Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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Pá	art I	Annual Report	Identificat	tion Informati	on					
For	calenda	ar plan year 2013 or fis	scal plan year	r beginning 01	1/01/2013		and ending	12/31/	2013	
Α .	This ret	turn/report is for:	X a single-	-employer plan	a	multiple-employer pl	an (not multiemploye	r)	a one-particip	oant plan
В	This retu	turn/report is:	the first	return/report	th/	e final return/report				
			an amer	nded return/report	as	short plan year returr	n/report (less than 12	months)	
C	Check t	box if filing under:	Form 55	58	au	utomatic extension			DFVC progra	am
			special 6	extension (enter d	lescription)				_	
Pa	art II	Basic Plan Info	rmation—	enter all requeste	d informatic	on				
1a	Name o	of plan						1b	Three-digit	
DRAT	ΓFIELD	ANALYTICS INCORP	ORATED 40	1(K) PLAN					plan number	000
								10	(PN) FEFFECTIVE date o	002
								10	01/01	
		ponsor's name and add		e room or suite nu	ımber (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi	
								2c	Sponsor's telep	hone number
35 BI	ETHUN	E STREET, #PH-A							212-360	
NEW	YORK,	, NY 10014						2d	Business code (
32	Dlan or	dministrator's name ar	d addraga V	Romo ao Dian Si	noncer Non	as Deams as Blan	Changer Address	3h	54160 Administrator's	
Ja	Plan ac	dministrator's name an	id address [A	Joanne as Plan Sp	Jonson Nan	ieSame as Plan	Sponsor Address	30	Auministrators	EIIN
								3с	Administrator's	telephone number
4	If the n	name and/or FIN of the	nlan sponso	r has changed si	nce the last	return/report filed fo	or this plan enter the	4h	FIN	
4		name and/or EIN of the , EIN, and the plan nun				return/report filed fo	or this plan, enter the	4b	EIN	
-	name,					return/report filed fo	or this plan, enter the		EIN PN	
a	name, Sponso	, EIN, and the plan nun	mber from the	e last return/report	t.			4c		22
a	name, Sponso Total n	, EIN, and the plan nun or's name	at the beginn	e last return/report	t. ear			4c 5a		22
а 5а	name, Sponso Total n Total n Numbe	, EIN, and the plan nun or's name number of participants	at the beginr at the end of account balar	e last return/report ning of the plan year the plan year nces as of the end	t. eard d of the plar	n year (defined bene	fit plans do not	4c 5a 5b		
a 5a b c	name, Sponso Total n Total n Numbe comple	, EIN, and the plan nun or's name number of participants number of participants er of participants with a	at the beginn at the end of account balar	e last return/report ning of the plan ye f the plan year nces as of the enc	t. eard of the plar	n year (defined bene	fit plans do not	4c 5a 5b	PN	19
a 5a b c	name, Sponso Total n Total n Numbe comple Were Are yo	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginn at the end of account balar s during the pf the annual e	e last return/report ning of the plan year the plan year nces as of the encodan year invested examination and re	eard of the plar	n year (defined bene assets? (See instruc independent qualifie	fit plans do nottions.)d public accountant (4c 5a 5b 5c	PN	19 14 X Yes No
a 5a b c	Total n Number comple Were Are younder	, EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginn at the end of account balars during the pf the annual eff (See instruction)	e last return/report ning of the plan year the plan year nces as of the ences lan year invested examination and rections on waiver e	eard of the plar	n year (defined bene assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (4c 5a 5b 5c	PN	19
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a 5a b c C Cau	name, Sponso Total n Total n Numbe comple Were Are you under If you If the p	, EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginn at the end of account balar siduring the pf the annual er (See instruction of the plan, is it coor incomplet	e last return/report ning of the plan year the plan year nces as of the ences plan year invested examination and rections on waiver e or line 6b, the plan povered under the lete filling of this re	d of the plar in eligible a eport of an i eligibility and an cannot PBGC insur	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (and must instead u ERISA section 4021	4c	PN	19 14 X Yes No X Yes No Not determined
a 5a b c c 6a b	name, Sponso Total n Total n Numbe comple Were Are you under If you If the p der pena or Sche	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginn at the end of account balar side annual end of the a	e last return/report ning of the plan year the plan year nces as of the ences plan year invested examination and rections on waiver e or line 6b, the plan povered under the lete filing of this res set forth in the ins	d of the plar in eligible a eport of an i eligibility and an cannot PBGC insui	assets? (See instruction independent qualified conditions.)	fit plans do not tions.)d public accountant (and must instead u ERISA section 4021	4c 5a 5b 5c 1QPA) see Form ? [PN 5500. Yes No established. ncluding, if applic	19 14 X Yes No X Yes No Not determined able, a Schedule
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a 5a b c C 6a b SB belief HEF	name, Sponso Total n Total n Numbe comple Were Are you under If you If the p ution: A der pena or Sche ef, it is tr in RE parer's r NNED F ADMIN	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginn at the end of account balar se during the profession of the annual end	ining of the plan year interest as of the encountries as of the encountries are interested examination and rections on waiver e cor line 6b, the plan overed under the left filling of this reset forth in the instant enrolled actual inic signature.	d of the plar in eligible a eport of an i eligibility and an cannot PBGC insure structions, I iry, as well a	assets? (See instructindependent qualified conditions.)use Form 5500-SF rance program (see twill be assessed declare that I have as the electronic version declare.	fit plans do not tions.) d public accountant (and must instead u ERISA section 4021) unless reasonable of examined this return/rep Enter name of indiv	4c 5a 5c 5c 1QPA) see Form ? [ause is report, i ort, and ort, and ort, and ort, and ort, and orthogonal significant signific	PN 5500. Yes	19 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ninistrator er or plan sponsor number (optional)
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Deginning of Vec				(h) End of Voca
_ <u>'</u> _a		7a	(a) Beginning of Yea				(b) End of Year 1393806
<u>a</u>	Total plan assets	7a 7b		0			0
	Net plan assets (subtract line 7b from line 7a)	76 7c	105315				1393806
8	,	76					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)	9543	7			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	25141	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					346847
d	Benefits paid (including direct rollovers and insurance premiums		64.4	c			
	to provide benefits)	8d	614				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0			
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f	5				
<u>g</u>	Other expenses	8g		0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					6196
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i					340651
	Transfers to (from) the plan (see instructions)	8j		0			
Pai	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:
	, , , , , , , , , , , , , , , , , , , ,						
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X	
	Were any fees or commissions paid to any brokers, agents, or oth			100			
·	insurance service, or other organization that provides some or all					X	
	instructions.)			10e			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·			302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year					12b	

