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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

r ension be	Principle Complete all entries in accorda	nce with the instruc	tions to the Form 5500	0-SF.		•
Part I	Annual Report Identification Information					
For calenda	ar plan year 2013 or fiscal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	urn/report is for: a single-employer plan	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is: the first return/report x transfer to the transfer transfer to the transfer transfer to the transfer transfer to the transfer transf	ne final return/report		_		
	an amended return/report a	short plan year returr	n/report (less than 12 mo	onths)		
C Check b	pox if filing under: Form 5558	utomatic extension			DFVC progra	am
	special extension (enter description)					
Part II	Basic Plan Information—enter all requested informati	on				
1a Name	of plan			1b 1	Three-digit	
	ERTISING, INC. PROFIT SHARING PLAN				plan number	
				((PN) ▶	001
				1c [Effective date o	f plan
						/1993
2a Plan sr	oonsor's name and address; include room or suite number (em	ployer, if for a single-	employer plan)	2b F	Employer Identi	fication Number
	VERTISING, INC	, ,	, , , ,			28538
					Sponsor's telep	hone number
55 WEST 14	TH STREET APT. 14F				646-638	
NEW YORK				2d E	Business code ((see instructions)
					81299	90
3a Plan ad	dministrator's name and address Same as Plan Sponsor Na	ne Same as Plan	Sponsor Address	3b /	Administrator's	
ALERIE BRO	OCHARD 55 WEST 14TH S	STREET APT. 14F				528538
	NEW YORK, NY	10011		3c A	Administrator's	telephone number
•						
	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	r this plan, enter the	4b E	EIN	
name,	EIN, and the plan number from the last return/report.	t return/report filed fo	r this plan, enter the			
name, a Sponso	EIN, and the plan number from the last return/report. or's name		, :	4c F		2
name, a Sponso 5a Total r	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year			4c F		2
name, a Sponso 5a Total r b Total r	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year			4c F		2 0
a Sponso 5a Total r b Total r c Number	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene	fit plans do not	4c F		
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name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an	n year (defined bene assets? (See instruc independent qualifie	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c	PN	0 0 X Yes No
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are younder	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year number of participants at the end of the plan year er of participants with account balances as of the end of the platete this item) all of the plan's assets during the plan year invested in eligible ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and	n year (defined bene assets? (See instruc independent qualifie d conditions.)	fit plans do not tions.)d public accountant (IQI	4c F 5a 5b 5c	PN	0
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name, a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualified conditions.)use Form 5500-SF urance program (see rt will be assessed I declare that I have as the electronic vers	fit plans do not tions.) d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c F 5a 5b 5c PA) Form 5 oort, inc, and to	PN 5500. Yes No stablished. cluding, if applice the best of my	O X Yes No X Yes No Not determined Cable, a Schedule knowledge and
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name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualified d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic version of the control of the contro	fit plans do not tions.)	4c F 5a 5b 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	Yes No Yes No Not determined Sable, a Schedule v knowledge and ministrator er or plan sponsor enumber (optional)
name, a Sponsor 5a Total r b Total r c Number complement of the policy o	EIN, and the plan number from the last return/report. or's name number of participants at the beginning of the plan year	n year (defined bene assets? (See instruc independent qualified d conditions.)use Form 5500-SF urance program (see It will be assessed I declare that I have as the electronic version of the control of the contro	fit plans do not tions.)	4c F 5a 5b 5c	PN 5500. Yes No established. Cluding, if applice the best of my ning as plan admining as employed arer's telephone	Yes No Yes No Not determined Sable, a Schedule v knowledge and ministrator er or plan sponsor enumber (optional)

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Par	Part III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of			Year (b) End of Year							
a	Total plan assets	7a	31463							0	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	31463	2							
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Tota	ı		
а	Contributions received or receivable from:		, ,								
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)	7400	_							
	Other income (loss)	8b	7463	/						_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7463	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7.40		
	Net income (loss) (subtract line 8h from line 8c)	8i							7463	37	
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G	teature co	ides from the List of Plan Char	acteris	tic Co	des in	the insti	uction	is:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	c Cod	es in t	he instru	ctions	:		
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other										
	insurance service, or other organization that provides some or all			10e		X					
	Instructions.)				+	X					
f				10f							
<u> </u>			· · · · · · · · · · · · · · · · · · ·	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	ne required	d notice or one of the	10i							
Part		. •									
11	Is this a defined benefit plan subject to minimum funding requirem								Ye	. I	No
112	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a					. 10
12	Is this a defined contribution plan subject to the minimum funding						FRISA?		Ye	s 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 the	ne date d	of the I		uling	,
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk										
b	Enter the minimum required contribution for this plan year			<u></u>		12b					

Page	3 -	. 1	
raye	J		

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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	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.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Gueranty 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).

