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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2012</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------|
| <b>Part II</b>                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |                   |
| <b>1a</b> Name of plan<br><u>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN</u>                                                                                                                                  | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>11/01/1979</u></td> </tr> </table>                                                                                           | <b>1b</b> Three-digit plan number (PN) ►                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan                            | <u>11/01/1979</u> |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |                   |
| <b>1c</b> Effective date of plan                                                                                                                                                                                          | <u>11/01/1979</u>                                                                                                                                                                                                                                                                      |                                                                     |                                                             |                                                             |                   |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>EIGHTH FLOOR PROMOTIONS, LLC</u><br><br><u>ONE VISIONS PARKWAY</u><br><u>CELINA, OH 45822</u> | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1964898</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>419-586-6433</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>339900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1964898</u> | <b>2c</b> Sponsor's telephone number<br><u>419-586-6433</u> | <b>2d</b> Business code (see instructions)<br><u>339900</u> |                   |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-1964898</u>                                                                                                                                                       |                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |                   |
| <b>2c</b> Sponsor's telephone number<br><u>419-586-6433</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |                   |
| <b>2d</b> Business code (see instructions)<br><u>339900</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |                   |

**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 accompanying schedules, statements and attachments, 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.

|                                                                                                            |                                                          |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>10/11/2013</u> | <u>LISA HICKS</u>                                            |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>10/11/2013</u> | <u>LISA HICKS</u>                                            |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |                   | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                |           | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |           | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                  |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |           | <b>5</b> 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                  | <b>6a</b> | 106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> | 125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> | 125                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                     | <b>6g</b> | 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                         | <b>6h</b> | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2G 2F 2J 2K 2T 3D 3H                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                           |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2012</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                      |                                                                    |            |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EIGHTH FLOOR PROMOTIONS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1964898</u> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------|
|                   |               |                                       |                                                                             | (f) From                | (g) To            |
| <u>39-0989781</u> | <u>86231</u>  | <u>802775-000</u>                     | <u>86</u>                                                                   | <u>01/01/2012</u>       | <u>12/31/2012</u> |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|
| <u>11979</u>                         | <u>4803</u>                   |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION INNOVATIONS & CONSULTING, L  
7558 KING'S POINTE ROAD  
TOLEDO, OH 43617

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                            | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                |                       |
| <u>0</u>                                      | <u>4803</u>                     | <u>ADMINISTRATIVE FEES</u> | <u>5</u>              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

WALNUT STREET SECURITIES  
PRODUCER JASON M ELCHERT  
13045 TESSON FERRY ROAD  
ST. LOUIS, MO 63128-3407

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| <u>11979</u>                                  |                                 |             | <u>3</u>              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 1632656 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                        |           |   |
|--------------------------------------------------------|-----------|---|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--------------------------------------------------------|-----------|---|

|                                                                       |              |        |
|-----------------------------------------------------------------------|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 111142 |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 1108   |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 43295  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 4074   |

▶ DEPOSIT OF INTEREST LOAN REPAYMENT

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 159619 |
|---------------------------|--------------|--------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 159619 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |       |
|---------------------------------------------------------------------------------|--------------|-------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 1273  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 540   |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 19372 |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 1016  |

▶ LOAN REQUEST

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 22201 |
|----------------------------|--------------|-------|

|                                                                                                         |           |        |
|---------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 137418 |
|---------------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2012</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                               |                                                             |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>EIGHTH FLOOR PROMOTIONS, LLC | <b>D</b> Employer Identification Number (EIN)<br>34-1964898 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA LIFE INSURANCE COMPANY                                                                               |

39-0989781

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| PENSION INNOVATIONS & CONSULTING, L 7558 KING'S POINTE ROAD<br>TOLEDO, OH 43617                                  |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | RECORDKEEPER                                                                                      | 8295                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

WALNUT STREET SECURITIES

13045 TESSON FERRY ROAD  
SAINT LOUIS, MO 63128-3407

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 71                     | INVESTMENT                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 11975                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                               |                                                                                                          |                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                             |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>EIGHTH FLOOR PROMOTIONS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1964898</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                              |                               |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH OPPORTUNITIES</u>    |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-167</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149175</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA PARTNERS STOCK INDEX</u>      |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-587</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>173848</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&amp;P MID CAP INDEX</u>             |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-036</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13</u>     |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET INC RET OPT</u>        |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-047</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2599</u>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2015 RET OPT</u>       |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-048</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1905</u>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2035 RET OPT</u>       |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-050</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1</u>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2045 RET OPT</u>       |                               |                                                                                                                   |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |                               |                                                                                                                   |  |
| <b>c</b> EIN-PN <u>39-0989781-051</u>                                                        | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14086</u>  |  |

|                                                                                                       |                                        |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN FUNDS EUROPACIFIC GROWTH</a>      |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-068</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">169153</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LOOMIS SAYLES INVESTMENT GRADE BOND</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-086</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">3956</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">OPPENHEIMER INTERNATIONAL BOND FUND</a>    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-089</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">19723</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">TRANSAMERICA SMALL/MID CAP VALUE</a>       |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-093</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">31254</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD REIT INDEX</a>                    |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-099</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">7704</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD SMALL-CAP INDEX</a>               |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-107</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">996</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD TARGET RETIREMENT 2030</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-111</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">648</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD TARGET RETIREMENT 2040</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-112</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1508</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD TARGET RETIREMENT 2050</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-113</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6557</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">THORNBURG INTERNATIONAL VALUE</a>          |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-131</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">78</a>     |

|                                                                                                       |                                        |                                                                                                                            |
|-------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">ALGER CAPITAL APPRECIATION</a>             |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-132</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">53628</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">BLACKROCK EQUITY DIVIDEND</a>              |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-240</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">47479</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AMERICAN FUNDS NEW PERSPECTIVE</a>         |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-259</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">5474</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">BLACKROCK GLOBAL ALLOCATION</a>            |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-281</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">39762</a>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PIMCO TOTAL RETURN</a>                     |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-312</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">505774</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">PRUDENTIAL JENNISON 20/20 FOCUA</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-475</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">182283</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">RIDGEWORTH LARGE CAP VALUE EQUITY</a>      |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-477</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">189203</a> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LORD ABBETT DEVELOPING GROWTH</a>          |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-382</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">289</a>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">LORD ABBETT FUNDAMENTAL EQUITY</a>         |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-383</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1580</a>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">VANGUARD TARGET RETIREMENT 2055</a>        |                                        |                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <a href="#">TRANSAMERICA LIFE INSURANCE COMPANY</a> |                                        |                                                                                                                            |
| <b>c</b> EIN-PN <a href="#">39-0989781-505</a>                                                        | <b>d</b> Entity code <a href="#">P</a> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">436</a>    |

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN</b>                                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EIGHTH FLOOR PROMOTIONS, LLC</b>                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-1964898</b>                                                                                                                                                                                                       |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                                    |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                      |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                               | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                                |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       | 286             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       | 137419          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 48562                 | 42159           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       | 1632656         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 1520348               |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 0                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1568910               | 1812520         |

**Liabilities**

|                                                                           |           |   |     |
|---------------------------------------------------------------------------|-----------|---|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |     |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |     |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   | 486 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 486 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1568910 | 1812034 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 19994      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 154239     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 174233    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 1108       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1575       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 30         |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2713      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            | 193315    |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 370261    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 118891 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 118891 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 8246   |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 8246   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 127137 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 243124 |
| l Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                   | 2l(1) |  |        |
| (2) From this plan .....                                | 2l(2) |  |        |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BRADY WARE

(2) EIN: 35-1476702

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | X   |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | X   |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

**5b** 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.)

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EIGHTH FLOOR PROMOTIONS, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1964898</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>39-0989781</u> |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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 ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**EIGHTH FLOOR PROMOTIONS, LLC  
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2012 AND 2011**

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

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**YEARS ENDED DECEMBER 31, 2012 AND 2011**

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**BRADY WARE**  
& SCHOENFELD

## INDEPENDENT AUDITORS' REPORT

---

Plan Administrator  
**Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan**  
Celina, Ohio

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Transamerica Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the 2012 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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## **INDEPENDENT AUDITORS' REPORT - CONTINUED**

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### ***Disclaimer of Opinion***

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate, audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter - Supplemental Schedule***

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets Held at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

### ***Report on Form and Content in Compliance with DOL Rules and Regulations***

The form and content of the information included in the 2012 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

### ***Other Matter - 2011 Financial Statements***

We have audited the accompanying statement of net assets available for benefits of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes, and in our report dated September 28, 2012, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of the Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan as of December 31, 2011, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.



