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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in acc | cordance with the instru | ctions to the Form 550 | 0-SF. | | |
|-------------------|-----------------------------|---|-------------------------------|-----------------------------|---------|-------------------------------------|-----------------|
| Part I | | Identification Information | | | | | |
| For calenda | ar plan year 2012 or fi | scal plan year beginning 01/01/2 | 2012 | and ending 1 | 2/31/2 | 2012 | |
| | turn/report is for: | a single-employer plan | H | olan (not multiemployer) | | a one-participa | nt plan |
| B This ret | turn/report is: | the first return/report | the final return/report | | | | |
| | | x an amended return/report | a short plan year retu | rn/report (less than 12 mo | onths) | | |
| C Check I | box if filing under: | Form 5558 | automatic extension | | | DFVC program | 1 |
| | | special extension (enter descri | iption) | | | | |
| Part II | Basic Plan Info | rmation—enter all requested info | ormation | | | | |
| 1a Name | of plan | | | | 1b | Three-digit | |
| THE ARTIST | TS COMPANY 401K P | ROFIT SHARING PLAN | | | | plan number | 000 |
| | | | | | 4. | (PN) • | . 002 |
| | | | | | 1C | Effective date of p | |
| 2a Plan a | nangar'a nama and ad | dress; include room or suite numbe | er (ampleyer if for a single | omployor plan) | 2h | | |
| | TS COMPANY | aress, include room of suite numbe | er (employer, il lor a single | е-етіріоует ріаті) | 20 | Employer Identific (EIN) 13-2842 | |
| | | | | | 2c | Sponsor's telepho | |
| | R STREET, 5TH FLOC | PR . | | | | 212-679-7 | |
| NEW YORK | (, NY 10012-4430 | | | | 2d | Business code (se 512100 | e instructions) |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Spons | or Name Same as Pla | n Sponsor Address | 3b | Administrator's Ell | N |
| | | | | | 30 | Administrator's tel | enhone number |
| | | | | | | Administrator 3 ter | opriorio namboi |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since t | he last return/report filed f | for this plan, enter the | 4b | EIN | |
| | | mber from the last return/report. | | | _ | | |
| • | or's name | | | | 4c | PN | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | | 15 |
| b Total r | number of participants | at the end of the plan year | | | 5b | | 12 |
| | | account balances as of the end of t | , , | • | 5c | | 9 |
| 6a Were | all of the plan's assets | s during the plan year invested in el | ligible assets? (See instru | ctions.) | | | X Yes No |
| _ | | f the annual examination and report | | | | | |
| | | ? (See instructions on waiver eligibi | | | | | X Yes No |
| lf you | ı answered "No" to e | ither line 6a or line 6b, the plan ca | annot use Form 5500-SF | and must instead use | Form | 5500. | |
| | | or incomplete filing of this return | | | | | |
| | | her penalties set forth in the instruc | | | | | |
| | true, correct, and com | nd signed by an enrolled actuary, as plete. | s well as the electronic ve | rsion of this return/report | ., and | to the best of my ki | lowledge and |
| | | | <u> </u> | | | | |
| SIGN | Filed with authorized/ | valid electronic signature. | 01/19/2015 | SALLY ANTONACCHI | Ю | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individu | ual siç | ıning as plan admir | nistrator |
| SIGN | | | | | | | |
| HERE | Signature of emplo | ver/plan sponsor | Date | Enter name of individu | ual sic | ning as employer | or plan sponsor |
