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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | ▶ Complete all entries in accor | dance wit | h the instructions to the Form 550 | 0-SF. | |
|------------|-------------------------------------|---|--------------|--|--------|---|
| | | dentification Information | | | | |
| For | calendar plan year 2009 or fisc | al plan year beginning 01/01/200 | 9 | and ending 1 | 2/31/2 | 2009 |
| Α. | This return/report is for: | x single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plan |
| В | This return/report is for: | | | | | |
| | | an amended return/report | short plar | n year return/report (less than 12 mor | nths) | |
| C | Check box if filing under: | Form 5558 | automatio | extension | | DFVC program |
| | | special extension (enter description | on) | | | |
| Pa | rt II Basic Plan Infor | mation—enter all requested inform | ation | | | |
| 1a | Name of plan | | | | 1b | Three-digit |
| CARI | LUCCI AND GIARDINA, LLP 4 | 01(K) PROFIT SHARING PLAN | | | | plan number 001 |
| | | | | | 4. | (PN) F |
| | | | | | 1C | Effective date of plan 01/01/2002 |
| 2a | Plan sponsor's name and add | ress (employer, if for single-employer | plan) | | 2b | Employer Identification Number |
| | LUCCI AND GIARDINA, LLP | oce (empleyer, mile emgle empleyer | ρ.α, | | | (EIN) 13-4133057 |
| | | | | | 2c | Plan sponsor's telephone number |
| | HIRD AVENUE FLOOR | | | | 24 | 646-865-1590 |
| | YORK, NY 10016 | | | | Zu | Business code (see instructions) 541110 |
| 3a | Plan administrator's name and | address (if same as Plan sponsor, e | nter "Same | e") | 3b | Administrator's EIN |
| CARI | LUCCI AND GIARDINA, LLP | 600 THIRD A 26TH FLOOI | | | | 13-4133057 |
| | | NEW YORK | | 5 | 3C | Administrator's telephone number 646-865-1590 |
| 4 I | the name and/or EIN of the plant | an sponsor has changed since the la | st return/re | port filed for this plan, enter the | 4b | EIN |
| ı | name, EIN, and the plan number | er from the last return/report. Sponso | r's name | | 40 | DN |
| 52 | Total number of participants of | t the heginning of the plan year | | | 4c | |
| | | t the beginning of the plan year | | | 5a | 9 |
| b | · | t the end of the plan yearrith account balances as of the end o | | | 5b | 8 |
| С | | | | | 5с | 5 |
| 6a | Were all of the plan's assets | during the plan year invested in eligib | le assets? | (See instructions.) | | X Yes No |
| b | | he annual examination and report of | | | | V vaa □ Na |
| | | (See instructions on waiver eligibility | | | | X Yes No |
| Pa | rt III Financial Inform | ner 6a or 6b, the plan cannot use F | orm 5500- | SF and must instead use Form 55 | υυ. | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Voca |
| - | Total plan assets | | . 7a | (a) Beginning of Year | , | (b) End of Year 240098 |
| a b | . otal plan doodto | | | 100000 | - | 0 |
| C | | 7b from line 7a) | | 188685 | + | 240098 |
| 8 | Income, Expenses, and Trans | | 70 | (a) Amount | _ | (b) Total |
| а | Contributions received or rece | | | (a) Amount | | (b) Total |
| | | | . 8a(1) | (|) | |
| | (2) Participants | | . 8a(2) | (|) | |
| | (3) Others (including rollovers | s) | . 8a(3) | C |) | |
| b | Other income (loss) | | . 8b | 51413 | 3 | |
| С | Total income (add lines 8a(1), | 8a(2), 8a(3), and 8b) | . 8c | | | 51413 |
| d | 1 \ | rollovers and insurance premiums | . 8d | (|) | |
| е | Certain deemed and/or correct | tive distributions (see instructions) | . 8e | (|) | |
| f | Administrative service provide | rs (salaries, fees, commissions) | . 8f | (|) | |
| g | Other expenses | | . 8g | (| | |
| h | Total expenses (add lines 8d, | 8e, 8f, and 8g) | | | | 0 |
| i | Net income (loss) (subtract lin | e 8h from line 8c) | . 8i | | | 51413 |
| j | Transfers to (from) the plan (s | ee instructions) | . 8i | (| | |

| Form 5500-SF 2009 | Page 2- 1 |
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| | | • | |
|-----------|--------|--------|------------|
| Part IV | Plan | (`hara | cteristics |
| ı aıtıv ı | ı ıaıı | Onal a | SIGH SHOS |

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 2A

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

| art | V Compliance Questions | | | | | | | |
|-----|---|--------|---------|-----------|--------|----|--------|-------|
| 0 | During the plan year: | | Yes | No | | Am | ount | |
| а | 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 | | Х | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | Χ | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | | | |
| е | 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.) | 10e | | Х | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Χ | | | | | 27445 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | Х | | | | |
| 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 | 10i | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | [| Yes | X No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 302 of E | RISA?. | | Yes | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | 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 negative amount) | | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 3а | Has a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | | Yes | X No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | |
| | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | | | ntrol | | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.) | e plaı | n(s) to | | | | | |
| 1 | 3c(1) Name of plan(s): | | 130 | (2) EII | ۱(s) | | 13c(3) | PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | | | | | | | |
| В о | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete. | | | | | | | |
| | | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 07/20/2010 | DON DAVID CARLUCCI |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 07/20/2010 | DON DAVID CARLUCCI |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

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 Internal Revenue Code (the Code).