Dayton, Ohio  
October 2, 2013

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****DECEMBER 31, 2012 AND 2011**

|                                          | <u>2012</u>                | <u>2011</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| Investments at fair market value         |                            |                            |
| Money market fund                        | \$ -                       | \$ 93,919                  |
| Equity securities funds                  | -                          | 962,274                    |
| Stable value fund                        | <b>137,419</b>             | -                          |
| Pooled separate accounts                 | <b>1,632,656</b>           | -                          |
| Government and corporate bond funds      | <u>-</u>                   | <u>464,155</u>             |
| Total investments at fair market value   | <u><b>1,770,075</b></u>    | <u>1,520,348</u>           |
| Receivables                              |                            |                            |
| Participant loans, net                   | <b>42,159</b>              | 40,452                     |
| Contributions receivable - employee      | -                          | 4,667                      |
| Contributions receivable - employer      | <u><b>286</b></u>          | <u>565</u>                 |
| Total receivables                        | <u><b>42,445</b></u>       | <u>45,684</u>              |
| Total assets                             | <b>1,812,520</b>           | 1,566,032                  |
| <b>LIABILITIES</b>                       |                            |                            |
| Excess contributions                     | <u><b>486</b></u>          | <u>-</u>                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 1,812,034</b></u> | <u><b>\$ 1,566,032</b></u> |

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED DECEMBER 31, 2012 AND 2011**

|                                                                     | <u>2012</u>         | <u>2011</u>         |
|---------------------------------------------------------------------|---------------------|---------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>                        |                     |                     |
| Investment income (loss)                                            |                     |                     |
| Interest and dividends                                              | \$ -                | \$ 34,027           |
| Interest - participant loans                                        | 1,575               | 1,784               |
| Net appreciation (depreciation) in fair market value of investments | 194,453             | (47,838)            |
| Other income                                                        | <u>-</u>            | <u>15</u>           |
| Total investment income (loss)                                      | <u>196,028</u>      | <u>(12,012)</u>     |
| Contributions                                                       |                     |                     |
| Employee                                                            | 149,572             | 144,440             |
| Employer                                                            | <u>19,429</u>       | <u>18,325</u>       |
| Total contributions                                                 | <u>169,001</u>      | <u>162,765</u>      |
| Total additions                                                     | <u>365,029</u>      | <u>150,753</u>      |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>                     |                     |                     |
| Participant withdrawals                                             | 110,781             | 346,911             |
| Fees                                                                | 8,246               | 13,699              |
| Write-down of loans receivable                                      | <u>-</u>            | <u>8,110</u>        |
| Total deductions                                                    | <u>119,027</u>      | <u>368,720</u>      |
| <b>NET INCREASE (DECREASE)</b>                                      | <b>246,002</b>      | <b>(217,967)</b>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                            |                     |                     |
| Beginning of year                                                   | <u>1,566,032</u>    | <u>1,783,999</u>    |
| End of year                                                         | <u>\$ 1,812,034</u> | <u>\$ 1,566,032</u> |

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE A - DESCRIPTION OF PLAN

The following description of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** - Eighth Floor Promotions, LLC (the "Company") adopted a 401(k) profit sharing plan in November 1979. The Plan allows all employees of the Company, not covered by a collective bargaining agreement, who have 60 days of service and have attained age 21 to participate. To be eligible for employer matching and discretionary contributions, employees must complete one year of service. Upon satisfaction of the eligibility requirements, employees may enter the Plan on January 1 and July 1 following their date of eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** - The Plan provides for employee salary deferrals up to 15% of annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matching contributions are discretionary, determined annually by the Company prior to the beginning of the Plan year. The employer match was 20% of the first 5% of participant deferrals for the years ended December 31, 2012 and 2011. The Company, upon approval of the Board of Directors, may also make additional discretionary profit sharing contributions to the Plan. For the years ended December 31, 2012 and 2011, the Company did not make a discretionary profit sharing contribution to the Plan. Contributions are subject to certain limitations.

**Forfeitures** - Forfeited balances of terminated participants' non-vested accounts are used to pay administrative expenses of the Plan and any remaining forfeitures shall be used to reduce future Company contributions. Forfeitures may be reallocated at any time during the Plan year upon request of the Plan administrator. There were no forfeitures used to pay plan expenses or offset employer contributions for the years ended December 31, 2012 and 2011. Unallocated forfeitures at December 31, 2012 and 2011 were \$8,132 and \$3,769, respectively.

**Participant Accounts** - Effective January 1, 2012, Transamerica Life Insurance and Annuity Company (the "Trust") is the trustee and custodian of the Plan investments. For the year ended December 31, 2011, Fidelity Management Trust Company was the trustee and custodian of the Plan investments. The Trust maintains the self-directed investment accounts for each participant containing the participant's contributions, Company contributions, net earnings or losses, forfeitures, and distributions and withdrawals. Company contributions and forfeitures are allocated based on participants' compensation as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs both separately, and distinctly, into which investment the participant contribution and employer match and discretionary contribution is to be invested.

**Vesting** - The following schedule will be used to determine vesting in the Company matching and discretionary profit sharing contributions and their earnings:

| <u>Completed Years of Service</u> | <u>Vesting Percentages</u> |
|-----------------------------------|----------------------------|
| Fewer than 2                      | 0%                         |
| 2                                 | 20%                        |
| 3                                 | 40%                        |
| 4                                 | 60%                        |
| 5                                 | 80%                        |
| 6 or more                         | 100%                       |

NOTES TO FINANCIAL STATEMENTS

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**NOTE A - DESCRIPTION OF PLAN - continued**

**Distributions** - Upon termination of service by reason of retirement, death, permanent disability, or otherwise, participants or designated beneficiaries may elect to receive their vested balance either in a lump-sum amount or payments over a period of time in cash installments or in a form agreeable to the Plan Administrator. If the participant's account balance is \$1,000 or less, the Plan Administrator may elect to automatically distribute the participant's balance in a single-sum payment. In addition, participants may receive distributions of their vested account balance for qualified financial hardships.

**Participant Loans** - Participants may borrow from the Plan in any amount between \$1,000 and \$50,000, but not more than 50% of their vested account balance. Loans bear interest at an agreed-upon percentage based on prevailing market rates, as determined by the Plan Administrator. Loan terms are for a period not exceeding five years. A longer term may be approved by the Plan Administrator if proceeds are to be used for the purchase of a primary residence. Loans are secured by the balance in the participants' accounts. Principal and interest is paid ratably through payroll deductions. Plan provisions allow three loans outstanding at one time.

**Investment Options** - Upon enrollment in the Plan, a participant may currently direct contributions in any of the 29 investment options in increments of one percent. Participants may change their investment options and deferral percentage at any time via the Internet.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting.

**Financial Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Administrative Fees** - Certain administrative fees of the Plan are paid by the Company if Plan forfeitures are not sufficient to cover these expenses. Fees for specific transactions, such as a loan withdrawal, are paid by the individual participant. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value, determined by quoted market prices in an active market, of the underlying funds, which represent the net asset value of shares held by the Plan. See Note D for discussion of fair value measurements. Unrealized appreciation and depreciation are calculated by comparing fair value to cost. Security transactions are recorded on a trade date basis. Gains and losses are computed using the specific identification method. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

**Benefit-Responsive Investment Contracts** - Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits is to present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Management has determined that the Transamerica Stable Value Core Option is a fully benefit-responsive investment contract; however, there is no difference between the fair market value and the contract value at December 31, 2012.

**Participant Loans Receivable** - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified to the allowance for doubtful loans based upon the terms of the Plan document. No reserve was considered necessary for participant loans at December 31, 2012. A reserve of \$8,110 was recorded for a loan that was considered uncollectible as of December 31, 2011.

**Payment of Benefits** - Benefits are recorded when paid.

**Subsequent Events** - In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through October 2, 2013, the date the financial statements were available to be issued.