| Preparer's | | name, if applicable) and address; inc | | | _ | parer's telephone nu | |
| • | - | | | | | | , |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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| Da | rt III Financial Information | | | | | | | | | | |
|---|--|-------------|--------------------------------|----------|--------|-------------|--------------|---------|--------|------|-----|
| _ <u>Pa</u> | • | | (a) De alamia a c Ven | | | | (h) F., d | - ()/- | | | |
| ' | Plan Assets and Liabilities | _ | (a) Beginning of Yea | | | | (b) End | | | | |
| _ <u>a</u> | Total plan assets | 7a | 271372 | | | | | 16 | 52348 | | |
| | Total plan liabilities | 7b | 074070 | 0 | | | | 40 | 500.46 | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 271372 | 23 | - | | | | 52348 | 3 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) T | otal | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | 0 | | | | | | | |
| | (2) Participants | 8a(2) | 2800 |)7 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | | | | |
| b | Other income (loss) | . 8b | 20544 | 13 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 2: | 33450 |) | |
| | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | 129480 | 0 | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | | |
| g | Other expenses | 8g | 2 | 25 | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 12 | 9482 | 5 | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 6137 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | | |
| Pa | rt IV Plan Characteristics | <u> </u> | | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2R 3D | | | | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare fe | eature cod | es from the List of Plan Chara | cteristi | ic Coc | les in t | he instructi | ons: | | | |
| Dor | t V Compliance Questions | | | | | | | | | | |
| Part V Compliance Questions 10 During the plan year: Yes No Amount | | | | | | | | | | | |
| a | During the plan year: Was there a failure to transmit to the plan any participant contribution. | tione withi | n the time period described in | | 162 | 140 | | Amo | unt | | |
| · · | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | | | 10a | | X | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | | 10b | | X | | | | | |
| | Was the plan covered by a fidelity bond? | | | 10c | X | | | | | 3000 | 000 |
| - | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | | 5000 | 000 |
| | Were any fees or commissions paid to any brokers, agents, or oth | | | | | | | | | | |
| | insurance service or other organization that provides some or all of | of the bene | efits under the plan? (See | | | > | | | | | |
| | instructions.) | | | 10e | | X | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | | |
| Q | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | end.) | 10g | | 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 | | | | | | | |
| Par | VI Pension Funding Compliance | | | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | | | | | | | | | | |
| 11a Enter the amount from Schedule SB line 39 | | | | | | | | | | | |
| | | | | | | | | No | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | | |
| а | a 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 letter ruling granting the waiver | | | | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | ₽ay | | . Cal | | | |
| | Enter the minimum required contribution for this plan year | • | | | | 12b | | | | | |
| | | | | | | | - | | | | |

