United Stands Social 2012 Dependent status This form is required to be their unit service Code (the Code). This Form is Sopera to Public			Short Form Annual Return/Report of Small Employe Benefit Plan			yee			
Impairment at taw Description The Form is Open to Public inspection Present thank to Administic Complete all extension Complete all extension The Form is Open to Public inspection Part II Annual Report Identification Information Complete all extension and ending 1201/012 A This returningont is for: If a single-employer plan If end returningont a one participant plan C Check box if fling under If end returningont If end returningont a one participant plan A This returningont is In a single-employer plan If end returningont a one participant plan A This returningont is In a single-employer plan If end returningont a one participant plan A This returningont is In a neinded returningont If a final returningont a one participant plan A This returningont is In a ministration number Interministration DPVC program Secolar extension Interministration DPVC program Interministration A trank add plan Information Interministration DPVC program Secolar extension Interministration DPVC program Inte tension						e			
Part I Annual Report details and using using the set of the set of the form 5500-SF. Part I Annual Report details (set of face plan year beginning			Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605				(a) of This Form is Open to Pu		
For defending plan, year 2012 of fixed plan, year beginning 01/01/2012 and ending 12/31/2012 A This return/report is for: Imaging employer plan an anight employer plan DFVC program Part III Basic Plan Information—enter all requested information Image plan Image plan an anight employer plan Image plan an anight employer plan TA Name of plan Image plan <t< th=""><th>Pension E</th><th>Senefit Guaranty Corporation</th><th>Complete all entries in account of the second second</th><th>cordance with the instru</th><th>uctions to the Form 550</th><th>0-SF.</th><th>115</th><th>Jection</th></t<>	Pension E	Senefit Guaranty Corporation	Complete all entries in account of the second	cordance with the instru	uctions to the Form 550	0-SF.	115	Jection	
A This return/report is the first return/report a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: a maneded return/report b first return/report b first return/report c first return/report C Check box if filing under: Form 5558 a utomatic extension D FVC program B This return/report is: g pedia detension (return detension) D FVC program Part II Basic Plan Information—onter all requested information Ib Three-digit plan number 10 There-digit plan number 001 12 Effects date of plan 10 Three-digit plan number 14 Name of plan 10 Three-digit plan number 001 12 Effects date of plan 10 Three-digit plan number 001 14 Her sequency's name and address; include room or suite number (employer, if for a single-employer plan) 20 Effects date of plan number 20 EXMCGON AVE 20 Soponor's telephone number 212-490-3253 21 4 If the name and address; include room or suite num/report. 30 Administrator's plan number 212-490-3255 21 4 If the name and of EIN of the plan				2010	and an diam. A	0/04/	2010		
B This return/report Image: Imag	_	• •			9	2/31/2			
C Check box if fling unde: en amended return/report a short plan year return/report (less than 12 months) Pert II Basic Plan Information—enter all requested information ID DFVC program II Name of plan ID Three-digit methods 01 III Basic Plan Information—enter all requested information ID Three-digit methods 01 III C Effective date of plan (RN) V 01 (RN) V 01 III C Effective date of plan (RN) V 01 (RN) V 01 IIII C Effective date of plan (RN) V 01 (RN) V (RN) V 01 (RN) V							a one-particip	ant plan	
C C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1 Three-digit provide the description Part II Basic Plan Information—enter all requested information 1 D Trive-digit provide the dist of plan (FNN) 01 1C Effective date of plan (FNN) 1 D Encyloyer Identification Number (FNN) 01 2A Plan appender's name and address; include room or suite number (emplayer, if for a single-emplayer plan) 2D Emplayer Identification Number (FNN) 2D Emplayers Ide	B This re	eturn/report is:							
Image: Second extension (enter description) Image: Second extension (enter description) Part III Basic Plan Information—enter all requested information Ib Three-digit plan number (PR) It Name of plan Ib Three-digit plan number (PR) 0.01 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Engloyer Identification Number (PR) 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Engloyer Identification Number (PR) 2a Plan administrator's name and address; Isame as Plan Sponsor Name Bame as Plan Sponsor Address 2b Administrator's EIN (PR) 3a Plan administrator's name and address; Isame as Plan Sponsor Name Bame as Plan Sponsor Address 2b Administrator's telephone number (PR) 3b Ter Administrator's name and address; Isame as of the plan year. 4c PN 5a 3a C Administrator's telephone number from the last returniveport. 3a Administrator's telephone number (PR) 3b Total number of participants at the beginning of the plan year. 5a 5a 3b Total number of participants at the end of the plan year. 5a 5a 5a 3c Administrator's telephone number from the last returniveport will be assessed unless reasonable cause is estabilished. Yes I 4b Total number of participants at the end of the plan year.	_					onths)	_		