#### NOTE C - INVESTMENTS

The Plan's investments are held by a financial services administrated trust fund. The following table presents the fair values of the investments at December 31, 2012 and 2011.

|                                                 | 2012 | 2011        |
|-------------------------------------------------|------|-------------|
| Fidelity Spartan Money Market Fund              | \$ - | \$ 93,919 * |
| Fidelity Spartan 500 Index                      | -    | 160,384 *   |
| T. Rowe Price Growth Stock Fund                 | -    | 43,416      |
| William Blair International Growth              | -    | 258         |
| American Funds Washington Mutual Investors Fund | -    | 14,414      |
| Hartford Floating Rate                          | -    | 4,710       |
| Fidelity Diversified International              | -    | 190,381 *   |
| Templeton World A                               | -    | 1,811       |
| Alger Small/Mid-Cap Growth                      | -    | 184,490 *   |
| Columbia Small Cap Value                        | -    | 1,532       |
| Eaton Vance Large Cap Value A                   | -    | 160,192 *   |
| Gateway Fund Class A                            | -    | 1,178       |
| JP Morgan US Large Cap Core Plus                | -    | 1,343       |
| Leuthold Core Investment                        | -    | 12,684      |
| Ivy Asset Strategy                              | -    | 999         |
| T. Rowe Price Mid-Cap Growth                    | -    | 13,628      |
| AQR Managed Futures Fund CI N                   | -    | 2,497       |
| American Century Growth Investor CL             | -    | 165,138 *   |

# **EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

### **NOTE C - INVESTMENTS - continued**

|                                     | <u>2012</u>         | <u>2011</u>         |
|-------------------------------------|---------------------|---------------------|
| Dreyfus Small Cap Stock Index       | -                   | 21                  |
| Dreyfus International Stock Index   | -                   | 40                  |
| Eagle Small Cap Growth Fund CI A    | -                   | 329                 |
| Fidelity U.S. Bond Index Fund       | -                   | 2,188               |
| Alliance Bernstein Global Bond      | -                   | 3,958               |
| Templeton Global Bond I             | -                   | 5,843               |
| Eaton Vance Global Macro            | -                   | 3,397               |
| PIMCO Total Return Admin            | 505,774 *           | 448,769 *           |
| American Funds New Perspective Fund | 5,474               | 2,829               |
| Oppenheimer International Bond      | 19,722              | -                   |
| Transamerica Stable Value Core      | 137,419 *           | -                   |
| Morgan Stanley Growth Opportunity   | 149,175 *           | -                   |
| Transamerica Partners Stock Index   | 173,848 *           | -                   |
| SSgA S&P Mid Cap Index              | 14                  | -                   |
| Vanguard Target Retirement 2045     | 14,086              | -                   |
| Vanguard Target Retirement          | 2,599               | -                   |
| Vanguard Target Retirement 2015     | 1,906               | -                   |
| Loomis Sayles Investment Grade Bond | 3,957               | -                   |
| Vanguard Target Retirement 2030     | 648                 | -                   |
| Vanguard Target Retirement 2040     | 1,508               | -                   |
| Vanguard Target Retirement 2050     | 6,557               | -                   |
| Transamerica Small/Mid Cap Value    | 31,254              | -                   |
| Vanguard Small-Cap Index            | 996                 | -                   |
| American Funds EuroPacific Growth   | 169,153 *           | -                   |
| Vanguard REIT Index                 | 7,704               | -                   |
| Alger Capital Appreciation          | 53,628              | -                   |
| Thornburg International Value       | 77                  | -                   |
| BlackRock Global Allocation         | 23,544              | -                   |
| BlackRock Equity Dividend           | 47,479              | -                   |
| First Eagle Overseas                | 39,762              | -                   |
| Prudential Jennison 20/20 Focus     | 182,283 *           | -                   |
| RidgeWorth Large Cap Value Equity   | 189,203 *           | -                   |
| Lord Abbett Developing Growth       | 289                 | -                   |
| Lord Abbett Fundamental Equity      | 1,580               | -                   |
| Vanguard Target Retirement 2055     | 436                 | -                   |
|                                     | <u>\$ 1,770,075</u> | <u>\$ 1,520,348</u> |

\* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2012 and 2011.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE C - INVESTMENTS - continued

The Plan's investments (including investments bought, sold and held, during the year) appreciated (depreciated) in value for the years ended December 31, 2012 and 2011 as follows:

|                                     | <u>2012</u>       | <u>2011</u>        |
|-------------------------------------|-------------------|--------------------|
| Equity securities funds             | \$ -              | \$ (47,830)        |
| Pooled separate accounts            | 194,453           | -                  |
| Government and corporate bond funds | <u>-</u>          | <u>(8)</u>         |
|                                     | <u>\$ 194,453</u> | <u>\$ (47,838)</u> |

#### NOTE D - FAIR VALUE MEASUREMENTS

Accounting standards define fair value and establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting standards are described as follows:

**Level 1** - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE D - FAIR VALUE MEASUREMENTS - continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012.

*Shares of money market funds:* Valued based on the contractual terms of the underlying guaranteed interest accounts; provides a daily mil-rate for income accretion.

*Shares of equity securities funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Stable Value Fund:* Valued based on the contractual terms of the underlying fund; provides a daily mil-rate for income accretion.

*Pooled separate accounts:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Shares of government and corporate bond funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

|                            | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>     |
|----------------------------|------------------|----------------|----------------|------------------|
| Stable value fund          | \$ -             | \$ 137,419     | \$ -           | \$ 137,419       |
| Pooled separate accounts   |                  |                |                |                  |
| Small company equity       | 32,540           | -              | -              | 32,540           |
| International equity       | 208,993          | -              | -              | 208,993          |
| Large/mid blend equity     | 1,580            | 173,862        | -              | 175,442          |
| Large/mid value equity     | 236,682          | -              | -              | 236,682          |
| Large/mid growth equity    | 235,911          | 149,175        | -              | 385,086          |
| Specialty                  | 7,704            | -              | -              | 7,704            |
| Global equity              | 5,474            | -              | -              | 5,474            |
| Hybrid                     | 51,283           | -              | -              | 51,283           |
| Bond                       | 525,496          | 3,956          | -              | 529,452          |
|                            | <u>1,305,663</u> | <u>326,993</u> | <u>-</u>       | <u>1,632,656</u> |
| Total assets at fair value | \$ 1,305,663     | \$ 464,412     | \$ -           | \$ 1,770,075     |

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN****NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - FAIR VALUE MEASUREMENTS - continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

|                                                                | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>   |
|----------------------------------------------------------------|----------------|----------------|----------------|----------------|
| Money market fund                                              | \$ 93,919      | \$ -           | \$ -           | \$ 93,919      |
| Equity securities funds                                        |                |                |                |                |
| Growth and income                                              | 351,349        | -              | -              | 351,349        |
| Growth                                                         | 408,015        | -              | -              | 408,015        |
| Income                                                         | 4,710          | -              | -              | 4,710          |
| International                                                  | 195,319        | -              | -              | 195,319        |
| Small cap                                                      | 1,882          | -              | -              | 1,882          |
| Asset allocation                                               | 999            | -              | -              | 999            |
|                                                                | <u>962,274</u> | <u>-</u>       | <u>-</u>       | <u>962,274</u> |
| Pooled separate accounts - Government and corporate bond funds |                |                |                |                |
| Growth and income                                              | 2,188          | -              | -              | 2,188          |
| Bond                                                           | 448,768        | -              | -              | 448,768        |
| International                                                  | 9,802          | -              | -              | 9,802          |
| Multi-sector                                                   | 3,397          | -              | -              | 3,397          |
|                                                                | <u>464,155</u> | <u>-</u>       | <u>-</u>       | <u>464,155</u> |
| Total assets at fair value                                     | \$ 1,520,348   | \$ -           | \$ -           | \$ 1,520,348   |

**NOTE E - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE**

The total value of the investments held by the Trustee at December 31, 2012 was \$1,770,075. The cost of the investments at December 31, 2012 is not readily determinable.