| | Form 5500-SF 2012 Page 3 - 1 | | | | | |
|------|---|------|-------|-----|-----------------------|---------------------|
| | Fater the amount contributed by the ampleyer to the plan for this plan year | | 12 | ٠ | | |
| d | Enter the amount contributed by the employer to the plan for this plan year | | 120 | | | |
| 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 | | 138 | 3 | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC? | the | contr | ol | | 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 which assets or liabilities were transferred. (See instructions.) | n(s) | to | | | |
| 1 | 3c(1) Name of plan(s): | 1 | 3c(2) | EIN | N(s) | 13c(3) PN(s) |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| | Name of trust ARTISTS CO. 401(K) PS TRUST | | 14b | | ust's EIN 00845521 | |

Form 5500-SF

Department of the Treasury Internal Revenue Service

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) o the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012

| Employee | Department of Labor Benefits Security Administration Benefit Guaranty Corporation | | al Revenue Code (th | ne Code). | . , | This Form i | s Open to Public |
|---|--|--|--------------------------|--|----------|-----------------------|---|
| Part I | | Complete all entries in accor | dance with the inst | tructions to the Form 550 | 0-SF. | 1 | |
| | dar plan year 2012 or fisc | lentification Information | 01/01/2012 | and ending | | 12/31/201 | 2 |
| | r | a single-employer plan | | er plan (not multiemployer) | | a one-particip | |
| | rantinoportionor. | the first return/report | | | | a one-particit | ant plan |
| D Inis re | eturn/report is: | | the final return/repo | | | | |
| _ | The state of the s | an amended return/report | | eturn/report (less than 12 m | ionths | | |
| C Check | box if filing under; | Form 5558 | automatic extensio | 'n | | DFVC progra | m |
| | ., | special extension (enter description | | | | | *************************************** |
| Part II | | nation—enter all requested inform | nation | | | | |
| 1a Name | | | | | 1b | Three-digit | |
| The | Artists Company | 401k Profit Sharing | Plan | | | plan number (PN) ▶ | 002 |
| | | | | | 10 | Effective date of | |
| | | | | | | 01/01/1991 | |
| 2a Plan s | sponsor's name and addre | ess; include room or suite number (e | employer, if for a sing | gle-employer plan) | 2b | Employer Identif | ication Number |
| The | Artists Company | | | | | (EIN) 13-284 | 2813 |
| | | | | | 2c | Sponsor's telep | none number |
| | | | | | | (212) 679- | ~_^_ |
| 79 M | lercer Street, 5 | th Floor | | | 2d | Business code (| see instructions) |
| | York | | | NY 10012-4430 | | 512100 | |
| 3a Plan a | idministrator's name and | address XSame as Plan Sponsor N | Name Same as P | lan Sponsor Address | 36 | Administrator's I | EIN |
| | | | | | 30 | Administrator's I | elephone number |
| | | | | | | . / | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | fan sponsor has changed since the I | last return/report file | d for this plan, enter the | 4b | EIN | |
| | , EIN, and the plan numb or's name | er from the last return/report. | | | 4c | DN | |
| | | the beginning of the plan year | | ************************************** | 5a | T | 1.0 |
| | | | | | | | 1.5 |
| | | the end of the plan year | | | 5b | | 12 |
| | | count balances as of the end of the | | | 5c | | 9 |
| *************************************** | | uring the plan year invested in eligib | | | J | | X Yes No |
| | | e annual examination and report of | | | | | |
| under | 29 CFR 2520.104-46? (S | See instructions on waiver eligibility | and conditions.) | | | | X Yes No |
| If you | answered "No" to eithe | er line 6a or line 6b, the plan cann | ot use Form 5500-5 | SF and must instead use | Form | 5500. | ************************************** |
| | | incomplete filing of this return/rep | | | | | |
| Under pen | alties of perjury and other | penalties set forth in the instruction | s, I declare that I have | ve examined this return/rep | oort, in | cluding, if applica | able, a Schedule |
| SB or Sche | edule MB completed and true, correct, and completed | signed by an enrolled actuary, as we | ell as the electronic v | version of this return/report | , and t | o the best of my | knowledge and |
| OCHOI, ICIS | inde, compot, and comple | | | | | | |
| SIGN | ally | entmane. | | Sally Antonaco | chio | | |
| HERE | Signature of plan adm | inistrator | Date | Enter name of individ | ual sig | ning as plan adm | ninistrator |
| SIGN | , | | | | | | |
| HERE | Signature of employe | r/plan sponsor | Date | Enter name of individ | ual sig | ning as employe | or plan sponsor |
| Preparer's | | ne, if applicable) and address; includ | | | | | number (optional) |
| • | , | | | | | | |
| | | | | 4 | | | |
| | | | | - 300 | | | |
| | | | | and the second | | | |
| | | | | | | | |

