**ORIGINAL** 

# SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



### **FORM 11-K**

(Mark One)

$\boxtimes$	ANNUAL REPORT PURSUANT TO SECTION 15(d) OF	THE SECURITIES
-	EXCHANGE ACT OF 1934	

For the fiscal year ended December 31, 2012

OR

	TRANSITION REPORT PURSUAN EXCHANGE ACT OF 1934	NT TO SECTION 15(d) OF THE SECURITIES
	For the transition period from	_ to JUN 2 0 2013
Com	mission file number: 001-35352	196
Δ	Full title of the plan and the address of	f the plan, if different from that of the issuer name

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

## Wellesley Bank Employee 401(k) Plan

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

Wellesley Bancorp, Inc. 40 Central Street Wellesley, Massachusetts 02482

### REQUIRED INFORMATION

- 1. Not applicable.
- 2. Not applicable.
- 3. Not applicable.
- 4. The Wellesley Bank Employee 401(k) Plan (the "Plan"), is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). Pursuant to Section 103(c) of ERISA and the regulations thereunder, the Plan is not required to file audited financial statements because the Plan has fewer than 100 participants. Attached hereto is a copy of the Plan's Summary Annual Report and Schedule I to the Form 5500.

# FORM 5500 SCHEDULE I AND SUMMARY ANNUAL REPORT

### **SCHEDULE I** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Lebor

### Financial Information—Small Plan

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).

OMB No. 1210-0110

2012

	Employee Benefits Security Administration	▶ File as a	▶ File as an attachment to Form 5500.				This Form is Open to Public			
Pension Benefit Guaranty Corporation  For calendar plan year 2012 or fiscal plan year beginning 01,			/01/2	2012 and ending				Inspection 12/31/2012		
		/ 01/ 2	012	1			12/31/	2012		
A Name of plan Wellesley Bank 401(k) Plan						Three-digit olan numb			002	
•	Hellebley Bank 401(k)	1 1 4 11			<u> </u>	Mari Hurito	CI (FIV)			
C	Plan sponsor's name as shown on li	ne 2a of Form 5500			D E	mployer id	entificati	on Numbe	r (EIN)	
	vallagiou Dank				04-1	956610				
Con	Vellesley Bank  nplete Schedule I if the plan covered	fewer than 100 narticinants as of	the bea	inning of the plan	1			lete Sche	tule I if you are filing as a	a
sma	ill plan under the 80-120 participant n	ule (see instructions). Complete S	Scheduk	e H if reporting a	s a large	e plan or D	FE.			
Pa	rt I Small Plan Financial	Information								
Por	and helpy the current value of asset	and liabilities income expense	es, trans	sfers and change	es in ne	t assets d	uring the	plan year	. Combine the value of p	olan
200	ate held in more than one trust. Do r	not enter the value of the portion.	of an in	surance contrac	:t that o	uarantees	during th	nis plan ye	ar to pay a specific dollar	ar
ben	efit at a future date. Include all incon trance carders. Round off amounts	ne and expenses of the plan incl : to the nearest dollar.	luding a	iny trust(s) or se	parately	y maimam	eo iuno(e	s) and any	paymentaneosipis torit	Jill
1	Plan Assets and Liabilities:			(a) Be	eginning	of Year		(b) End of Year		
a	Total plan assets		1a		· · · · · · ·		47535		598	7991
b	Total plan liabilities									
C	Net plan assets (subtract line 1b fro		1c			44	47535		598	7991
2	Income, Expenses, and Transfer				(a) Amo	unt		(b) Total		
a	Contributions received or receivable									
		***************************************	2a(1)		296446					
			1			3	15686			
	• •			19049						
h	Noncash contributions									
D					933709			1		
C	Other income				333,03			1564890		
a	Total income (add lines 2a(1), 2a(2				937					
e	Benefits paid (including direct rollo				337					
Ī	Corrective distributions (see instruc		2f							
g	Certain deemed distributions of particle (see instructions)	nicipani ioans	2g							
h	· ·	Administrative service providers (salaries, fees, and commissions)				22979				
ı	Other expenses				518					
1	Total expenses (add lines 2e, 2f, 2							24434		
k	Net income (loss) (subtract line 2) f		ľ				ļ		154	0456
Ī	Transfers to (from) the plan (see in	structions)	21							
3	Carallia Angetes if the plan held as	eete at amitime during the plan ves	ar in anv	of the following o	ategorie	s, check "Y	es" and	enter the c	rrent value of any assets	_
	remaining in the plan as of the end of by-line basis unless the trust meets of	the plan year. Allocate the value of	if the pla	n's interest in a ci	ommingi	led trust co	ntaining ti	he assels (	of more than one plan on a	a line-
	by-line basis unless the trust meets of	tie of the specific exceptions descri	1000 111 1	ic instructions.		Yes	No		Amount	
а	Partnership/joint venture interests .			**********	3a		х			
a b	Employer real property				3b		х			
					3c		х			
۲. C				ļ ——	х			132	3078	
đ					3e	X	<u> </u>		10	5903
е	Participant loans	***************************************		*********	36			1		