The Trustee of the Plan for the 2012 Plan year, Transamerica Life Insurance and Annuity Company, has supplied the Plan administrator with a certification as to the completeness and accuracy of the following information:

- Investments in registered investment companies
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments, with the exception of \$15,673 of appreciation in fair value prior to the transfer of investments to Transamerica Life Insurance and Annuity Company

A certification as to the completeness and accuracy of the above information was not provided by the Trustee of the Plan for the 2011 Plan year.

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE F - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan has entered into a benefit-responsive investment contract with Transamerica Life Insurance Company referred to as the Transamerica Stable Value Core Option. The Trustee maintains the contributions in a general account. The account is credited with earnings of the underlying investments and is charged for participant withdrawals and administrative expenses.

Certain events, such as premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with the Trustee. The Plan Administrator believes the occurrence of such events, which would also limit the Plan's ability to transact at contract value with Plan participants, is not probable.

Prior to January 1 and July 1, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six month period. There is no stated minimum or maximum interest rate for the Stable Value Core Option. The guaranteed rate of interest shall not change during the six month period for which it is effective. The average yield of the benefit-responsive investment contract was approximately 1.07% for 2012.

**NOTE G - TAX STATUS**

The Company adopted a Prototype Non-Standardized Profit Sharing and 401(k) plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service on October 11, 2001, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

**NOTE H - RELATED PARTY TRANSACTIONS**

Certain Plan assets are invested with Transamerica Life Insurance and Annuity Company in 2012 and Fidelity Management Trust Company in 2011. Thus, Transamerica Life Insurance and Annuity Company, as the current trustee, and Fidelity Management Trust Company, as the former trustee, defined by the Plan, qualify as parties-in-interest to the Plan.

**NOTE I - BENEFITS ALLOCABLE TO WITHDRAWN PARTICIPANTS**

There were no amounts due to participants who have withdrawn from the Plan and requested benefit payments prior to year-end for the years ended December 31, 2012 and 2011.

## **EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **NOTE J - PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive 100 percent of the balance in their accounts. The assets of the Plan will be distributed to the participants after any expenses properly related to the Plan are paid.

#### **NOTE K - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2012 and 2011.

|                                                                | <u>2012</u>         | <u>2011</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 1,812,034        | \$ 1,566,032        |
| Less receivables                                               | -                   | (5,232)             |
| Write down of loans receivable                                 | <u>-</u>            | <u>8,110</u>        |
| Net assets available for benefits per Form 5500                | <u>\$ 1,812,034</u> | <u>\$ 1,568,910</u> |

The following is a reconciliation of the net change in net assets available for benefits per the financial statements to Form 5500:

|                                                                              | <u>2012</u>       | <u>2011</u>         |
|------------------------------------------------------------------------------|-------------------|---------------------|
| Net change in net assets available for benefits per the financial statements | \$ 246,002        | \$ (217,967)        |
| Less current year contributions receivable                                   | -                 | (5,232)             |
| Add prior year contributions receivable                                      | 5,232             | 1,946               |
| Add prior year other receivable                                              | -                 | 97                  |
| Write down of current year loans receivable                                  | -                 | 8,110               |
| Write down of prior year loans receivable                                    | <u>(8,110)</u>    | <u>-</u>            |
| Net change in net assets available for benefits per Form 5500                | <u>\$ 243,124</u> | <u>\$ (213,046)</u> |

#### **NOTE L - NON-EXEMPT TRANSACTIONS**

During 2011, the Plan failed to timely remit participant contributions in the amount of \$5,511. As a result of this failure, a non-exempt transaction was reported. The Plan sponsor was liable for lost earnings and excise tax, which was paid during 2012.

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**PLAN EMPLOYER IDENTIFICATION NUMBER: 34-1964898 PLAN NUMBER: 001**

**DECEMBER 31, 2012**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, and<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>Stable value fund</b>                                        |                                                                                                                            |             |                         |
| *   | Transamerica Stable Value Core                                  | Stable value fund, 12,981.911 units                                                                                        | #           | \$ <u>137,419</u>       |
|     | <b>Pooled separate accounts</b>                                 |                                                                                                                            |             |                         |
| *   | PIMCO Total Return Admin                                        | Corporate bonds, 21,430.326 units                                                                                          | #           | 505,774                 |
| *   | American Funds New Perspective Fund                             | Global equities, 83.140 units                                                                                              | #           | 5,474                   |
| *   | Oppenheimer International Bond                                  | International bonds, 506.741 units                                                                                         | #           | 19,722                  |
|     |                                                                 | Large/mid growth equities, 4,381.605 units                                                                                 |             |                         |
| *   | Morgan Stanley Growth Opportunity                               | Large/mid blend equities, 4,218.673 units                                                                                  | #           | 149,175                 |
| *   | Transamerica Partners Stock Index                               | Large/mid blend equities, 0.400 units                                                                                      | #           | 173,848                 |
| *   | SSgA S&P Mid Cap Index                                          | Hybrid, 852.033 units                                                                                                      | #           | 14                      |
| *   | Vanguard Target Retirement 2045                                 | Hybrid, 167.899 units                                                                                                      | #           | 14,086                  |
| *   | Vanguard Target Retirement                                      | Hybrid, 120.575 units                                                                                                      | #           | 2,599                   |
| *   | Vanguard Target Retirement 2015                                 | Corporate bonds, 112.157 units                                                                                             | #           | 1,906                   |
| *   | Loomis Sayles Investment Grade Bond                             | Hybrid, 50.763 units                                                                                                       | #           | 3,957                   |
| *   | Vanguard Target Retirement 2030                                 | Hybrid, 119.486 units                                                                                                      | #           | 648                     |
| *   | Vanguard Target Retirement 2040                                 | Hybrid, 517.125 units                                                                                                      | #           | 1,508                   |
| *   | Vanguard Target Retirement 2050                                 | Small company equities, 909.485 units                                                                                      | #           | 6,557                   |
| *   | Transamerica Small/Mid Cap Value                                | Small company equities, 7.898 units                                                                                        | #           | 31,254                  |
| *   | Vanguard Small-Cap Index                                        | International equities, 846.033 units                                                                                      | #           | 996                     |
| *   | American Funds EuroPacific Growth                               | Specialty, 157.847 units                                                                                                   | #           | 169,153                 |
| *   | Vanguard REIT Index                                             | Large/mid growth equities, 1,702.938 units                                                                                 | #           | 7,704                   |
| *   | Alger Capital Appreciation                                      | International equities, 2.455 units                                                                                        | #           | 53,628                  |
| *   | Thornburg International Value                                   | Hybrid, 717.122 units                                                                                                      | #           | 77                      |
| *   | BlackRock Global Allocation                                     | Large/mid value equities, 1,833.340 units                                                                                  | #           | 23,544                  |
| *   | BlackRock Equity Dividend                                       | International equities, 495.604 units                                                                                      | #           | 47,479                  |
| *   | First Eagle Overseas                                            | Large/mid growth equities, 7,815.130 units                                                                                 | #           | 39,762                  |
| *   | Prudential Jennison 20/20 Focus                                 | Large/mid value equities, 2,416.753 units                                                                                  | #           | 182,283                 |
| *   | RidgeWorth Large Cap Value Equity                               | Small company equities, 29.356 units                                                                                       | #           | 189,203                 |
| *   | Lord Abbett Developing Growth                                   | Large/mid blend equities, 160.563 units                                                                                    | #           | 289                     |
| *   | Lord Abbett Fundamental Equity                                  | Hybrid, 41.340 units                                                                                                       | #           | 1,580                   |
| *   | Vanguard Target Retirement 2055                                 |                                                                                                                            | #           | <u>436</u>              |
|     |                                                                 |                                                                                                                            |             | <u>1,632,656</u>        |
| *   | <b>Participant loans</b>                                        | Interest at 4.25%, maximum five-year term, collateralized by 50% of participants' vested account balance.                  | -0-         | <u>42,159</u>           |
|     |                                                                 |                                                                                                                            |             | <u>\$ 1,812,234</u>     |

\* Represents a party-in-interest to the Plan.