| The plan assets and Liabilities Ta 2,713,723 1,652,3 | Pai | t III Financial Information | | | | | | | | | |
|--|----------|--|-------------|---------------------------------|---------|----------|----------------|------------|------------------|-------|------|
| B Total plan liabilities | 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End | of Ye | ar | |
| C Net plan assets (subtract line 7s from line 7a) | а | Total plan assets | 7a | | | 23 | | | 1 | ,652 | ,348 |
| 8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers | b | Total plan liabilities | 7b | | | 0 | | | | | 0 |
| a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers. (5) Others (including rollovers). (6) Other income (lass) (7) Total income (lass) (8) Experiments (1) Experim | С | Net plan assets (subtract line 7b from line 7a) | 7c | 2,713 | 3,72 | 23 | | | 1 | ,652 | ,348 |
| a Contributions received or receivable from: (1) Employers | | | | (a) Amount | | | La . | (b) | Total | | |
| (2) Participants. | а | Contributions received or receivable from: | | | | | | | | | |
| (a) Other income (loss). (b) Other income (loss). (c) Total income (loss). (d) Benefits paid (including direct rollowers and insurance premiums to provide benefits, and insurance premiums to provide benefits and (including direct rollowers and insurance premiums to provide benefits). (e) Certain deemed and/or corrective distributions (see instructions) (f) Administrative service providers (salaries, fees, commissions) (e) Gline expenses (f) Administrative service providers (salaries, fees, commissions) (f) Administrative service providers (salaries, fees, commissions) (g) Cline expenses (h) Total expenses (add lines 8d, 8e, 8f, and 8g) (h) Total expenses (add lines 8d, 8e, 8f, and 8g) | | (1) Employers | 8a(1) | | | 0 | | | | | |
| b Other income (loss) | | (2) Participants | 8a(2) | 28 | 8,00 | 0 7 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | (3) Others (including rollovers) | 8a(3) | \ | | 0 | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | <u>b</u> | Other income (loss) | 8b | / 205 | 5,44 | :3 | Tr. | | | | 1=0 |
| to provide benefits) | | | 8c | | | | | | | 233 | ,450 |
| Compliance Questions Section S | | · | 8d | 1,29 | 4,80 | 610/2000 | | | | | |
| g Other expenses | <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1, 294, 8 Not income (loss) (subtract line 8h from line 8c) 8i (1, 061, 37 Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics Sa If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2G 2J 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2G 2J 2R 3D During the plan year: 2 V Compliance Questions Ves Ves No Amount Amount 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X During the plan year: 4 Ves Ve | f | Administrative service providers (salaries, fees, commissions) | 8f | | | 0 | | | | | |
| i Net income (loss) (subtract line 8h from line 8c) 8i (1,061,37 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2B 2G 2J 2R 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10b X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? 10d X f Has the plan failed to provide any benefit when due under the plan? 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10d X 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 25 CFR 2520.101-3. 10d X 11 Is this a defined benefit plan subject to minimum funding requirements of section 412 of the Code or section 302 of ERISA? 1 Yes 10 Yes | g | Other expenses | 8g | | 2 | 2.5 | | | | | |
| Transfers to (from) the plan (see instructions) | <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | |
| Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2 | i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | (1, | 061, | 375) |
| 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 3J 2R 3D | j | Transfers to (from) the plan (see instructions) | 8j | | | 0 | | | | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 | Par | t IV Plan Characteristics | | | | | | | | | |
| Part V Compliance Questions 10 | 9a | | feature coo | des from the List of Plan Chara | acteris | stic Co | des in | the instru | ctions: | | |
| Part V Compliance Questions 10 | b | If the plan provides welfare benefits, enter the applicable welfare fe | eature code | es from the List of Plan Charac | cterist | ic Cod | es in t | he instruc | tions: | | |
| No No No No No No No No | | | | | | | | | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | Part | V Compliance Questions | | | | | | | | | 3 |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10 | During the plan year: | | | | Yes | No | | Amo | unt | |
| c Was the plan covered by a fidelity bond? | а | | | | | | | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | b | | | | 10b | | Х | | | | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | Was the plan covered by a fidelity bond? | | | 10c | Х | | | | 300 | ,000 |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? | d | Did the plan have a loss, whether or not reimbursed by the plan's | | | | | v | N . | | | |
| insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? | | | | | 10d | | | | | | |
| f Has the plan failed to provide any benefit when due under the plan? | е | insurance service or other organization that provides some or all of | of the bene | fits under the plan? (See | 10e | | X | | | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | | | | | | y | | | | |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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 | | | | | | | | | | | |
| 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 | | | | | 10g | | X | | | | |
| Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | h | 2520.101-3.) | | | | | Х | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | I | | | | | | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | Part | VI Pension Funding Compliance | | | | | | | | | |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling | 11 | | | | | | | | | Yes 2 | ₹ No |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling | 11a | 11a Enter the amount from Schedule SB line 39 | | | | | | | | . (| |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling | 12 | Is this a defined contribution plan subject to the minimum funding | requireme | nts of section 412 of the Code | or se | ection 3 | 302 of | ERISA? | | Yes | No 2 |
| | | | | 1.75 | | | | 7. | | | |
| | | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver | | | | | nter th Day | ne date of | the lett Year | | g |
| If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | If | | | | | | | | | | |
| b Enter the minimum required contribution for this plan year | b | Enter the minimum required contribution for this plan year | | | | | 12b | | \ | | |

| Form 5500-SF 2012 Page 3 - | | | • | |
|--|----------------|-------------|-------|---------|
| C Enter the amount contributed by the employer to the plan for this plan year | 120 | : | | |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | 1 120 | ı | | |
| e 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? | | Yes 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 of the PBGC? | | ol | Yes | X No |
| c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | the plan(s) to | | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | 13c(3 |) PN(s) |
| | | | | |
| Part VIII Trust Information (optional) | | | | |
| 14a Name of trust | 14b | Trust's EIN | | |

20-0845521

The Artists Co. 401(k) PS Trust