	Schedule I (Form 5500) 2012 Page 2 -			_		
		[	Yes	No	Am	ount
3f	Loans (other than to participants)	3f		Х		
g	Tangible personal property	3g		Х		
Pa	art II Compliance Questions					
4	During the plan year:		Yes	No	An	nount
а	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.)	4a		x		
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		х		
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		х		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		х		
е	Was the plan covered by a fidelity bond?	40	Х			3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		х		
g	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?	49		х		
h	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?	4h		х		
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	41		х		
-	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4]		х		
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 if "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	х			
ı	Has the plan falled to provide any benefit when due under the plan?	41		х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х		
n	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	4n				
	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				mount:	hiliston van so
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ilini Atı				
	5b(1) Name of plan(s)		5b(2) EiN(s) 5b(3) Pi			5b(3) PN(s)
<del></del>	,					
			***************************************			
Par	t III Trust Information (optional)	1			···	
	lame of trust	<b>6b</b> Trus	st's EIN			

# SUMMARY ANNUAL REPORT FOR WELLESLEY BANK 401(K) PLAN

This is a summary of the annual report for the Wellesley Bank 401(k) Plan (Employer Identification Number 04-1956610) for the plan year January 1, 2012 through December 31, 2012. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Basic Financial Statement**

Benefits under the plan are provided by a trust fund. Plan expenses were \$24,434. These expenses included \$22,979 in administrative expenses and \$937 in benefits paid to participants and beneficiaries, and \$518 in other expenses. A total of 50 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$5,987,991 as of the end of the plan year, compared to \$4,447,535 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$1,540,456. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$1,564,890, including employer contributions of \$296,446, employee contributions of \$315,686, other contributions/other income of \$19,049 and earnings from investments of \$933,709.

#### Information Regarding Plan Assets

The U.S. Department of Labor's regulations require that an independent qualified public accountant audit the plan's financial statements unless certain conditions are met for the audit requirement to be waived. This plan met the audit waiver conditions for the plan year beginning January 1, 2012 and therefore has not had an audit performed. Instead, the following information is provided to assist you in verifying that the assets reported on the Form 5500 were actually held by the plan.

At the end of the plan year, the plan had qualifying plan assets at the following institution(s):

Reliance Trust Company

\$4,559,010

The plan receives year-end statements from these regulated financial institutions that confirm the above information.

The remainder of the plan's assets were held in individual participant accounts with investments directed by participants and beneficiaries and with account statements from regulated financial institutions furnished to the participant or beneficiary at least annually, qualifying employer securities and loans to participants and other qualifying assets.

Plan participants and beneficiaries have a right, on request and free of charge, to get copies of the financial institution year-end statements. If you want to examine or get copies of the financial institution year-end statements, please contact Eloise Thibault, who is a representative of the plan administrator, at 40 Central Street, Wellesley, MA 02482 and phone number, 781-235-2550.

If you are unable to obtain or examine copies of the regulated financial institution statements, you may contact the regional office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) for assistance by calling toll-free 866-444-EBSA (3272). A listing of EBSA regional offices can be found at http://www.dol.gov/ebsa.

General information regarding the audit waiver conditions applicable to the plan can be found on the U.S. Department of Labor Web site at http://www.dol.gov/ebsa under the heading "Frequently Asked Questions."

#### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Eloise Thibault, who is a representative of the plan administrator, at 40 Central Street, Wellesley, MA 02482 and phone number, 781-235-2550.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: 40 Central Street, Wellesley, MA 02482, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

#### **SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this Annual Report to be signed on the Plan's behalf by the undersigned hereunto duly authorized.

Date: 6-19-13

Wellesley Bank Employee 401(k) Plan

By:

Plan Administrator