# Cost not readily determinable.

EN 34-1964898 /PN 001 /EIE B40 RF12

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 5047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                                 |
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 |                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                               | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan;<br><input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                   | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;<br><input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here.                                | <input type="checkbox"/>                                                                                                                                                                                                                        |
| D Check box if filing under:                                                               | <input checked="" type="checkbox"/> Form 5558;<br><input type="checkbox"/> automatic extension;<br><input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                 |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information                                                                                                        |
| <b>1a</b> Name of plan Eighth Floor Promotions, LLC<br>401(k) Profit Sharing Plan                                                                                                               | <b>1b</b> Three-digit plan number (PN) ► 001<br><b>1c</b> Effective date of plan 11/01/1979                                                                           |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>Eighth Floor Promotions, LLC<br><br>One Visions Parkway<br>Celina OH 45822 | <b>2b</b> Employer Identification Number (EIN) 34-1964898<br><b>2c</b> Sponsor's telephone number (419) 586-6433<br><b>2d</b> Business code (see instructions) 339900 |

**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 accompanying schedules, statements and attachments, 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.

|                                                                                                            |                                    |         |                                                              |
|------------------------------------------------------------------------------------------------------------|------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <i>[Signature]</i>                 | 9-24-13 | Lisa Hicks                                                   |
|                                                                                                            | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | <i>[Signature]</i>                 | 9-24-13 | Lisa Hicks                                                   |
|                                                                                                            | Signature of employer/plan sponsor | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                    |         |                                                              |
|                                                                                                            | Signature of DFE                   | Date    | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                    |         | Preparer's telephone number (optional)                       |

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

Form 5500 (2012)  
v. 120126

Form 5500 (2012)

Page 2

|                                                                                                                                                                                                                   |                                            |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                               | <b>3b</b> Administrator's EIN              |     |
|                                                                                                                                                                                                                   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN                              |     |
|                                                                                                                                                                                                                   | <b>4c</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b>                                   | 119 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).                                                                                            |                                            |     |
| <b>a</b> Active participants.....                                                                                                                                                                                 | <b>6a</b>                                  | 106 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b>                                  | 19  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b>                                  |     |
| <b>d</b> Subtotal. Add lines 6a, 6b, and 6c. ....                                                                                                                                                                 | <b>6d</b>                                  | 125 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                         | <b>6e</b>                                  |     |
| <b>f</b> Total. Add lines 6d and 6e. ....                                                                                                                                                                         | <b>6f</b>                                  | 125 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                    | <b>6g</b>                                  | 86  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                        | <b>6h</b>                                  | 2   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                              | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2G 2F 2J 2K 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) <sup>1</sup><br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**EIGHTH FLOOR PROMOTIONS, LLC  
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS**

**YEARS ENDED DECEMBER 31, 2012 AND 2011**

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

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**YEARS ENDED DECEMBER 31, 2012 AND 2011**

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| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 14          |



**BRADY WARE**  
& SCHOENFELD

## INDEPENDENT AUDITORS' REPORT

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Plan Administrator  
**Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan**  
Celina, Ohio

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Transamerica Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the 2012 financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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One Woodside Drive • Richmond, Indiana • 47374-2630  
10 West Broad Street • Suite 1500 • Columbus, Ohio • 43215-3471  
10375 Old Alabama Road Connector • Suite 300 • Alpharetta, Georgia • 30022-1122

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## **INDEPENDENT AUDITORS' REPORT - CONTINUED**

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### ***Disclaimer of Opinion***

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate, audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter - Supplemental Schedule***

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule of Assets Held at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

### ***Report on Form and Content in Compliance with DOL Rules and Regulations***

The form and content of the information included in the 2012 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

### ***Other Matter - 2011 Financial Statements***

We have audited the accompanying statement of net assets available for benefits of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes, and in our report dated September 28, 2012, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of the Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan as of December 31, 2011, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.



Dayton, Ohio  
October 2, 2013

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****DECEMBER 31, 2012 AND 2011**

|                                          | <u>2012</u>                | <u>2011</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| Investments at fair market value         |                            |                            |
| Money market fund                        | \$ -                       | \$ 93,919                  |
| Equity securities funds                  | -                          | 962,274                    |
| Stable value fund                        | <b>137,419</b>             | -                          |
| Pooled separate accounts                 | <b>1,632,656</b>           | -                          |
| Government and corporate bond funds      | <u>-</u>                   | <u>464,155</u>             |
| Total investments at fair market value   | <u><b>1,770,075</b></u>    | <u>1,520,348</u>           |
| Receivables                              |                            |                            |
| Participant loans, net                   | <b>42,159</b>              | 40,452                     |
| Contributions receivable - employee      | -                          | 4,667                      |
| Contributions receivable - employer      | <u><b>286</b></u>          | <u>565</u>                 |
| Total receivables                        | <u><b>42,445</b></u>       | <u>45,684</u>              |
| Total assets                             | <b>1,812,520</b>           | 1,566,032                  |
| <b>LIABILITIES</b>                       |                            |                            |
| Excess contributions                     | <u><b>486</b></u>          | <u>-</u>                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><b>\$ 1,812,034</b></u> | <u><b>\$ 1,566,032</b></u> |

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED DECEMBER 31, 2012 AND 2011**

|                                                                     | <u>2012</u>         | <u>2011</u>         |
|---------------------------------------------------------------------|---------------------|---------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>                        |                     |                     |
| Investment income (loss)                                            |                     |                     |
| Interest and dividends                                              | \$ -                | \$ 34,027           |
| Interest - participant loans                                        | 1,575               | 1,784               |
| Net appreciation (depreciation) in fair market value of investments | 194,453             | (47,838)            |
| Other income                                                        | <u>-</u>            | <u>15</u>           |
| Total investment income (loss)                                      | <u>196,028</u>      | <u>(12,012)</u>     |
| Contributions                                                       |                     |                     |
| Employee                                                            | 149,572             | 144,440             |
| Employer                                                            | <u>19,429</u>       | <u>18,325</u>       |
| Total contributions                                                 | <u>169,001</u>      | <u>162,765</u>      |
| Total additions                                                     | <u>365,029</u>      | <u>150,753</u>      |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>                     |                     |                     |
| Participant withdrawals                                             | 110,781             | 346,911             |
| Fees                                                                | 8,246               | 13,699              |
| Write-down of loans receivable                                      | <u>-</u>            | <u>8,110</u>        |
| Total deductions                                                    | <u>119,027</u>      | <u>368,720</u>      |
| <b>NET INCREASE (DECREASE)</b>                                      | <b>246,002</b>      | <b>(217,967)</b>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                            |                     |                     |
| Beginning of year                                                   | <u>1,566,032</u>    | <u>1,783,999</u>    |
| End of year                                                         | <u>\$ 1,812,034</u> | <u>\$ 1,566,032</u> |

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE A - DESCRIPTION OF PLAN

The following description of the **Eighth Floor Promotions, LLC 401(k) Profit Sharing Plan** (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** - Eighth Floor Promotions, LLC (the "Company") adopted a 401(k) profit sharing plan in November 1979. The Plan allows all employees of the Company, not covered by a collective bargaining agreement, who have 60 days of service and have attained age 21 to participate. To be eligible for employer matching and discretionary contributions, employees must complete one year of service. Upon satisfaction of the eligibility requirements, employees may enter the Plan on January 1 and July 1 following their date of eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** - The Plan provides for employee salary deferrals up to 15% of annual compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matching contributions are discretionary, determined annually by the Company prior to the beginning of the Plan year. The employer match was 20% of the first 5% of participant deferrals for the years ended December 31, 2012 and 2011. The Company, upon approval of the Board of Directors, may also make additional discretionary profit sharing contributions to the Plan. For the years ended December 31, 2012 and 2011, the Company did not make a discretionary profit sharing contribution to the Plan. Contributions are subject to certain limitations.

**Forfeitures** - Forfeited balances of terminated participants' non-vested accounts are used to pay administrative expenses of the Plan and any remaining forfeitures shall be used to reduce future Company contributions. Forfeitures may be reallocated at any time during the Plan year upon request of the Plan administrator. There were no forfeitures used to pay plan expenses or offset employer contributions for the years ended December 31, 2012 and 2011. Unallocated forfeitures at December 31, 2012 and 2011 were \$8,132 and \$3,769, respectively.

