Form 5500-SF		m 5500-SF		ual Return/Report of Small Employee OMB Nos. 1210-01 1210-000							
	Department of the Treasury Internal Revenue Service		-	nefit Plan		2012					
E	Department of Labor Employee Benefits Security Administration		Retirement Income Security Act of 19	This form is required to be filed under sections 104 and 4065 of the Employee etirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60580 the Internal Revenue Code (the Code).			This Form i	is Open to Public			
F	Pension Be	nefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.	Ins	spection			
	art I		entification Information								
For	calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012				
Α	This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan			
В	This ret	urn/report is:	the first return/report the	e final return/report							
		[	an amended return/report	hort plan year return	/report (less than 12 mo	onths)	1				
С	Check b	oox if filing under:	] Form 5558	tomatic extension			DFVC progra	ım			
			special extension (enter description)								
Pa	art II	Basic Plan Inform	nation—enter all requested information	n							
	Name	•				1b	Three-digit				
MG&	G ADVE	RTISING, INC. PROFIT	SHARING PLAN				plan number (PN) ▶	001			
						10	Effective date o				
						10	12/01	•			
	<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MG & G ADVERTISING, INC					2b	Employer Identi (EIN) 13-36	fication Number 28538			
55 \M		TH STREET APT. 14F				2c	Sponsor's telep 646-638				
		NY 10011				2d	<b>d</b> Business code (see instructions) 812990				
	3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	b Administrator's EIN 13-3628538				
VALEF	RIE BRC	OCHARD	55 WEST 14TH S NEW YORK, NY			3c	Administrator's	telephone number			
4		•	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the	4b	EIN				
a	Sponse	or's name				4c	PN				
5a	Total r	umber of participants at	the beginning of the plan year			5a					
b	Total r	umber of participants at	the end of the plan year			5b					
С			count balances as of the end of the plar	• •	-	50					
60		*				5c		2 X Yes No			
	Are yo	u claiming a waiver of th	uring the plan year invested in eligible a le annual examination and report of an See instructions on waiver eligibility and	independent qualified	d public accountant (IQI	PA)		X Yes No			
	lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.				
Cau	ution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed ι	inless reasonable cau	se is	established.				
SB	or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.								
					VALERIE BROCHARE	)					
HE	RE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ninistrator			
SIG											
HE	RE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	r or plan sponsor			
GAR KEL 26-0	Y KELL LER & L 1 BROA		ne, if applicable) and address; include r	oom or suite number	(optional)	Prep	parer's telephone 201-797	number (optional) '-1966			

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

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	26736	3			314632
<b>b</b> Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	26736	3			314632
8 Income, Expenses, and Transfers for this Plan Year	penses, and Transfers for this Plan Year (a) Amount					(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)			_		
(2) Participants	. 8a(2)					
(3) Others (including rollovers)				_		
<b>b</b> Other income (loss)	. 8b	4726	9	_		
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c			_		47269
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f					
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						
i Net income (loss) (subtract line 8h from line 8c)						47269
j Transfers to (from) the plan (see instructions)	· 8i					
Part IV Plan Characteristics	•,					
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2G	feature code	s from the List of Plan Chara	acteris	tic Co	des in	the instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	eature codes	from the List of Plan Chara	cteristi	c Cod	es in th	ne instructions:
Part V Compliance Questions				-		
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Correc	tion Program)	10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X	
C Was the plan covered by a fidelity bond?			10c		Х	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	as of vear end	.)	10g		Х	
<ul> <li>bit the plan have any participant loans: (in 103, effect amount of 103, eff</li></ul>	(See instructi	ons and 29 CFR	10g 10h		x	
<ul> <li>If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10</li> </ul>	he required n	otice or one of the	10i			
Part VI Pension Funding Compliance						
<ul> <li>Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)</li> </ul>						
<b>11a</b> Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding						ERISA? 🗌 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below			2. 00			
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being granting the waiver.</li> </ul>	ng amortized	in this plan year, see instrue		and e	nter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu						
b Enter the minimum menuined contribution for this plan war					12b	
b Enter the minimum required contribution for this plan year						

С	Enter	the amount contributed by the employer to the plan for this plan year	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	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			
С	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	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)			
Part	VIII	Trust Information (optional)						