u 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

Part	Annual Report Identification Infor	tion					
For cal	endar plan year 2013 or fiscal plan year beginning	and ending					
A Th	s return/report is for: X a single-employer plan	a multiple-employer plan (not multiemployer) a one-participant plan					
B Th	s return/report is: the first return/report	X the final relum/report					
	an amended return/rep	a short plan year return/report (less than 12 months)					
C Ch	eck box if filing under: Form 5558	automatic extension DFVC program					
	special extension (enter	escription)					
Part							
	Name of plan	1b Three-digit plan					
	MG&G ADVERTISING, INC. PROFIT S	RING PLAN number (PN) u 001					
	,	1c Effective date of plan					
		12/01/1993					
2a	Plan sponsor's name and address; include room or su	number (employer, if for a single-employer plan) 2b Employer Identification No.					
	(EN) 13-3628538						
	G & G ADVERTISING, INC	2C Sporeor's telephone number					
5	WEST 14TH STREET APT. 14F	646-638-1447					
		2d Bustness code (see instr.)					
N	NEW YORK NY 10011						
		812990					
3a	Plan administrator's name and address Same a	lan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN					
	ALERIE BROCHARD						
	13-3628538						
5	3c Administrator's						
		telephone number					
N	EW YORK NY 10011						
4	f the name and/or EIN of the plan sponsor has changed since	e last return/report filed for this plan, enter the name, BN, 4b EIN					
	and the plan number from the last return/report, a Sponsor's n	4c PN					
5a	Total number of participants at the beginning of the pla	year 5a 2					
b	Total number of participants at the end of the plan yea	5b 0					
С	Number of participants with account balances as of the end of	plan year (defined benefit plans do not complete this item) 5c 0					
6a	Were all of the plan's assets during the plan year inve	d in eligible assets? (See instructions.)					
b	Are you claiming a waiver of the annual examination a	report of an independent qualified public accountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on wait	eligibility and conditions.)					
		plan cannot use Form 5500-SF and must instead use Form 5500.					
С	If the plan is a defined benefit plan, is it covered under the PE	insurance program (see EFISA section 4021)? Yes No Not determined					
Cautio	n: A penalty for the late or incomplete filing of the	return/report will be assessed unless reasonable cause is established.					
Under	penalties of perjury and other penalties set forth in the	structions. I declare that I have examined this return/report, including, if applicable, a					
Sched	ule SB or Schedule MB completed and signed by an	olled actuary, as well as the electronic version of this return/report, and to the best of my					
knowle	edge and belief, it is true, correct, and complete						
SIGN		7/18/14 VALERIE BROCHARD					
HERE	Signature of plan administrator	Date Enter name of individual signing as plan administrator					
SIGN							
HERE		Date Enter name of individual signing as employer or plan sponsor					
	er's name (including firm name, if applicable) and add	ss; include room or suite number (optional) Preparer's telephone number (optional)					
	KELLER						
1	LER & LEBOVIC, CPA'S	201-797-1966					
26-	01 BROADWAY # 101	201-/3/-1300					

MG & G ADVERTISING, IN	MG	& G	ADVERTISING,	INC
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Form 5500-SF 2013

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Part	III Financial Information					
7	Plan Assets and Liabilities		(a) Beginn	ng of	Year	(b) End of Year
a	Total plan assets	7a		314	632	0
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)	7с		314	632	
8	Income, Expenses, and Transfers for this Plan Year		(a) An	nount		(b) Total
а	Contributions received or receivable from:					
(1) Employers	8a(1)				
(2) Participants	8a(2)			0	
(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b		74,	637	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				74,637
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d				
e	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g			0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	8i				74,637
i	Transfers to (from) the plan (see instructions)	8j				
Par	Plan Characteristics					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of PI 2E 2G	an Ch	aracteristic C	odes	in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Chai	racteristic Co	des in	the in	structions:
Pari	V Compliance Questions	· · · ·	-			
10				Yes	No	Amount
<u>то</u> а	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period description.	ibed in	1 1			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions re	ported				
U	on line 10a.)		10b		х	
	Was the plan covered by a fidelity bond?		10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by	fraud				
u	or dishonesty?		10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carr	ier,				
G	insurance service, or other organization that provides some or all of the benefits under the plan? (\$					
	instructions.)		10e		х	
	Has the plan failed to provide any benefit when due under the plan?		10f		Х	
.	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		Х	
 h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					
	2520.101-3.)	<u></u> .	10h		х	
$\frac{1}{i}$	If 10h was answered "Yes," check the box if you either provided the required notice or one of the					
•	exceptions to providing the notice applied under 29 CFR 2520.101-3		1 <u>0i</u>			
Par						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions	and co	mplete Sche	dule S	SB	
• •	Form 5500) and line 11a below)					Yes No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) lin	ne 39	<u> </u>	<u> </u>	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec		of ERISA?		<u></u>	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	e instr	uctions, and	enter	the da	te of the letter ruling
	granting the waiver.		Month		ay	Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 1	3	 _		T
b	Enter the minimum required contribution for this plan year		<u> </u>		12b	

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	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		· ·	·
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Par	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		***	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		X Yes	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.)				<u>.</u>
		2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)			·	
14a	Name of trust 14b	Trust's El	N		