**Participant Accounts** - Effective January 1, 2012, Transamerica Life Insurance and Annuity Company (the "Trust") is the trustee and custodian of the Plan investments. For the year ended December 31, 2011, Fidelity Management Trust Company was the trustee and custodian of the Plan investments. The Trust maintains the self-directed investment accounts for each participant containing the participant's contributions, Company contributions, net earnings or losses, forfeitures, and distributions and withdrawals. Company contributions and forfeitures are allocated based on participants' compensation as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs both separately, and distinctly, into which investment the participant contribution and employer match and discretionary contribution is to be invested.

**Vesting** - The following schedule will be used to determine vesting in the Company matching and discretionary profit sharing contributions and their earnings:

| <u>Completed Years of Service</u> | <u>Vesting Percentages</u> |
|-----------------------------------|----------------------------|
| Fewer than 2                      | 0%                         |
| 2                                 | 20%                        |
| 3                                 | 40%                        |
| 4                                 | 60%                        |
| 5                                 | 80%                        |
| 6 or more                         | 100%                       |

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE A - DESCRIPTION OF PLAN - continued

**Distributions** - Upon termination of service by reason of retirement, death, permanent disability, or otherwise, participants or designated beneficiaries may elect to receive their vested balance either in a lump-sum amount or payments over a period of time in cash installments or in a form agreeable to the Plan Administrator. If the participant's account balance is \$1,000 or less, the Plan Administrator may elect to automatically distribute the participant's balance in a single-sum payment. In addition, participants may receive distributions of their vested account balance for qualified financial hardships.

**Participant Loans** - Participants may borrow from the Plan in any amount between \$1,000 and \$50,000, but not more than 50% of their vested account balance. Loans bear interest at an agreed-upon percentage based on prevailing market rates, as determined by the Plan Administrator. Loan terms are for a period not exceeding five years. A longer term may be approved by the Plan Administrator if proceeds are to be used for the purchase of a primary residence. Loans are secured by the balance in the participants' accounts. Principal and interest is paid ratably through payroll deductions. Plan provisions allow three loans outstanding at one time.

**Investment Options** - Upon enrollment in the Plan, a participant may currently direct contributions in any of the 29 investment options in increments of one percent. Participants may change their investment options and deferral percentage at any time via the Internet.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting.

**Financial Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Administrative Fees** - Certain administrative fees of the Plan are paid by the Company if Plan forfeitures are not sufficient to cover these expenses. Fees for specific transactions, such as a loan withdrawal, are paid by the individual participant. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**Risks and Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value, determined by quoted market prices in an active market, of the underlying funds, which represent the net asset value of shares held by the Plan. See Note D for discussion of fair value measurements. Unrealized appreciation and depreciation are calculated by comparing fair value to cost. Security transactions are recorded on a trade date basis. Gains and losses are computed using the specific identification method. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

**Benefit-Responsive Investment Contracts** - Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits is to present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. Management has determined that the Transamerica Stable Value Core Option is a fully benefit-responsive investment contract; however, there is no difference between the fair market value and the contract value at December 31, 2012.

**Participant Loans Receivable** - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified to the allowance for doubtful loans based upon the terms of the Plan document. No reserve was considered necessary for participant loans at December 31, 2012. A reserve of \$8,110 was recorded for a loan that was considered uncollectible as of December 31, 2011.

**Payment of Benefits** - Benefits are recorded when paid.

**Subsequent Events** - In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through October 2, 2013, the date the financial statements were available to be issued.

#### NOTE C - INVESTMENTS

The Plan's investments are held by a financial services administrated trust fund. The following table presents the fair values of the investments at December 31, 2012 and 2011.

|                                                 | 2012 | 2011        |
|-------------------------------------------------|------|-------------|
| Fidelity Spartan Money Market Fund              | \$ - | \$ 93,919 * |
| Fidelity Spartan 500 Index                      | -    | 160,384 *   |
| T. Rowe Price Growth Stock Fund                 | -    | 43,416      |
| William Blair International Growth              | -    | 258         |
| American Funds Washington Mutual Investors Fund | -    | 14,414      |
| Hartford Floating Rate                          | -    | 4,710       |
| Fidelity Diversified International              | -    | 190,381 *   |
| Templeton World A                               | -    | 1,811       |
| Alger Small/Mid-Cap Growth                      | -    | 184,490 *   |
| Columbia Small Cap Value                        | -    | 1,532       |
| Eaton Vance Large Cap Value A                   | -    | 160,192 *   |
| Gateway Fund Class A                            | -    | 1,178       |
| JP Morgan US Large Cap Core Plus                | -    | 1,343       |
| Leuthold Core Investment                        | -    | 12,684      |
| Ivy Asset Strategy                              | -    | 999         |
| T. Rowe Price Mid-Cap Growth                    | -    | 13,628      |
| AQR Managed Futures Fund CI N                   | -    | 2,497       |
| American Century Growth Investor CL             | -    | 165,138 *   |

# **EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

### **NOTE C - INVESTMENTS - continued**

|                                     | <u>2012</u>         | <u>2011</u>         |
|-------------------------------------|---------------------|---------------------|
| Dreyfus Small Cap Stock Index       | -                   | 21                  |
| Dreyfus International Stock Index   | -                   | 40                  |
| Eagle Small Cap Growth Fund CI A    | -                   | 329                 |
| Fidelity U.S. Bond Index Fund       | -                   | 2,188               |
| Alliance Bernstein Global Bond      | -                   | 3,958               |
| Templeton Global Bond I             | -                   | 5,843               |
| Eaton Vance Global Macro            | -                   | 3,397               |
| PIMCO Total Return Admin            | 505,774 *           | 448,769 *           |
| American Funds New Perspective Fund | 5,474               | 2,829               |
| Oppenheimer International Bond      | 19,722              | -                   |
| Transamerica Stable Value Core      | 137,419 *           | -                   |
| Morgan Stanley Growth Opportunity   | 149,175 *           | -                   |
| Transamerica Partners Stock Index   | 173,848 *           | -                   |
| SSgA S&P Mid Cap Index              | 14                  | -                   |
| Vanguard Target Retirement 2045     | 14,086              | -                   |
| Vanguard Target Retirement          | 2,599               | -                   |
| Vanguard Target Retirement 2015     | 1,906               | -                   |
| Loomis Sayles Investment Grade Bond | 3,957               | -                   |
| Vanguard Target Retirement 2030     | 648                 | -                   |
| Vanguard Target Retirement 2040     | 1,508               | -                   |
| Vanguard Target Retirement 2050     | 6,557               | -                   |
| Transamerica Small/Mid Cap Value    | 31,254              | -                   |
| Vanguard Small-Cap Index            | 996                 | -                   |
| American Funds EuroPacific Growth   | 169,153 *           | -                   |
| Vanguard REIT Index                 | 7,704               | -                   |
| Alger Capital Appreciation          | 53,628              | -                   |
| Thornburg International Value       | 77                  | -                   |
| BlackRock Global Allocation         | 23,544              | -                   |
| BlackRock Equity Dividend           | 47,479              | -                   |
| First Eagle Overseas                | 39,762              | -                   |
| Prudential Jennison 20/20 Focus     | 182,283 *           | -                   |
| RidgeWorth Large Cap Value Equity   | 189,203 *           | -                   |
| Lord Abbett Developing Growth       | 289                 | -                   |
| Lord Abbett Fundamental Equity      | 1,580               | -                   |
| Vanguard Target Retirement 2055     | 436                 | -                   |
|                                     | <u>\$ 1,770,075</u> | <u>\$ 1,520,348</u> |

\* Fair values of individual assets represent five percent or more of the Plan's net assets as of December 31, 2012 and 2011.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE C - INVESTMENTS - continued

The Plan's investments (including investments bought, sold and held, during the year) appreciated (depreciated) in value for the years ended December 31, 2012 and 2011 as follows:

|                                     | <u>2012</u>       | <u>2011</u>        |
|-------------------------------------|-------------------|--------------------|
| Equity securities funds             | \$ -              | \$ (47,830)        |
| Pooled separate accounts            | 194,453           | -                  |
| Government and corporate bond funds | <u>-</u>          | <u>(8)</u>         |
|                                     | <u>\$ 194,453</u> | <u>\$ (47,838)</u> |

#### NOTE D - FAIR VALUE MEASUREMENTS

Accounting standards define fair value and establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting standards are described as follows:

**Level 1** - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2** - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE D - FAIR VALUE MEASUREMENTS - continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012.

