject to the minimum funding						FRISA? Yes X No		
-12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 3 C	oudii (JUZ UI			
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and e	_			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day	Year		
		•				12b			
	Enter the minimum required contribution for this plan year						<u> </u>		

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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?	control		Yes X No
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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor ee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee

Short Form Annual Return/Report of Small Employee

Benefit Plan

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pens	ion Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.	IIIS	pection			
Part		dentification Information								
For ca	endar plan year 2012 or fis	cal plan year beginning	01/01/2012	and ending		12/31/201	2			
A Thi	s return/report is for:	X a single-employer plan		lan (not multiemployer)		a one-particip	oant plan			
B Thi	s return/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths	5)				
C Ch	eck box if filing under:	Form 5558	automatic extension			DFVC progra	ım			
		special extension (enter descrip	otion)							
Part	II Basic Plan Infor	mation—enter all requested infor	rmation							
1a Na	ame of plan				1b	Three-digit				
Wi	lson Relationshi	p Marketing Services,	LLC 401K			plan number	00	1		
ro	fit Sharing Plan				10	(PN) ▶ Effective date of		1		
	J				10	01/01/2002				
2a PI	an sponsor's name and add	ress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identifi	ication Nur	nber		
	lson Relationshi s, LLC	p Marketing Servi				(EIN) 13-4189	9243			
	, 110				2c	Sponsor's teleph		er		
33	3 Seventh Ave, 5	th Floor			24	(212) 473-6900 2d Business code (see instruction				
	w York		NV	10001	Zu	541800	see msuuc	10115)		
		l address X Same as Plan Sponso			3b	Administrator's E	IN .			
		_			0 -					
					3C	Administrator's te	elephone n	umber		
		plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b	EIN				
na	ame, EIN, and the plan num	plan sponsor has changed since the ber from the last retum/report.	e last return/report filed fo	or this plan, enter the						
na a Sp	ame, EIN, and the plan num onsor's name	ber from the last retum/report.			4c			27		
a Sp 5a To	ame, EIN, and the plan num onsor's name tal number of participants a	ber from the last return/report.			4c 5a			37		
a Sp 5a To b To	ame, EIN, and the plan num onsor's name stal number of participants a stal number of participants a	ber from the last retum/report. It the beginning of the plan yeart the end of the plan year			4c			37 39		
a Sp 5a To b To c No	ame, EIN, and the plan numonsor's name tal number of participants a tal number of participants a umber of participants with a	ber from the last return/report.	e plan year (defined bene	fit plans do not	4c 5a					
a Sp 5a To b To c No	ame, EIN, and the plan numeronsor's name obtain number of participants a stall number of participants and participants and participants with a simplete this item)	t the beginning of the plan year It the end of the plan year	e plan year (defined bene	fit plans do not	4c 5a 5b		X Yes	39		
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5a To b To c Ni co 6a W b Ai ur	ame, EIN, and the plan numeronsor's name stal number of participants a stal number of participants a sumber of participants with a sumplete this item) Vere all of the plan's assets the you claiming a waiver of the plan's 29 CFR 2520.104-46?	ber from the last retum/report. It the beginning of the plan year It the end of the plan year It the end of the plan year invested in elighte annual examination and report of the company of the company of the plan year invested in elighte annual examination and report of the company of the plan year invested in elighter annual examination and report of the company of the plan year invested in elighter annual examination and report of the company of the plan year invested in elighter annual examination and report of the company of the plan year.	e plan year (defined bene jible assets? (See instruc of an independent qualifie y and conditions.)	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c	PN	X Yes	39 39		
5a To b To c No cc 6a W b Ad ur If	ame, EIN, and the plan numeronsor's name ontal number of participants a stal number of participants at sumber of participants with a simplete this item)	ber from the last retum/report. It the beginning of the plan year It the end of the plan year It the end of the plan year Cocount balances as of the end of the cocount balances as of the end of the e	e plan year (defined bene pible assets? (See instruc of an independent qualifie y and conditions.) nnot use Form 5500-SF	fit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c 5c	PN		39 39		
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5a To b To c No cc 6a W b Ad ur If Cautio	ame, EIN, and the plan numeronsor's name ontal number of participants at a number of participants at a number of participants with a number of the plan's assets to you claiming a waiver of order 29 CFR 2520.104-46? Now answered "No" to either the penalty for the late of penalties of perjury and other chedule MB completed and the strue, dorrect, and completed are the penalty for the late of the strue, dorrect, and completed are the structure of the s	ber from the last return/report. It the beginning of the plan year It the end of the plan year It the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan care incomplete filing of this return/red is igned by an enrolled actuary, as tele.	pible assets? (See instruction of an independent qualifier y and conditions.)	fit plans do not tions.)	4c 5a 5b 5c PA) Form se is e	5500. established. cluding, if applica	X Yes	39 39 No No		
a Sp 5a To b To c No cc 6a W b Ar ur If Cautio Under SB or S belief, i	ame, EIN, and the plan numeronsor's name ontal number of participants a stal number of participants at a number of participants with a simplete this item)	ber from the last return/report. It the beginning of the plan year It the end of the plan year It the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility ther line 6a or line 6b, the plan care incomplete filing of this return/red is igned by an enrolled actuary, as tele.	pible assets? (See instruction of an independent qualifier y and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use I unless reasonable cause examined this return/report,	4c 5a 5b 5c PA) Form se is e	5500. established. cluding, if applica	X Yes	39 39 No No		
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5a To b To c No cc 6a W b Au ur If Cautio Cautio SIGN HERE	ame, EIN, and the plan number of participants a stal number of participants at sumber of participants with a sumplete this item)	the beginning of the plan year It the beginning of the plan year It the end of the plan year It the end of the plan year invested in eligible annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan care incomplete filing of this return/red is igned by an enrolled actuary, as elee.	e plan year (defined bene pible assets? (See instruc- of an independent qualifier y and conditions.)	fit plans do not tions.)	5c Se is early and to and to and sign	5500. established. cluding, if applica to the best of my keep	X Yes ble, a Schennowledge	39 39 No No edule and		
5a To b To c No cc 6a W b Au ur If Cautio Cautio SIGN HERE	ame, EIN, and the plan number of participants a stal number of participants at sumber of participants with a sumplete this item)	the beginning of the plan year It the beginning of the plan year It the end of the plan year It the end of the plan year It the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan care incomplete filing of this return/red in the instruction of the i	e plan year (defined bene pible assets? (See instruc- of an independent qualifier y and conditions.)	fit plans do not tions.)	5c Se is early and to and to and sign	5500. established. cluding, if applica to the best of my keeping as plan admining as employer	X Yes ble, a Schennowledge	39 39 No No edule and		
5a To b To c No cc 6a W b Au ur If Cautio Under SB or S belief, i	ame, EIN, and the plan number of participants a stal number of participants at sumber of participants with a sumplete this item)	the beginning of the plan year It the beginning of the plan year It the end of the plan year It the end of the plan year It the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan care incomplete filing of this return/red in the instruction of the i	e plan year (defined bene pible assets? (See instruc- of an independent qualifier y and conditions.)	fit plans do not tions.)	5c Se is early and to and to and sign	5500. established. cluding, if applica to the best of my keeping as plan admining as employer	X Yes ble, a Schennowledge	39 39 No No edule and		
5a To b To c No cc 6a W b Au ur If Cautio Cautio SIGN HERE	ame, EIN, and the plan number of participants a stal number of participants at sumber of participants with a sumplete this item)	the beginning of the plan year It the beginning of the plan year It the end of the plan year It the end of the plan year It the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibilither line 6a or line 6b, the plan care incomplete filing of this return/red in the instruction of the i	e plan year (defined bene pible assets? (See instruc- of an independent qualifier y and conditions.)	fit plans do not tions.)	5c Se is early and to and to and sign	5500. established. cluding, if applica to the best of my keeping as plan admining as employer	X Yes ble, a Schennowledge	39 39 No No edule and		

