## 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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

				Complete all entries in a	ccordance wi	tn tne instruc	tions to the Form 55	UU-5F.				
	art I			ntification Information								
For	calenda	ar plan year 2012 or fis	$\neg$		1/2012		and ending	12/31/	<u>2012</u>			
Α	This retu	urn/report is for:	X	a single-employer plan	a multipl	le-employer pla	an (not multiemployer)		a one-partici	oant plan		
В	This retu	urn/report is:	t	the first return/report	X the final	return/report						
			[] {	an amended return/report	a short p	lan year return	/report (less than 12 n	nonths	)			
С	Check b	oox if filing under:	X	Form 5558	automat	ic extension			DFVC progra	am		
		-	<u> </u>	special extension (enter desc	cription)				_			
Pa	art II	Basic Plan Info	rma	tion—enter all requested in	nformation							
1a	Name			'				1b	Three-digit			
SHIE	LDS AN	ID COMPANY PROFI	T SH.	ARING AND 401K PLAN					plan number			
								_	(PN) ▶	001		
								1C	Effective date o	•		
22	Dlan er	oneor's name and ad	drace	s; include room or suite numb	per (employer	if for a single-	amployer plan)	2h	Employer Identi			
		ND COMPANY	uicss	s, include room of suite name	ber (employer,	ii ioi a sirigie-	employer plan	20		25594		
CLIE	EORD I	MATTHEWS						2c	Sponsor's telep	hone number		
		WAY 44TH FLOOR		140 BR	OADWAY 44T	H FLOOR			212-32			
NEW	/ YORK,	NY 10005		NEW Y	ORK, NY 1000	)5		2d	Business code	(see instructions)		
									52312	20		
3a	Plan ad	dministrator's name ar	nd ad	dress XSame as Plan Spon	sor Name	Same as Plan	Sponsor Address	3b	Administrator's	EIN		
								30	A desiniate atoria	talanhana numbar		
								36	Administrators	telephone number		
4				sponsor has changed since	the last return	n/report filed fo	r this plan, enter the	4b	EIN			
_			nber	from the last return/report.				40	DN			
		or's name	ot th	a baginning of the plan year					PN	7.1		
				e beginning of the plan year.						74		
b				e end of the plan year				. 5b				
С				unt balances as of the end of		`	•	. 5c				
6a		,		ng the plan year invested in						X Yes No		
b				annual examination and repo								
	under	29 CFR 2520.104-463	? (Se	e instructions on waiver eligi	bility and cond	itions.)				X Yes No		
	If you	answered "No" to ei	ther	line 6a or line 6b, the plan	cannot use Fo	orm 5500-SF	and must instead use	Form	5500.			
Ca	ution: A	penalty for the late	or inc	complete filing of this retur	rn/report will I	be assessed ι	unless reasonable ca	use is	established.			
				enalties set forth in the instru								
		rue, correct, and comp		gned by an enrolled actuary,	as well as the	electronic vers	sion of this return/repor	rt, ariu	to the best of my	knowledge and		
SIG		Filed with authorized/	valid	electronic signature.	10/0	1/2013	CLIFFORD MATTHE	HEWS				
HE	KE	Signature of plan a	dmin	istrator	Date	)	Enter name of individ	dual siç	gning as plan adr	ninistrator		
SIG												
HE	RE	Signature of emplo	yer/p	olan sponsor	Date	)	Enter name of individ	dual sig	gning as employe	er or plan sponsor		
Pre	parer's i			if applicable) and address; i	nclude room o	r suite number		Preparer's telephone number (optional)				
POS	EN SEV	YMOUR SHAPSS MAI	DTINI	& COMPA					212-303	3-1800		
		AVENUE	XTIIN	& GOIVIER								
		, NY 10017										

Form 5500-SF 2012 Page **2** 

Pa	rt III   Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Ye				ear		
а	Total plan assets	7a	622423	31							
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	622423	81							
8	Income, Expenses, and Transfers for this Plan Year						(b) :	Fatal			
	Contributions received or receivable from:							Γotal			
u	(1) Employers	8a(1)									
	(2) Participants										
	(3) Others (including rollovers)										
	Other income (loss)										
	`										
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									
u	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u> </u>											
<u>g</u>	Other expenses (Addition 2d 2g 2f and 2g)	8g									
<u></u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
÷	Net income (loss) (subtract line 8h from line 8c)	8i									
	Transfers to (from) the plan (see instructions)	8j	-622423	81							
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ction	s:		
b	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 instruc	ions			
Par	t V   Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	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					
- 0	Was the plan covered by a fidelity bond?			10c	Χ					1000	0000
						X					-
	or dishonesty?			10d							
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or</li> </ul>	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
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			1011		V					
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		X					
Par								1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	,		•			•		Yes	X	No
118	Enter the amount from Schedule SB line 39			<u></u>		11a					
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	e date of	the le		uling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
	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 (enegative amount)		12d	1					
е	Will the minimum funding amount reported on line 12d be met by the funding of	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?		. X	Yes	N	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this	s year		. 13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes No		
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identify the pl	an(s)	to					
1	3c(1) Name of plan(s):		1	3c(2)	EIN(s	s)	13c(	<b>3)</b> PN(s)	
WELLINGTON SHIELDS 401(K) AND PROFIT SHARING PLAN 45-386							001		
Part	VIII Trust Information (optional)						•		
				14b	Trust	's EIN			

Form 5500-SF	Short m Annua	al Return/Report of Sn Benefit Plan	nall Emp 3e	OMB	Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service  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					012				
Department of Labor mployee Benefits Security Administration	of the In		orm is Open						
Pension Repetit Guaranty Corporation	Complete all entries in acc	cordance with the instruction	ons to the Form 5500-SF.	to Publi	c Inspection				
	Identification Informatio	n	and anding	12/31/20	012				
or calendar plan year 2012 or f	1D Carl print	1/01/2012	and ending lan (not multiemployer)	a one-partic					
A This return/report is for:	X a single-employer plan	X the final return/report			ipani pian				
3 This return/report is:	the first return/report		rn/report (less than 12 mor	nths)					
Check box if filing under:	Form 5558 special extension (enter	automatic extension description)		DFVC progr	am				
Part II Basic Plan Info	ormation - enter all requested	Information	140		7				
1a Name of plan			1b Three-digit plan number	(PN) _	001				
	ANY PROFIT SHARI	LNG			1 001				
AND 401K PLAN			1c Effective date of plan 06/30/1983						
2a Plan sponsor's name and addr	ess; include room or suite number (e	employer, if for single-employer p	lan) 2b Employer Ide						
SHIELDS AND COME	PANY		**-	0001					
			2c Sponsor's to 212-320-3		ber				
140 BROADWAY 447	TH FLOOR		2d Business co		ctions)				
ATTICK AVOIDED	NY 10005			120	5110110)				
NEW YORK 3a Plan administrator's name		nsor Name X Same as Plan Sponsor							
			3c Administrate	or's telephone	number				
A 17 11	e plan sponsor has changed sin	ce the last return/report filed	for this 4b EIN						
4 If the name and/or EIN of the	nd the plan number from the las	t return/report.	To the same						
a Sponsor's name	no tre plan namber nem are ide		4c PN						
a oponsors name									
5a Total number of participar	nts at the beginning of the plan y	/ear	5a	74					
<b>b</b> Total number of participal	nts at the end of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b						
	ith account balances as of the e		5c						
benefit plans do not comp	olete this item)	Lin - Kallala annata (Con innte		2	Yes No				
6a Were all of the plan's asso	ets during the plan year invested of the annual examination and r	an eligible assets? (See Instit	lified public accountant		g 100 🗀 110				
b Are you claiming a waiver	0.104-46? (See instructions on v	valver eligibility and condition	s.)	5	Yes No				
If you answered "No" to	either line 6a or line 6b, the pl	an cannot use Form 5500-S	F and must instead use F	orm 5500.					
Caution: A penalty for the la	te or incomplete filing of this r	eturn/report will be assesse	<u>ed unless reasonable cau</u>	ise is establiş	hed.				
II I a securities of market and	other penalties set forth in the in	netructions. I declare that I ha	ave examined this return/re	port, including	g, if applicable, a				
1 1/1	1)26								
SIGN / WAGE	9 (07	/17/2013 CLIFFO	ORD MATTHEWS						
HERE Signature of plan adu	pinistrator Date	e Enter name	e of individual signing as pl	an administrat	ior				
SIGN COM	0000	19/2018 Clif	Ford Mac	tthe	Ly Yu				
HERE Signature of employe	er/plan sponsor Dat		e of individual signing as e						
Preparer's name (including fi	rm name, if applicable) and addr	ess; include room or suite nui	1	s telephone nu $03\ 1800$	mber (optional)				
ROSEN SEYMOUR S	HAPSS MARTIN & C	COMPANY							
NEW YORK	NY 10017	7	Į,						
			17						
- m D A	ct Notice and OMB Control Nu	mbers, see the instructions	for Form 5500-SF.	Fo	rm 5500-SF (201				

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Form 5500-SF (2012)		Pa				-		
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginn				(b) En	d of Yea	<u> </u>
a Total plan assets	7a	6,	224	1,2:	31			
b Total plan liabilities	7b				_	1/4		
C Net plan assets (subtract line 7b from line 7a)	7c	6,	224	1,2	31			
8 Income, Expenses, and Transfers for this Plan Year		(a) Aı	nou	nt		(b)	Total	
a Contributions received or receivable from:								
(1) Employers	8a(1)						2.8	
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	. 8b							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
d Benefits paid (including direct rollovers and insurance premiums to provide								
benefits)	. 8d							
e Certain deemed and/or corrective distributions (see instructions)	. 8e						300	
f Administrative service providers (salaries, fees, commissions)	, 8f							
g Other expenses	. 8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)								
Net income (loss) (subtract line 8h from line 8c)							and the	
Transfers to (from) the plan (see instructions)		-6,	22	4,2	31			
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature of 2E 2J 2K  b If the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits, enter the applicable welfare feature of the plan provides welfare benefits.								
Part V Compliance Questions	-				N.	Λ		
10 During the plan year:				Yes	No	A	mount	
a Was there a failure to transmit to the plan any participant contributions within the time					х			
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre		gram.)	10a		Δ.	-		
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not i					х			
transactions reported on line 10a.)			10b	X	Δ		1 000	0,000
C Was the plan covered by a fidelity bond?			10c	Λ			1,000	,,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo					v			
was caused by fraud or dishonesty?			10d	-	X			
e Were any fees or commissions paid to any brokers, agents, or other person	s by an ir	risurance						
carrier, insurance service or other organization that provides some or all of t					77	31		
the plan? (See instructions.)			10e		X			
f Has the plan failed to provide any benefit when due under the plan?		1	10f		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year			10g				77	
h If this is an individual account plan, was there a blackout period? (See instr			401		х	100 to 1		
and 29 CFR 2520.101-3.)			10h		1	14-17	-	
i If 10h was answered "Yes," check the box if you either provided the require			401		x	HES		
of the exceptions to providing the notice applied under 29 CFR 2520.101-3	1		10i		1.2			
Part VI Pension Funding Compliance	115.4	. (			1.4.			
11 Is this a defined benefit plan subject to minimum funding requirements? (If	"Yes," se	ee instructions	ana	comp	piete		Yes	X No
Schedule SB (Form 5500) and line 11a below)			******	,,,,,,,,	T	T	res	M 140
11a Enter the amount from Schedule SB line 39			nact!	n 200	11a	242	Yes	X No
12 Is this a defined contribution plan subject to the minimum funding requirements of se		ui the Gode or	secuc	n 302	OI CKIS	)Ar	1 465	TAL IND
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applic	cable.)		t		000 -	nd onto the	data of t	ha lattar
a If a waiver of the minimum funding standard for a prior year is being amortized			e ins					ne ierrei
ruling granting the waiver.		Month	11	Da	ду	Y	ear	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For					101			
<b>b</b> Enter the minimum required contribution for this plan year					12b			