	Form 5500-SF Short Form Annual Return/Report of Small Employee							
	Department of the Treasury Internal Revenue Service	Benefit Plan 2009 This form is required to be filed under sections 104 and 4065 of the Employee 2009						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of th ode (the Code).		This Form is Open to Public		
Р	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							
		entification Information						
For	calendar plan year 2009 or fisca		9	and ending	12/31/2	2009		
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan		
B	This return/report is for:	first return/report	final retur	•				
		an amended return/report	short plan	year return/report (less than 12 mo	onths)	_		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program		
-		special extension (enter descriptio						
		nation—enter all requested information	ation					
	Name of plan				10	Three-digit plan number		
ODC	NINELE & FOX, F.C. DEFINED	DENETT FLAN				(PN) ▶ 001		
					1c	Effective date of plan 01/01/2007		
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 13-3093734		
	ROADWAY				2c	Plan sponsor's telephone number 212-319-0600		
	YORK, NY 10006				2d	Business code (see instructions) 541110		
	Plan administrator's name and NNELL & FOX, P.C.	address (if same as Plan sponsor, er 29 BROADW	AY		3b	Administrator's EIN 13-3093734		
		NEW YORK,	NY 10006		3c	Administrator's telephone number 212-319-0600		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name								
	name, Em, and the plan humbe	i nom the last return/report. Sponso	i s name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	4		
b	Total number of participants at	the end of the plan year			5b	3		
C		th account balances as of the end of		· · · · · ·	5c			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No		
b		e annual examination and report of a				X Yes No		
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo						
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		7a	46237	3	492135		
b	Total plan liabilities		7b		0	0		
C	Net plan assets (subtract line 7	b from line 7a)	7c	46237	3	492135		
8	Income, Expenses, and Transf			(a) Amount		(b) Total		
а	Contributions received or recei	vable from:	8a(1)	4028	9			
	., .,		8a(2)		0			
			8a(3)		0			
b			8b	66	1			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			40950		
d		ollovers and insurance premiums						
-	, ,	· · · · · · · · · · · · · · · · · · ·	8d	1118	-			
e f		ive distributions (see instructions)	8e		0			
T ~	•	s (salaries, fees, commissions)	8f		0			
g h	•		8g 8h		0	11188		
i		e 8h from line 8c)				29762		
j		e instructions)			0			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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: 1A 1I 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:		Yes	No		Amount		
а	 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 							
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	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 or dishonesty?	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? (See instructions.)	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 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.)	10h						
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					× Yes	No	
lf y	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 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 granting the waiver							
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)			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 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				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	C 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):		13	c (2) Ell	N(s)	13c(3) PN(s)	
		-	-					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/20/2010	WILLIAM G. O'DONNELL, JR.
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/20/2010	WILLIAM G. O'DONNELL, JR.
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB Single-Employer Defined Benefit Plan								3 No. 1210-0110
	(Form 5500)	Actuari		2009				
Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee								
-	Department of Labor loyee Benefits Security Administration	Retirement Income Security Ac Internal Rev		n is Open to Public				
Pe	nsion Benefit Guaranty Corporation	File as an attach	ment to Form	5500 or 5	500-SF.			•
For ca	lendar plan year 2009 or fiscal p	plan year beginning 01/01/2009			and endin	g 12/31	1/2009	
	und off amounts to nearest d							
-	ution: A penalty of \$1,000 will t ne of plan	be assessed for late filing of this repo	ort unless reaso					
	INELL & FOX, P.C. DEFINED B	BENEFIT PLAN			B Three-digit		•	001
	n sponsor's name as shown on NELL & FOX, P.C.	line 2a of Form 5500 or 5500-SF			D Employer Id	entificati	ion Number	(EIN)
Е Туре	e of plan: 🛛 Single 🗌 Multip	le-A Multiple-B	F Prior year pla	ın size: 🗙	100 or fewer	101-50	00 More	than 500
Part	I Basic Information							
	inter the valuation date:	Month <u>01</u> Day <u>01</u>	Year 2	2009	-			
2 A	ssets:							
a						2a		462354
b						2b	(0)	470381
	unding target/participant count		3a	(1) Ni	umber of participa	ants 0	(2)	Funding Target
a b		beneficiaries receiving payment				0		(
C		cipants	30			Ŭ		
Ŭ			3c(1)					(
						-		452839
	()					4		452839
d	(1)					4		452839
4 If	the plan is at-risk, check the bo	ox and complete items (a) and (b)						
а	Funding target disregarding	prescribed at-risk assumptions				4a		
b		risk assumptions, but disregarding tra				4b		
	at-risk for fewer than five co	onsecutive years and disregarding loa	ading factor					
-	ffective interest rate					5		6.51 %
	8					6		53717
To th acco		supplied in this schedule and accompanying sch s. In my opinion, each other assumption is reaso ated experience under the plan.						
SIG HEF		····					09/17/2	2010
		Signature of actuary					Date	
EDWAF	RD REPPER	- g					08-06	090
Type or print name of actuary Most recent enrollment number ERP ACTUARIES & CONSULTANTS 212-563-5060								
	I PLAZA, SUITE 1500 ORK, NY 10121-1590	Firm name			Tele	ephone r	number (incl	uding area code)
		Address of the firm						
If the ac		regulation or ruling promulgated und	der the statute	in comple	ting this schedule	, check	the box and	see
		and OMB Control Numbers, see t	he instruction	s for Fori	m 5500 or 5500-	SF.	Sche	dule SB (Form 5500) 20