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection.

| 1 | Pension Benefit Guaranty Corporation | Complete all entries in acci | ordance with | the instructions to the Form 5500- | SF. I | | | |
|-------|--|--|-----------------------|---|---|--|--|--|
| Б | art I Annual Report I | dentification Information | Oldbilde With | | | | | |
| | the calendar plan year 2009 or | | 2009- | 01-01 and ending | 2009-12-31 | | | |
| 10000 | | | | nployer plan (not multiemployer) | one-participa | ant plan | | |
| | A control of the section of the sect | 200 | | | O one-barrech | ан ряду | | |
| B | This return/report is for: | first return/report | final return | report | | | | |
| | | an amended return/report | short plan y | ear retum/report (less than 12 months) | i) | | | |
| С | Check box if filing under: | Form 5558 | automatic e | extension | DFVC progra | am | | |
| | | special extension (enter descripti | on) | | | | | |
| | Paris Blass Info | rmation — enter all requested in | | ···· | | | | |
| | art II Basic Plan Info Name of plan | mation enter all requested in | iomaton. | | 1b Three-digit | T | | |
| ıa | 5 3038 | | | | plan number | | | |
| | Carlucci and Giardin | a, LLP 401(k) Profit Sha | ring Plan | | (PN) ▶ | 001 | | |
| | | | | | 1C Effective date (| Aver December | | |
| | 8) | ess (employer, if for single-employer | r plan) | | | | | |
| 28 | Carlucci and Giardin | | pietry | | 2b Employer Identification Number (EIN) 13-4133057 | | | |
| | 04254042 000 0000 | | | | 2C Plan sponsor's | · | | |
| | 600 Third Avenue | | |]- | (646) 865- | | | |
| US | 26th Floor New York | NY 10016 | | | 2d Business code 541110 | (see instructions) | | |
| 3a | Plan administrator's name and | address (if same as plan employer, | enter "Same") |) | 3b Administrator's | EIN | | |
| | Same | | | | | | | |
| | | | | ľ | 3c Administrator's | telephone number | | |
| | | | | | | | | |
| _ | | The second secon | 11 | - A filed for this plan, antouth a | 4b EIN | | | |
| 4 | If the name and/or EIN of the pane. EIN and the plan numb | plan sponsor has changed since the er from the last return. Sponsor's Na | iast reiumvrepi me | ort filed for this plan, enter the | | | | |
| | | | | | 4c PN | | | |
| | K TONG THE REPORT OF THE PROPERTY OF THE PROPE | the beginning of the plan year | | | 5a | 9 | | |
| | | the end of the plan year | | | 5b | 8 | | |
| C | | ith account balances as of the end o | | | 5c | 5 | | |
| 6a | | uring the plan year invested in eligib | | | | X Yes No | | |
| b | Are you claiming a waiver of the | e annual examination and report of | an independer | nt qualified public accountant (IQPA) | | | | |
| | under 29 CFR 2520.104-46? (| See instructions on waiver eligibility | and conditions | .) | | X Yes No | | |
| _ | | er 6a or 6b, the plan cannot use Fo | orm 55UU-SF 8 | ing must instead use Form 5500. | | ii. | | |
| P | art III Financial Inform | <u>mation</u> | 40049970 1 | | T | 2 020 | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | (b) En | d of Year | | |
| a | C TENCHALIST HANDARD CALL CANDO CANDO MATO MATO IN | | <u>7a</u> | 188,685 | | 240,098 | | |
| b | Total plan liabilities | | <u>7b</u> | 0 | | 0 | | |
| C | Net plan assets (subtract line | 7b from line 7a) | 7c | 188,685 | - | 240,098 | | |
| 8 | Income, Expenses, and Trans | | | (a) Amount | (b) |) Total | | |
| a | | ivable from: | 8a(1) | o | | | | |
| | (1) Employers | | 8a(2) | 0 | | o in contra como esta esta de la como de la c La como de la como de l | | |
| | (2) Participants (3) Others (including rollovers | | 8a(3) | - 0 | 1 | | | |
| b | | ,, | 8b | 51,413 | | | | |
| | | 99(3) 99(3) and 9h) | 8c | | | 51,413 | | |
| d | Benefits paid (including direct | rollovers and insurance premiums | · | 1. (A proprieta de Maria (1940)) - Maria de Partir de La Artica de La | | V | | |
| | to provide benefits) | | 8d | 0 | and a feet at a bloom | (4) \$1 (4) (4) (4) (4) (4) (4) | | |
| е | Certain deemed and/or correc | tive distributions (see instructions) | 8e | 0 | | | | |
| f | Administrative service provide | rs (salaries, fees, commissions) . | 8f | 0 | | and the second second configuration and the | | |
| g | | | 8g | 0 | 1374 (1274) 1274 (1274) | | | |
| h | Total expenses (add lines 8d, | 8e, 8f, and 8g) | 8h | | d | 0 | | |
| i | Net income (loss) (subject line | | 8i | | # -≥ | 51,413 | | |
| • | Transfers to (from) the plan (s | | . 81 | 0 | SE KANGETONVELEDINGE | au-controllering by a least that | | |

