Form 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to b		and 4065 of the Employe	e	2012		
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					s Open to Public	
Pension Benefit Guaranty Corporation	Complete all entries in a		uctions to the Form 550	0-SF.	113	pection	
	ort Identification Information			0/04/0	040		
For calendar plan year 2012 c	a single-employer plan	/2012	C	12/31/2			
A This return/report is for:			plan (not multiemployer)		a one-partici	oant plan	
B This return/report is:	the first return/report	the final return/repo					
-	an amended return/report		ırn/report (less than 12 m	onths)			
C Check box if filing under:	X Form 5558	automatic extension			DFVC progra	im	
	special extension (enter desc						
	formation—enter all requested in	formation		46	Thursday all all		
1a Name of plan DIREGGIO ADVERTISING, INC	C. PROFIT SHARING PLAN			dr	Three-digit plan number		
				10	(PN) ▶	001	
				IC	Effective date o		
2a Plan sponsor's name and DIREGGIO ADVERTISING, IN	address; include room or suite numb	er (employer, if for a sing	e-employer plan)	2b	Employer Identi		
1500 FRONT STREET				2c	Sponsor's telep 914-66		
YORKTOWN HEIGHTS, NY 10	589			2d	Business code (54180	see instructions)	
3a Plan administrator's name	and address Same as Plan Spon	sor Name Same as P	an Sponsor Address	3b	Administrator's	EIN 76897	
4 If the name and/or FIN of	the plan sponsor has changed since	the last return/report filed	for this plan enter the	4b	FIN		
	number from the last return/report.						
a Sponsor's name				-	PN		
	nts at the beginning of the plan year.			5a		4	
	nts at the end of the plan year			5b		5	
	ith account balances as of the end of			5c		4	
	sets during the plan year invested in					X Yes No	
b Are you claiming a waive	r of the annual examination and repo	rt of an independent quali	fied public accountant (IQ	PA)			
	46? (See instructions on waiver eligit					X Yes No	
	o either line 6a or line 6b, the plan						
Under penalties of perjury and	te or incomplete filing of this return to ther penalties set forth in the instru- d and signed by an enrolled actuary, complete.	ctions, I declare that I hav	e examined this return/rep	port, in	cluding, if applic	,	
	ed/valid electronic signature.	09/04/2013	ANTHONY SCAGLIO	NE			
HERE Signature of pla	n administrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN							
HERE	ployer/plan sponsor	Date	Enter name of individ	ual sia	ning as emplove	r or plan sponsor	
Preparer's name (including fin	m name, if applicable) and address; i	nclude room or suite num	per (optional)	Prep	arer's telephone	number (optional)	
For Panerwork Reduction Act N	otice and OMB Control Numbers, see th	e instructions for Form 550	0-SF			Form 5500-SF (2012)	

b Total plan labilities 7b 0 c Net plan assets (statistic line 7b from line 7a) 7c 142807 15943 a Income, Expresse, and Transfers for this Plan Vear (a) Amount (b) Total (b) Total a Contributions received or receivable from: 6d(1) 0 (b) Total (b) Total 30 Others (including relovers) 8d(1) 0 (c)	Part III Financial Information				-			
b Total plan labilities	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	14280	7		158432		
8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 0	b Total plan liabilities	. 7b		0		0		
a Contributions received or receivable from: se(1) 0 (1) Employers se(2) 0 (2) Participants. se(2) 0 (3) Others (including rollowers) se(3) 0 (4) Others (including rollowers) se(3) 0 (5) Others (including rollowers) se(3) 0 (6) Others (including rollowers) se(3) 0 (751 Benefits paid (including direct rollowers and insurance preniums to provide breakets) se(3) 0 (751 Benefits paid (including direct rollowers and insurance preniums to provide breakets) se(3) 0 (751 Benefits paid (including direct rollowers and insurance preniums to provide breakets) se(3) 0 (751 Administrative service providers (saliaites, less, commissions) se(1) 186 1867 (9) Other sequencies se(1) 0 186 1962 (10) It the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: (2A) 2E 30 10 10 10 X	C Net plan assets (subtract line 7b from line 7a)	. 7c	14280	7		158432		
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 0 e Certain deemed and/or corrective distributions (see instructions). 8d 0 g Other expenses. 8g 0 g Other expenses. 8g 0 f Administrative service providers (salaries, fees, commissions). 8f 1887 g Other expenses. 8g 0 f Instance (loss) (subtract line 8h from line 8c). 8i 1952 j Transfers to (from) the plan (see instructions). 8j 0 1952 g That IV Plan Characteristics 9d 0 1952 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 3D 2F g OD uring 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 tob. X 2D D Uring the plan vear: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in tob. X 2D b Were there any nonexempt transactions with any party-ininterest? (Do not include transactions reported t			17512	2				
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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	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			x			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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 Part VI Pension Funding Compliance 10i 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). Yes 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 (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 amortized in this plan year, see instructions, and enter the date of the letter ru 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. Image: Standard to in the stand	f Has the plan failed to provide any benefit when due under the pla	an?		10f	Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 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 Part VI Pension Funding Compliance 10i 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). Yes 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 (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 amortized in this plan year, see instructions, and enter the date of the letter rugranting 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. Image: State Stat	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	.)	10a	Х			
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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)	Part VI Pension Funding Compliance							
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requiren							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 rugranting the waiver.								
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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	(If "Yes," complete line 12a or lines 12b. 12c. 12d. and 12e below	 as applicable 	e.)					
	a If a waiver of the minimum funding standard for a prior year is bei	ng amortized	in this plan year, see instruc			•		
b Enter the minimum required contribution for this plan year	a If a waiver of the minimum funding standard for a prior year is beigranting the waiver.	ng amortized	in this plan year, see instruc Mont			-		

С	Enter the amount contributed by the employer to the plan for this plan year					
d						
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.)						
13c(1) Name of plan(s): 1		13c(2) EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN