## 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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I	Annual Report Identification Information						
For	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012		
<b>A</b> 1	This ret	urn/report is for:	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
<b>B</b> 1	This retu	urn/report is: the first return/report th	e final return/report					
		an amended return/report a s	short plan year returr	n/report (less than 12 m	onths)	)		
C	Check b	oox if filing under: X Form 5558	utomatic extension			DFVC progra	m	
		special extension (enter description)						
Da	rt II	Basic Plan Information—enter all requested informatio						
	Name o	•	חו		1h	Three-digit		
		ANALYTICS INCORPORATED 401(K) PLAN			10	plan number		
						(PN) <b>•</b>	002	
					1c	Effective date of	fplan	
						01/01/	/2002	
2a DRAT	Plan sp	onsor's name and address; include room or suite number (emp ANALYTICS INCORPORATED	oloyer, if for a single-	employer plan)	2b	Employer Identification (EIN) 13-41		
24E L	IIIDEO	NI STREET 16TH ELOOP			2c	Sponsor's telep		
NEW	YORK,	N STREET - 16TH FLOOR NY 10014			2d	Business code (	see instructions)	
3a	Plan ac	dministrator's name and address XSame as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	54160 Administrator's I		
		_	_		_			
					<b>3c</b> Administrator's telephone number			
4		ame and/or EIN of the plan sponsor has changed since the last	t return/report filed fo	r this plan, enter the	4b	EIN		
_		EIN, and the plan number from the last return/report.			40	DN		
		or's name				PN		
_		number of participants at the beginning of the plan year			5a		17	
		number of participants at the end of the plan year			5b		22	
С		er of participants with account balances as of the end of the planete this item)			5с		15	
6a	Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No	
b		u claiming a waiver of the annual examination and report of an					Voc □ No	
		29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No	
		answered "No" to either line 6a or line 6b, the plan cannot						
		penalty for the late or incomplete filing of this return/repor					-1-1 0-11-1-	
SB c	or Sche	alties of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well a rue, correct, and complete.						
SIGI		Filed with authorized/valid electronic signature.	08/22/2013	MARCELLA COOKE				
HER	(E	Signature of plan administrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	
	Filed with authorized/valid electronic signature.  08/22/2013  MARCELLA COOKE							
HER		Signature of employer/plan sponsor	Date	Enter name of individ				
		er's name (including firm name, if applicable) and address; include room or suite number (optional)  ED RETIREMENT CONSULTANTS &		Prep	parer's telephone	number (optional)		
		ATORS, INC.				201-447	'-6010	
P.O.	BOX 51	126						
RIDG	SEWOC	DD, NJ 07451-5126						