| Parl | IV Plan Characteristics | | | | | | | | |
|--------|--|--|--|--------------|--|--|--------------|--|--|
| 9a ı | 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3B 2A | | | | | | | | |
| ь | the plan provides welfare benefits, enter the applicable welfare feature | re codes from the List | of Plan Characteristic C | odes i | n the ir | nstructions: | | | |
| Par | 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 | n within the time period | d described in | | x | | | | |
| L | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar | y Correction Program | <u>10a</u> | - | _ | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (I on line 10a.) | | lions reported | | х | | | | |
| 120 | STATE OF THE STATE | | - 10 No. 1000 | 1 | | | | | |
| C | Was the plan covered by a fidelity bond? | | | - | X | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty? | INVI-CO⊕NIC DISTRICTURA MARKENDA SENSITA MARKANI MARKANI | used by fraud | | x | | | | |
| e | Were any fees or commisions paid to any brokers, agents, or other p | | | 1 | | | | | |
| | insurance services or other organization that provides some or all of instructions.) | | plan? (See | | x | | | | |
| f | 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 o | | | ж | | 0.0 8849 a. | 27,445 | | |
| g h | If this is an individual account plan, was there a blackout period? (Se | | 50 00 00 00 00 00 00 00 00 00 00 00 00 0 | - | | | 27,772 | | |
| | 2520.101-3.) | | 10h | | х | 100 (00 00 00 00 00 00 00 00 00 00 00 00 | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3 | required notice or one | of the | | | | | | |
| Parl | VI Pension Funding Compliance | | 260044 26 10 | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | | uctions and complete S | chedul | e SB (I | Form | ☐Yes X No | | |
| 12 | Is this a defined contribution plan subject to the minimum funding rec (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab | | 412 of the Code or sect | on 302 | of EA | IISA? | Yes X No | | |
| а | If a waiver of the minimum funding standard for a prior year is being | | | | | | | | |
| | granting the waiver | | | | Day | / Ye | ear | | |
| If 3 | ou completed line 12a, complete lines 3, 9, and 10 of Schedule M | | | Г | | | | | |
| b | Enter the minimum required contribution for this plan year | | | • - | 12b | | | | |
| C | Enter the amount contributed by the employer to the plan for this plan | . 9 | | • - | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | | | . L | 12d | <u> </u> | | | |
| | Will the minimum funding amount reported on line 12d be met by the | funding deadline? . | | | | Yes | No NA | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted during the plan | year or any prior year | 2 | · . <u>-</u> | , , | | Yes X No | | |
| 8 | If "Yes," enter the amount of any plan assets that reverted to the em | ployer this year | | | 13a | 100 20 20020 | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, to of the PBGC? | | T = = = = = = = = = = = = = = = = = = = | | rol | | Yes X No | | |
| | If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.) | this plan to another p | lan(s), identify the plan(| s) lo | | | | | |
| | 3c(1) Name of plan(s): | | | 13 | 3c(2) E | IN(s) | 13c(3) PN(s) | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | A nough for the late or important filling of the sales of the | | | la | . L . II - L | | | | |
| | on: A penalty for the late or incomplete filing of this return/report | 15 240 0 500 | | | | | 0-1-1-1- | | |
| SB or | penalties of perjury and other penalties set forth in the instructions, I e Schedule MB completed and signed by an enrolled actuary, as well as it is true, porrect, and complete. | | | | | | | | |
| | The state of the s | 1/13/10 | DON DA | OTO | C | ARLUC | 7.0 | | |
| SIG | | Date . | Enter name of individu | | | | | | |
| 13.7 | 1 / / / / / / / / / / / / / / / / / / / | 7/13/10 | | 707 | | | /CC_T | | |
| SIG | | 1/10/ | | 950 to | | | 00 | | |
| 11121 | Signature of employer/plan sponsor | Date | Enter name of individu | ıaı sıgn | ing as | employer or p | ian sponsor | | |

Page 2-

Form 5500-SF (2009)