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

P	art I Annual	Report Identification Information	ordance with the instru	ctions to the Form 550	U-SF.	
_		2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013	
A	This return/report is	for: x a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-part	ticipant plan
В	This return/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retui	n/report (less than 12 m	onths)	
С	Check box if filing u	nder: Form 5558	automatic extension		☐ DFVC pro	gram
	* · ·	special extension (enter descrip	ption)			
P	art II Basic P	lan Information enter all requested in	nformation			
1a	Name of plan			, , , , , , , , , , , , , , , , , , , ,	1b Three-digit	
	Dratfield An	alytics Incorporated 401(k) Pl	an		plan number (PN) ▶	002
					1c Effective dat 01/01/20	
2a		me and address; include room or suite number alytics Incorporated	er (employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 13-	entification Number 4185146
	35 Bethune C	treet, #PH-A			2c Sponsor's te (212) 36	
	JJ Bechane 3	creec, wrn-k				de (see instructions)
	New York	NY 10014			541600	
3a	Plan administrator	's name and address X Same as Plan Spo	nsor Name [] Same as I	Plan Sponsor Address	3b Administrato	r's EIN
					2	
					3C Administrato	r's telephone number
4		EIN of the plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b EIN	
•	A MARIE SPORT TO THE PROPERTY OF	e plan number from the last return/report.			4c PN	
-	Sponsor's name	articipants at the beginning of the plan year			5a	22
b		articipants at the beginning of the plan year			5b	19
С		pants with account balances as of the end of the				
		1)			5c	14
		in's assets during the plan year invested in eli- a waiver of the annual examination and report				X Yes No
b	•	20.104-46? (See instructions on waiver eligibil		a public accountant (iQi		X Yes No
		"No" to either line 6a or line 6b, the plan ca				
С	If the plan is a def	ined benefit plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)?	Yes	No Not determined
Ca	ution: A penalty fo	or the late or incomplete filing of this return	/report will be assessed	l unless reasonable ca	use is established	
		jury and other penalties set forth in the instruc				
	or Schedule MB collief, it is true, correct	ompleted and signed by an enrolled actuary, a et, and complete.	as well as the electronic ve	ersion of this return/repor	rt, and to the best o	f my knowledge and
S	IGN	301		Simon Dratfield		
Н	IERE Signature of	f plan administrator	DAH 29 14	Enter name of individua	al signing as plan ad	dministrator
s	IGN 1	· Olmply	04/29/14	Simon Dratfield		
		f employer/plan sponsor	Date	Enter name of individua	al signing as employ	yer or plan sponsor
Pr	eparer's name (incli	uding firm name, if applicable) and address; in	nclude room or suite numb	er (optional)	Preparer's telepho	one number (optional)
	Planned Ref	tirement Consultants			(201) 447-	6010
	and Adminia					
	P.O. Box 5	126				
	US Ridgewo	od NJ 07451-5126				

Pa	rt III Financial Information				5.11-2		
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of Year
a	Total plan assets	7a	1,053,1	55			1,393,806
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,053,1	55			1,393,806
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			0			
	1) Employers	8a(1)	95,4		+	-	
	2) Participants	8a(2)	95,4.	0	+	-	
	3) Others (including rollovers)	8a(3) 8b	251,4		+		
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	251,4	10	+-		
_	Benefits paid (including direct rollovers and insurance premiums	00			+-		346,847
	o provide benefits)	8d	6,1	46			- Company
e (Certain deemed and/or corrective distributions (see instructions)	8e		0			
f /	Administrative service providers (salaries, fees, commissions)	8f		50			
g	Other expenses	8g		0		14121212	
<u>h</u> .	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		6,196
<u>i</u> 1	Net income (loss) (subtract line 8h from line 8c)	8i			_		340,651
نــنہ	ransfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
_	f the plan provides pension benefits, enter the applicable pension for 2E 2J f the plan provides welfare benefits, enter the applicable welfare fea	+					
Par	t V Compliance Questions				1907		
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a	103	x	Amount
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	nclude transactions reported	10b		x	
С	Was the plan covered by a fidelity bond?			10c	х		200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's						
	or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all cinstructions.)	of the bene	fits under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x	7777
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i			
Par							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro			_		11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	or sec	ction 3	02 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	ible.)				
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form	n 5500), and skip to line 13.				A STATE OF THE STA
b	Enter the minimum required contribution for this plan year					12b	

	Fo	rm 5500-SF 2013 Page 3-			
С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)	12d		
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?] Yes [□ No □ N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	resolution to terminate the plan been adopted in any plan year?	□ Y	es X	No
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co	ontrol		Yes X No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to assets or liabilities were transferred. (See instructions.)			
1	3c(1) N	lame of plan(s):	(2) EIN	(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			
14a N	lame o	f trust	14b T	rust's EIN	1