14a Name of trust	14b Trust's EIN

Form 5500-SF										
Department of the Treasury Internal Revenue Service	Department of the Treasury Internal Revenue Service Benefit Plan									
Department of Labor	This form is required to be Retirement Income Security A					2012				
Employee Benefits Security Administration	Retirement Income Security Anti-	ernal Revenue Code (the		(a) of						
Pension Benefit Guaranty Corporation	Complete all entries in according		,		This Form is Open to Put F. Inspection					
	entification Information									
For calendar plan year 2012 or fiscal			ind ending							
B This return/report is: C Check box if filing under:	a single-employer plan the first return/report an amended return/report Form 5558 special extension (enter descripti	the final return/repo a short plan year re automatic extension on)	turn/report (less than 1	2 months)		participant plan program				
	nation—enter all requested info	ormation								
1a Name of plan MG&G ADVERTISING,	INC. PROFIT SHARING	PLAN			1b	Three-digit plan number (PN) ► 001				
					1c	Effective date of plan 12/01/1993				
2a Plan sponsor's name and addr MG & G ADVERTISING,	ess; include room or suite numbe INC	er (employer, if for a s	single-employer plan)		2b	Employer Identification No. (EIN) 13-3628538				
55 WEST 14TH STREET	' APT. 14F				2c	Sponsor's telephone number 646-638-1447				
NEW YORK	NY 10011				2d	Business code (see instr.)				
2						812990				
3a Plan administrator's name and VALERIE BROCHARD	address Same as Plan Spor	nsor Name Sar	ne as Plan Sponsor Ac	ldress	3b	Administrator's EIN				
55 WEST 14TH STREET	APT. 14F				3c	13-3628538 Administrator's				
					30	telephone number				
NEW YORK	NY 10011									
4 If the name and/or EIN of the plan sr			· · · · · · · · · · · · · · · · · · ·							
and the plan number from the last re	consor has changed since the last retu	rn/report filed for this pla	in, enter the name, EIN,	ŀ	<u>4b</u>	EIN				
<b>5a</b> Total number of participants at					<u>4c</u>	PN				
<b>b</b> Total number of participants at					<u>5a</u>	2				
	balances as of the end of the plan yea	r (defined bonefit plane)	do not complete this item)		5b	2				
6a Were all of the plan's assets du	ring the plan year invested in elig	ible assets? (See in	structions )	<u></u>	5c	Z X Yes No				
b Are you claiming a waiver of the under 29 CFR 2520.104-46? (S	e annual examination and report of see instructions on waiver eligibilit	of an independent qu y and conditions.)	alified public accounta			X Yes No				
Caution: A penalty for the late or in	r line 6a or line 6b, the plan ca complete filing of this return/re	anot use Form 5500	ed unloss rest instead	use Form t	500.					
Under penalties of perjury and other p	enalties set forth in the instruction	ns I declare that I have	eu uniess reasonable	cause is es	tablis	ned.				
Schedule SB or Schedule MB comple	ted and signed by an enrolled ac	tuary, as well as the	electronic version of th	is return/rend	uaing, ort and	It applicable, a				
knowledge and belief, it is true forred	ct, and complete.			io retainirept	ni, and	to the best of my				
SIGN		6/14/13	VALERIE BROC	HARD		}				
HERE Signature of plan admir	nistrator	Date .	Enter name of individ		as plan	administrator				
SIGN HERE Signature of employer/p	lan sponsor	Date	Enter name of individ	dual signing a	as emp	loyer or plan sponsor				
Preparer's name (including firm name GARY KELLER		de room or suite nun	nber (optional)			one number (optional)				
KELLER & LEBOVIC, CPA'	S									
26-01 BROADWAY # 101			-	201-797	<u>-196</u>	56				
FAIR LAWN N	J 07410									
For Paperwork Reduction Act Notice an	nd OMB Control Numbers, see the	instructions for Form	5500-SF.	<u></u>		Form 5500-SF (2012)				

Form 5500-SF 2012

Par	Financial Information									
_7	Plan Assets and Liabilities		(a) Beginn	ing of	Year	(b)	End of	f Yea	ı <b>r</b>	
<u>a</u>	Total plan assets	7a		26	7363		:	314	632	
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		267363			331463			
8	Income, Expenses, and Transfers for this Plan Year		(a) Ar	(a) Amount			(b) Total			
а	Contributions received or receivable from:									
(*	I) Employers	8a(1)								
		8a(2)		)						
(;		8a(3)								
b	Other income (loss)	8b		47	,269					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4	17,	269	
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
е	ertain deemed and/or corrective distributions (see instructions)					-				
f	dministrative service providers (salaries, fees, commissions)									
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				l		17	269	
<u> </u>	Transfers to (from) the plan (see instructions)	8j								
Dar	t IV Plan Characteristics						<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
9a b	If the plan provides pension benefits, enter the applicable pension feature codes from the List of <b>2E 2G</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of <b>I</b>									
Par	tV Compliance Questions									
10	During the plan year:			Yes	No		Amou	nt		
<u>-10</u>	Was there a failure to transmit to the plan any participant contributions within the time period de	ecribe	din	163			Anoa			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	SCIDE	10a	ŀ	x					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	renor		<u> </u>						
-		•	10b		x					
c	We he de avend he fidelike herd?		100		x		<u> </u>			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused									
ч		by lie	10d		x					
e	or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance ca	<u></u>								
ç										
	insurance service or other organization that provides some or all of the benefits under the plan? instructions.)	(366	10e		x					
									·	
T	Has the plan failed to provide any benefit when due under the plan?	<u></u> .	10f		X X					
_ <u>g</u> _	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<u></u> .	<u> 10g</u>		<b>^</b>					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR									
<u> </u>	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	е								
	exceptions to providing the notice applied under 29 CFR 2520.101-3	<u></u>	10i			<u></u>			<u></u>	
Par										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction		•	sched	ule SB		-1			
44	Form 5500) and line 11a below)	<u></u>	<u> </u>	<u></u>			Yes		No	
<u>11a</u>	Enter the amount from Schedule SB line 39	<u>.</u>	<u></u>		11a	└──┲╶┍╸				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se	ection 3	02 of ERISA?		<u></u>	⊢⊥⊥	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 i	nstructions,	and er	nter the	e date c	of the le	tter r	uling	

granting the waiver. Month Day Year
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	
----	-------------------	----------	--------------	----------	-----------	--

12b

MG & G ADVERTISING, INC

Form 5500-SF 2012

С	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				
<u>e</u>	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					l.	
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		$\square$	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 t of the PBGC?		rol			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 which assets or liabilities were transferred. (See instructions.)	(s) to					
1	3c(1)         Name of plan(s):         13	c(2) El	N(s)		13	Ic(3)	PN(s)
Part	VIII Trust Information (optional)						
14a 1	lame of trust 14	<b>b</b> Trust	's El	N			