Form 5500-SF 2012 Page **2** 

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
a	Total plan assets	7a	85533				(5) 2.10 0	1053	155	
b	Total plan liabilities	7b		0					0	
	Net plan assets (subtract line 7b from line 7a)	7c	85533					1053	155	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To			
	Contributions received or receivable from:		(a) 7 iiii dant				(5)			
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	10437	74						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	12789	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2322	271	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3435	54						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g	10	0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						34	454	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						197	317	
j	Transfers to (from) the plan (see instructions)	8j		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f 2E 2J	eature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	,	Amoun	t	
а				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	X				100	0000
d		fidelity bo	nd, that was caused by fraud	40.1		X			100	<del>3000</del>
	Were any fees or commissions paid to any brokers, agents, or other			10a						
·	insurance service or other organization that provides some or all o	f the bene	efits under the plan? (See			V				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	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 th exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							П	es X	No
112						11a				
12										
14		the tribute desiration print conject to the immunity requirement of content 12 of the content of the tribute of								
a		If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  f 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.	-			, unu t	Day		e lettel Year	· aming	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page <b>3</b> - 1			
	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 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pa	art I Annual Report Ide	entification Information							
For	calendar plan year 2012 or fiscal	plan year beginning	01/01/2012	and ending	12/31/2012				
Αī	This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	er) a one-participant plan				
В	This return/report is:	the first return/report	the final return/report						
	$\overline{\Box}$	an amended return/report	a short plan year retu	n/report (less than 12 m	onths)				
C	Check box if filing under:	Form 5558	automatic extension		DFVC prog	gram			
	Π	special extension (enter descrip	otion)						
Pa	art II Basic Plan Inform	nation enter all requested in	formation						
-	Name of plan				1b Three-digit				
	Dratfield Analytics I	Incorporated 401(k) Plant	an		plan number (PN) ▶	002			
	·				1c Effective date				
					01/01/200				
2a	Plan sponsor's name and addre Dratfield Analytics I		(employer, if for a single	-employer plan)	2b Employer ide (EIN) 13-4	entification Number 1185146			
					1 '	2c Sponsor's telephone number (212) 366-4248			
	345 Hudson Street - 1	.6th Floor				le (see instructions)			
υs	New York	NY 10014			541600	(/			
3a	Plan administrator's name and a	address 🗓 Same as Plan Spor	nsor Name 🔲 Same as I	Plan Sponsor Address	3b Administrator	's EIN			
					3c Administrator	's telephone number			
4		an sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN				
a	name, EIN, and the plan numbe Sponsor's name	i nom the last return/report.			4c PN				
	Total number of participants at t	the beginning of the plan year			5a	17			
b		the end of the plan year			5b	22			
С	Number of participants with acc	ount balances as of the end of the	e plan year (defined bene	fit plans do not	_				
	Were all of the plan's assets dur	ring the plan year invested in elig			5c	15 No			
b		e annual examination and report of		***************************************	PA)	A Tes [140			
	-	ee instructions on waiver eligibilit	•		,	X Yes No			
	If you answered "No" to eithe	r line 6a or line 6b, the plan car							
Ca	ution: A penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau	use is established.				
SB	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.								
ARS.	11/0000110	Cooke	19 Aug 2013		MAGAGIS	20000			
100000	ERE Signature of plan adminis								
4550	1 1 51	lual signing as plan administrator							
12000-009	ERE Signature of employer/pl		19 AUG 2013	Simon Dratfield					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					idual signing as employer or plan spons  Preparer's telephone number (optic				
' '		, , ,	sade room or salle numbe	л (орионаі)		` ' '			
	Planned Retirement ( Administrators, Inc.				(201) 447-	P010			
	P.O. Box 5126	1				7.			
	<del></del>								
	US Ridgewood	NJ 07451-5126							

Pa	rt III Financial Information							
7	Plan Assets and Liabilities	THE WEST	(a) Beginning of Year	r	T		(b) End of	Year
a	Total plan assets	7a	855,3	38	1,053,155			
	Totał plan liabilities	7b		0				
С	Net plan assets (subtract line 7b from line 7a)	7c	855,3	38				0 1,053,155
	Income, Expenses, and Transfers for this Plan Year	miles and	(a) Amount			tal		
	Contributions received or receivable from:							
	(1) Employers	8a(1)	104.0	0	2000	200	Park T	Explanation of the P
	(2) Participants	8a(2)	104,3		A 100 A			
	(3) Others (including rollovers) Other income (loss)	8a(3)	100.0	0		(65%) (65%)		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	127,8	97	1000			
d	Benefits paid (including direct rollovers and insurance premiums	8c					3700300000000	232,271
	to provide benefits)	8d	34,3	54				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0	1598			STATE OF THE STATE
f.	Administrative service providers (salaries, fees, commissions)	8f		0	404	84 ETF		
g	Other expenses	8g	10	00	1919			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Will S				34,454
i	Net income (loss) (subtract line 8h from line 8c)	8i						197,817
1	Transfers to (from) the plan (see instructions)	8j	V-00	0	1			BANK MERKANI
PERMANENT	rt IV Plan Characteristics				_i	***	· · · · · · · · · · · · · · · · · · ·	
	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	Δ	mount
а	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ons within	the time period described in tion Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not inc	clude transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?			10c	х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bond	I, that was caused by fraud	10d		х		100,000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	persons b	y an insurance carrier, ts under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	tions and 29 CFR	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 2520.101	e required r	notice or one of the					
Par	Part VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Ye	es," see instructions and comp	ete S	chedu	le SB	(Form	Yes X No
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding re						RISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver	***************************************	Mor	ons, a	and en	ter the	date of the	letter ruling Year
if \	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	5500), and skip to line 13.					
<u>b</u>	Enter the minimum required contribution for this plan year		***************************************	•••••		l 2b		

Married World Comment	Form 5500-SF 2012 Page <b>3</b> -			
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		
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			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	☐ Y	es 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 co of the PBGC?	ntrol		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) to which assets or liabilities were transferred. (See instructions.)			Total Pro-
1	3c(1) Name of plan(s):         13c	(2) EIN(	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	······································	***************************************	
14a Name of trust				N