*Shares of money market funds:* Valued based on the contractual terms of the underlying guaranteed interest accounts; provides a daily mil-rate for income accretion.

*Shares of equity securities funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Stable Value Fund:* Valued based on the contractual terms of the underlying fund; provides a daily mil-rate for income accretion.

*Pooled separate accounts:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Shares of government and corporate bond funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

|                            | <u>Level 1</u>   | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>     |
|----------------------------|------------------|----------------|----------------|------------------|
| Stable value fund          | \$ -             | \$ 137,419     | \$ -           | \$ 137,419       |
| Pooled separate accounts   |                  |                |                |                  |
| Small company equity       | 32,540           | -              | -              | 32,540           |
| International equity       | 208,993          | -              | -              | 208,993          |
| Large/mid blend equity     | 1,580            | 173,862        | -              | 175,442          |
| Large/mid value equity     | 236,682          | -              | -              | 236,682          |
| Large/mid growth equity    | 235,911          | 149,175        | -              | 385,086          |
| Specialty                  | 7,704            | -              | -              | 7,704            |
| Global equity              | 5,474            | -              | -              | 5,474            |
| Hybrid                     | 51,283           | -              | -              | 51,283           |
| Bond                       | 525,496          | 3,956          | -              | 529,452          |
|                            | <u>1,305,663</u> | <u>326,993</u> | <u>-</u>       | <u>1,632,656</u> |
| Total assets at fair value | \$ 1,305,663     | \$ 464,412     | \$ -           | \$ 1,770,075     |

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN****NOTES TO FINANCIAL STATEMENTS**

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**NOTE D - FAIR VALUE MEASUREMENTS - continued**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

|                                                                | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>   |
|----------------------------------------------------------------|----------------|----------------|----------------|----------------|
| Money market fund                                              | \$ 93,919      | \$ -           | \$ -           | \$ 93,919      |
| Equity securities funds                                        |                |                |                |                |
| Growth and income                                              | 351,349        | -              | -              | 351,349        |
| Growth                                                         | 408,015        | -              | -              | 408,015        |
| Income                                                         | 4,710          | -              | -              | 4,710          |
| International                                                  | 195,319        | -              | -              | 195,319        |
| Small cap                                                      | 1,882          | -              | -              | 1,882          |
| Asset allocation                                               | 999            | -              | -              | 999            |
|                                                                | <u>962,274</u> | <u>-</u>       | <u>-</u>       | <u>962,274</u> |
| Pooled separate accounts - Government and corporate bond funds |                |                |                |                |
| Growth and income                                              | 2,188          | -              | -              | 2,188          |
| Bond                                                           | 448,768        | -              | -              | 448,768        |
| International                                                  | 9,802          | -              | -              | 9,802          |
| Multi-sector                                                   | 3,397          | -              | -              | 3,397          |
|                                                                | <u>464,155</u> | <u>-</u>       | <u>-</u>       | <u>464,155</u> |
| Total assets at fair value                                     | \$ 1,520,348   | \$ -           | \$ -           | \$ 1,520,348   |

**NOTE E - SUMMARY OF INFORMATION CERTIFIED BY PLAN TRUSTEE**

The total value of the investments held by the Trustee at December 31, 2012 was \$1,770,075. The cost of the investments at December 31, 2012 is not readily determinable.

The Trustee of the Plan for the 2012 Plan year, Transamerica Life Insurance and Annuity Company, has supplied the Plan administrator with a certification as to the completeness and accuracy of the following information:

- Investments in registered investment companies
- Interest and dividend income
- Net appreciation (depreciation) in fair value of investments, with the exception of \$15,673 of appreciation in fair value prior to the transfer of investments to Transamerica Life Insurance and Annuity Company

A certification as to the completeness and accuracy of the above information was not provided by the Trustee of the Plan for the 2011 Plan year.

**NOTES TO FINANCIAL STATEMENTS**

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**NOTE F - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan has entered into a benefit-responsive investment contract with Transamerica Life Insurance Company referred to as the Transamerica Stable Value Core Option. The Trustee maintains the contributions in a general account. The account is credited with earnings of the underlying investments and is charged for participant withdrawals and administrative expenses.

Certain events, such as premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with the Trustee. The Plan Administrator believes the occurrence of such events, which would also limit the Plan's ability to transact at contract value with Plan participants, is not probable.

Prior to January 1 and July 1, the effective annual rate of interest is established for the corresponding six month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six month period. There is no stated minimum or maximum interest rate for the Stable Value Core Option. The guaranteed rate of interest shall not change during the six month period for which it is effective. The average yield of the benefit-responsive investment contract was approximately 1.07% for 2012.

**NOTE G - TAX STATUS**

The Company adopted a Prototype Non-Standardized Profit Sharing and 401(k) plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service on October 11, 2001, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

**NOTE H - RELATED PARTY TRANSACTIONS**

Certain Plan assets are invested with Transamerica Life Insurance and Annuity Company in 2012 and Fidelity Management Trust Company in 2011. Thus, Transamerica Life Insurance and Annuity Company, as the current trustee, and Fidelity Management Trust Company, as the former trustee, defined by the Plan, qualify as parties-in-interest to the Plan.

**NOTE I - BENEFITS ALLOCABLE TO WITHDRAWN PARTICIPANTS**

There were no amounts due to participants who have withdrawn from the Plan and requested benefit payments prior to year-end for the years ended December 31, 2012 and 2011.

## EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### NOTE J - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive 100 percent of the balance in their accounts. The assets of the Plan will be distributed to the participants after any expenses properly related to the Plan are paid.

#### NOTE K - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for the years ended December 31, 2012 and 2011.

|                                                                | <u>2012</u>         | <u>2011</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 1,812,034        | \$ 1,566,032        |
| Less receivables                                               | -                   | (5,232)             |
| Write down of loans receivable                                 | <u>-</u>            | <u>8,110</u>        |
| Net assets available for benefits per Form 5500                | <u>\$ 1,812,034</u> | <u>\$ 1,568,910</u> |

The following is a reconciliation of the net change in net assets available for benefits per the financial statements to Form 5500:

|                                                                              | <u>2012</u>       | <u>2011</u>         |
|------------------------------------------------------------------------------|-------------------|---------------------|
| Net change in net assets available for benefits per the financial statements | \$ 246,002        | \$ (217,967)        |
| Less current year contributions receivable                                   | -                 | (5,232)             |
| Add prior year contributions receivable                                      | 5,232             | 1,946               |
| Add prior year other receivable                                              | -                 | 97                  |
| Write down of current year loans receivable                                  | -                 | 8,110               |
| Write down of prior year loans receivable                                    | <u>(8,110)</u>    | <u>-</u>            |
| Net change in net assets available for benefits per Form 5500                | <u>\$ 243,124</u> | <u>\$ (213,046)</u> |

#### NOTE L - NON-EXEMPT TRANSACTIONS

During 2011, the Plan failed to timely remit participant contributions in the amount of \$5,511. As a result of this failure, a non-exempt transaction was reported. The Plan sponsor was liable for lost earnings and excise tax, which was paid during 2012.

**EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**PLAN EMPLOYER IDENTIFICATION NUMBER: 34-1964898 PLAN NUMBER: 001**

**DECEMBER 31, 2012**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, and<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>Stable value fund</b>                                        |                                                                                                                            |             |                         |
| *   | Transamerica Stable Value Core                                  | Stable value fund, 12,981.911 units                                                                                        | #           | <u>\$ 137,419</u>       |
|     | <b>Pooled separate accounts</b>                                 |                                                                                                                            |             |                         |
| *   | PIMCO Total Return Admin                                        | Corporate bonds, 21,430.326 units                                                                                          | #           | 505,774                 |
| *   | American Funds New Perspective Fund                             | Global equities, 83.140 units                                                                                              | #           | 5,474                   |
| *   | Oppenheimer International Bond                                  | International bonds, 506.741 units                                                                                         | #           | 19,722                  |
|     |                                                                 | Large/mid growth equities, 4,381.605 units                                                                                 |             |                         |
| *   | Morgan Stanley Growth Opportunity                               | Large/mid blend equities, 4,218.673 units                                                                                  | #           | 149,175                 |
| *   | Transamerica Partners Stock Index                               | Large/mid blend equities, 0.400 units                                                                                      | #           | 173,848                 |
| *   | SSgA S&P Mid Cap Index                                          | Hybrid, 852.033 units                                                                                                      | #           | 14                      |
| *   | Vanguard Target Retirement 2045                                 | Hybrid, 167.899 units                                                                                                      | #           | 14,086                  |
| *   | Vanguard Target Retirement 2015                                 | Hybrid, 120.575 units                                                                                                      | #           | 2,599                   |
| *   | Loomis Sayles Investment Grade Bond                             | Corporate bonds, 112.157 units                                                                                             | #           | 1,906                   |
| *   | Vanguard Target Retirement 2030                                 | Hybrid, 50.763 units                                                                                                       | #           | 3,957                   |
| *   | Vanguard Target Retirement 2040                                 | Hybrid, 119.486 units                                                                                                      | #           | 648                     |
| *   | Vanguard Target Retirement 2050                                 | Hybrid, 517.125 units                                                                                                      | #           | 1,508                   |
| *   | Transamerica Small/Mid Cap Value                                | Small company equities, 909.485 units                                                                                      | #           | 6,557                   |
| *   | Vanguard Small-Cap Index                                        | Small company equities, 7.898 units                                                                                        | #           | 31,254                  |
| *   | American Funds EuroPacific Growth                               | International equities, 846.033 units                                                                                      | #           | 996                     |
| *   | Vanguard REIT Index                                             | Specialty, 157.847 units                                                                                                   | #           | 169,153                 |
|     |                                                                 | Large/mid growth equities, 1,702.938 units                                                                                 |             |                         |
| *   | Alger Capital Appreciation                                      | International equities, 2.455 units                                                                                        | #           | 7,704                   |
| *   | Thornburg International Value                                   | Hybrid, 717.122 units                                                                                                      | #           | 53,628                  |
| *   | BlackRock Global Allocation                                     | Large/mid value equities, 1,833.340 units                                                                                  | #           | 77                      |
|     |                                                                 | Large/mid value equities, 1,833.340 units                                                                                  |             |                         |
| *   | BlackRock Equity Dividend                                       | International equities, 495.604 units                                                                                      | #           | 23,544                  |
| *   | First Eagle Overseas                                            | Large/mid growth equities, 7,815.130 units                                                                                 | #           | 47,479                  |
|     |                                                                 | Large/mid growth equities, 7,815.130 units                                                                                 |             |                         |
| *   | Prudential Jennison 20/20 Focus                                 | Large/mid value equities, 2,416.753 units                                                                                  | #           | 39,762                  |
| *   | RidgeWorth Large Cap Value Equity                               | Small company equities, 29.356 units                                                                                       | #           | 182,283                 |
|     |                                                                 | Large/mid blend equities, 160.563 units                                                                                    |             |                         |
| *   | Lord Abbett Developing Growth                                   | Hybrid, 41.340 units                                                                                                       | #           | 189,203                 |
| *   | Lord Abbett Fundamental Equity                                  |                                                                                                                            | #           | 289                     |
| *   | Vanguard Target Retirement 2055                                 |                                                                                                                            | #           | 1,580                   |
|     |                                                                 |                                                                                                                            |             | <u>436</u>              |
|     |                                                                 |                                                                                                                            |             | <u>1,632,656</u>        |
| *   | <b>Participant loans</b>                                        | Interest at 4.25%, maximum five-year term, collateralized by 50% of participants' vested account balance.                  | -0-         | <u>42,159</u>           |
|     |                                                                 |                                                                                                                            |             | <u>\$ 1,812,234</u>     |

\* Represents a party-in-interest to the Plan.

# Cost not readily determinable.

# EIGHTH FLOOR PROMOTIONS, LLC 401(K) PROFIT SHARING PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN EMPLOYER IDENTIFICATION NUMBER: 34-1964898 PLAN NUMBER: 001

DECEMBER 31, 2012

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate<br>of Interest, Collateral, and<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <b>Stable value fund</b>                                        |                                                                                                                            |             |                         |
| *   | Transamerica Stable Value Core                                  | Stable value fund, 12,981.911 units                                                                                        | #           | \$ <u>137,419</u>       |
|     | <b>Pooled separate accounts</b>                                 |                                                                                                                            |             |                         |
| *   | PIMCO Total Return Admin                                        | Corporate bonds, 21,430.326 units                                                                                          | #           | 505,774                 |
| *   | American Funds New Perspective Fund                             | Global equities, 83.140 units                                                                                              | #           | 5,474                   |
| *   | Oppenheimer International Bond                                  | International bonds, 506.741 units                                                                                         | #           | 19,722                  |
|     |                                                                 | Large/mid growth equities, 4,381.605 units                                                                                 |             |                         |
| *   | Morgan Stanley Growth Opportunity                               | Large/mid blend equities, 4,218.673 units                                                                                  | #           | 149,175                 |
| *   | Transamerica Partners Stock Index                               | Large/mid blend equities, 0.400 units                                                                                      | #           | 173,848                 |
| *   | SSgA S&P Mid Cap Index                                          | Hybrid, 852.033 units                                                                                                      | #           | 14                      |
| *   | Vanguard Target Retirement 2045                                 | Hybrid, 167.899 units                                                                                                      | #           | 14,086                  |
| *   | Vanguard Target Retirement                                      | Hybrid, 120.575 units                                                                                                      | #           | 2,599                   |
| *   | Vanguard Target Retirement 2015                                 | Corporate bonds, 112.157 units                                                                                             | #           | 1,906                   |
| *   | Loomis Sayles Investment Grade Bond                             | Hybrid, 50.763 units                                                                                                       | #           | 3,957                   |
| *   | Vanguard Target Retirement 2030                                 | Hybrid, 119.486 units                                                                                                      | #           | 648                     |
| *   | Vanguard Target Retirement 2040                                 | Hybrid, 517.125 units                                                                                                      | #           | 1,508                   |
| *   | Vanguard Target Retirement 2050                                 | Small company equities, 909.485 units                                                                                      | #           | 6,557                   |
| *   | Transamerica Small/Mid Cap Value                                | Small company equities, 7.898 units                                                                                        | #           | 31,254                  |
| *   | Vanguard Small-Cap Index                                        | International equities, 846.033 units                                                                                      | #           | 996                     |
| *   | American Funds EuroPacific Growth                               | Specialty, 157.847 units                                                                                                   | #           | 169,153                 |
| *   | Vanguard REIT Index                                             | Large/mid growth equities, 1,702.938 units                                                                                 | #           | 7,704                   |
| *   | Alger Capital Appreciation                                      | International equities, 2.455 units                                                                                        | #           | 53,628                  |
| *   | Thornburg International Value                                   | Hybrid, 717.122 units                                                                                                      | #           | 77                      |
| *   | BlackRock Global Allocation                                     | Large/mid value equities, 1,833.340 units                                                                                  | #           | 23,544                  |
| *   | BlackRock Equity Dividend                                       | International equities, 495.604 units                                                                                      | #           | 47,479                  |
| *   | First Eagle Overseas                                            | Large/mid growth equities, 7,815.130 units                                                                                 | #           | 39,762                  |
| *   | Prudential Jennison 20/20 Focus                                 | Large/mid value equities, 2,416.753 units                                                                                  | #           | 182,283                 |
| *   | RidgeWorth Large Cap Value Equity                               | Small company equities, 29.356 units                                                                                       | #           | 189,203                 |
| *   | Lord Abbett Developing Growth                                   | Large/mid blend equities, 160.563 units                                                                                    | #           | 289                     |
| *   | Lord Abbett Fundamental Equity                                  | Hybrid, 41.340 units                                                                                                       | #           | 1,580                   |
| *   | Vanguard Target Retirement 2055                                 |                                                                                                                            | #           | <u>436</u>              |
|     |                                                                 |                                                                                                                            |             | <u>1,632,656</u>        |
| *   | <b>Participant loans</b>                                        | Interest at 4.25%, maximum five-year term, collateralized by 50% of participants' vested account balance.                  | -0-         | <u>42,159</u>           |
|     |                                                                 |                                                                                                                            |             | <u>\$ 1,812,234</u>     |

\* Represents a party-in-interest to the Plan.

# Cost not readily determinable.