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HE FALK GRÖUP, LLC 401K PLAN plan number 01 01 1c Effective due of plan 01/01/2004 01 23 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EN) 2c 20 Expinor VPE UITE 201 2c Sponsor's telephone number 212-490-3255 2c 33 Plan administrator's name and address (EAR OROUP) 420 LEXINGTON AVE SUITE 201 3b Administrator's telephone number 212-490-3255 34 FIAL GROUP 420 LEXINGTON AVE SUITE 201 NEW YORK, NY 10170-2399 3b Administrator's telephone number 212-490-3255 35 Administrator's telephone number 212-490-3255 3c Administrator's telephone number 212-490-3255 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 4c PN 5 Total number of participants at the beginning of the plan year 5a 5c 6 Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Ves			mation—enter all requested info	ormation		41-			
22 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (Employer, if for a single-employer plan) 21 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) of 176-2339 23 Plan administrator's name and address Same as Plan Sponsor Name Bame as Plan Sponsor Address (1600) 3b Administrator's EIN (1600) 3b Administrator's EIN (1600) 3c Administrator'		•	N			10	plan number	001	
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EFALK GROUP 420 LEXINGTON AVE SUITE 2301 NEW YORK, NY 10170-2399 3C Administrator's telephone numb 212-490-3256 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 3 Sponsor's name 4c PN 5a 5a 5a 5b c Number of participants at the beginning of the plan year. c Number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sc 63 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sc 64 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes Yes J Mere and of the plan durin plan bet or incomplete filling of this return/report. Hill be assessed unless reasonable cause is established. Judder penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this						2d			
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5a 5a b Total number of participants at the beginning of the plan year				he last return/report filed	for this plan, enter the	4b	EIN		
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Sec b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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. Signature of plan administrator Date Enter name of individual signing as plan administrator Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsoc Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)						5a		31	
complete this item)						5b		26	
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	HERE	Signature of plan ad	ministrator	Date	Enter name of individe	ual sig	gning as plan adm	inistrator	
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	For Dower	vork Doduction A-4 Mart	and OMP Control Numbers and the	instructions for From FFS	n se		-	orm 5500-SF (2012)	

Part I	I Financial Information								
7 Plan Assets and Liabilities			(a) Beginning of Year			(b) End of Year			
a Tot	tal plan assets	7a	55518	6			593017		
b Tot	tal plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)			55518	555186			593017		
8 Inc	ome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	ntributions received or receivable from:	80(1)							
	Employers Participants	8a(1) 8a(2)	10264	7					
	Others (including rollovers)	8a(3)	10204						
	ner income (loss)	8b	6697	8					
	tal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0001	<u> </u>			169625		
	nefits paid (including direct rollovers and insurance premiums						109023		
	provide benefits)	8d	13102	5					
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e	27	0					
f Ad	ministrative service providers (salaries, fees, commissions)	8f	49	9					
<u> </u>	ner expenses	8g							
	tal expenses (add lines 8d, 8e, 8f, and 8g)	8h					131794		
	t income (loss) (subtract line 8h from line 8c)	8i			_		37831		
J Tra	ansfers to (from) the plan (see instructions)	8j							
b If t Part V	the plan provides welfare benefits, enter the applicable welfare ference Compliance Questions								
	uring the plan year:				Yes	No	Amount		
a v				10a		x			
	Vere there any nonexempt transactions with any party-in-interest n line 10a.)			10b		х			
C V	Nas the plan covered by a fidelity bond?			10c	Х		75000		
						х			
in	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 instructions.)			10e		х			
fн	,					Х			
g D	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g				Х		6198		
h If	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h					х	0100		
	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								
Part VI	Pension Funding Compliance								
	this a defined benefit plan subject to minimum funding requirem 500) and line 11a below)								
	nter the amount from Schedule SB line 39					11a			
12 Is	s this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection :	302 of E	RISA? 🗌 Yes 🗙 No		
	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
(11									
a If	a waiver of the minimum funding standard for a prior year is beir ranting the waiver.	ng amortized			, and e	enter the Day _	e date of the letter ruling Year		
a lf gr		ng amortized	Mon		, and e		•		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
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.)							
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 Trust's EIN