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	1	(a) Beginning of Ye	ar	Т		(b) Fr	ud of \	/oar	
<u>,</u>	Total plan assets	. 7a		2,946			(b) End of Year 2,176,22			6.228
	Total plan liabilities	7b		_, -	0					
	Net plan assets (subtract line 7b from line 7a)	7c	1,89	2.94	16				2.17	0 6,228
8	Income, Expenses, and Transfers for this Plan Year	1 / -		273	+					0,220
	Contributions received or receivable from:						(0)) Total		
	(1) Employers	8a(1)	10	6,19	3					
	(2) Participants	8a(2)	9	0,59	90					
	(3) Others (including rollovers)	8a(3)	2	3,10	7					
b	Other income (loss)	8b	18	1,62	25					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40	1,515
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11	8 , 23	3					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11	8,233
i	Net income (loss) (subtract line 8h from line 8c)	8i							28	3,282
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics				•					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3B 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in	the instru	ctions		
Pari	V Compliance Questions					_				
10	During the plan year:		 -		Yes	No	\vdash	Δ	t	
	Was there a failure to transmit to the plan any participant contribut				163			Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		Х	├──			
b	on line 10a.)			10ь		Х				
				10c	Х				20	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud		Λ	Х			20	0,000
	or dishonesty?			10d			$\vdash \!$			
e	insurance service or other organization that provides some or all of									
	instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	Х				3	35,526
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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Part									_	
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	Tr	Yes	□No
112	5500) and line 11a below)					11a		·	. 55	
12							EDISAG	T	Yes	⊠No
12	Is this a defined contribution plan subject to the minimum funding			or se	CHON (ouz of	ERISA?	•	169	k7 140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ig amortiz	ed in this plan year, see instru		and e	_				ing
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			u1		Day		Yea	11	
	Enter the minimum required contribution for this plan year				T	12b				
~	and immediate opening contribution for this plant your									

•	k	• • •							
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	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 (er ive amount)			12d				
e	Will th	ne minimum funding amount reported on line 12d be met by the funding do	eadline?	<u></u>		Ye	s	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 🛚	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
b		all the plan assets distributed to participants or beneficiaries, transferred pBGC?			control			Yes	X No
С		ing this plan year, any assets or liabilities were transferred from this plan to assets or liabilities were transferred. (See instructions.)	o another plan(s), identify	the plan(s) t	to				
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 ⊤	rust's E	IN		