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefundii	ng balance			
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		0				
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		0				
9	9 Amount remaining (Item 7 minus item 8)						
10	10 Interest on item 9 using prior year's actual return of <u>1.97</u> %						
11	1 Prior year's excess contributions to be added to prefunding balance:						
	a Excess contributions (Item 38 from prior year)						
	b Interest on (a) using prior year's effective rate of6.18 %						
	C Total available at beginning of current plan year to add to prefunding balance						
	d Portion of (c) to be added to prefunding balance			0			
12	12 Reduction in balances due to elections or deemed elections						
13	13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) 7048						
Р	Part III Funding percentages						
14		102.31 %					
15	15	103.87 %					

14	Funding target attainment percentage		102.01 /8
15	Adjusted funding target attainment percentage	15	103.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	155.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(M	(a) Date M-DD-YYYY)	(b) Amount p employer		(c) Amount paid by employees	(a) Date (b) Amount pair (MM-DD-YYYY) employer(s)			(c) Amount paid by employees			
09	/10/2010		40289								
					Totala N	40/h)		40000	40(-)		0
	Totals ► 18(b) 4028								18(c)		0
19	Discounted emp	loyer contribution	s – see ins	tructions for small plan with a	a valuation dat	e after tl	he beginning of the	e year:			
	a Contributions	allocated toward	unpaid mir	imum required contribution fi	rom prior year	S		19a			0
	b Contributions	made to avoid rea	strictions a	djusted to valuation date				19b			0
	c Contributions a	allocated toward m	inimum req	uired contribution for current ye	ear adjusted to	valuation	n date	19c			36215
20	Quarterly contrib	outions and liquidi	ty shortfalls	S:							
	a Did the plan h	nave a "funding sh	ortfall" for	the prior year?						П ү	(es 🗙 No
											∕es ∏ No
	C If 20a is "Yes,	" see instructions	and comp	lete the following table as app							
				Liquidity shortfall as of en	d of Quarter o	f this pla	an year				
	(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Page 3

Pa	art V Assumptions used to deter	mine fu	unding target and target	normal cost						
21	Discount rate:									
	a Segment rates: 1st segment: 5.32 %		2nd segment: 6.45 %	3rd segment 6.69 9		N/A, full yield curve used				
	b Applicable month (enter code) 21b 0									
22	22 Weighted average retirement age									
	Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute									
Pa	Part VI Miscellaneous items									
	 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes X No 									
25	Has a method change been made for the cu	urrent pla	n year? If "Yes," see instruction	s regarding required atta	chment	X Yes No				
26	Is the plan required to provide a Schedule of	f Active F	Participants? If "Yes," see instru	ctions regarding required	attachment	Yes 🛛 No				
27	If the plan is eligible for (and is using) altern regarding attachment		•		27					
Ра	art VII Reconciliation of unpaid n				<u> </u>					
28			•		. 28	0				
29		d toward	unpaid minimum required contr	butions from prior years	29	0				
30	Remaining amount of unpaid minimum requ				. 30	0				
	rt VIII Minimum required contrib		N N	·)····						
31	Target normal cost, adjusted, if applicable (•		31	43223				
	Amortization installments:			Outstanding Bal		Installment				
-	a Net shortfall amortization installment				0	0				
	b Waiver amortization installment				0	0				
33	If a waiver has been approved for this plan (Month Day Yea	year, ente	er the date of the ruling letter gr	anting the approval	33					
34										
			Carryover balance	Prefunding bala	ance	Total balance				
35	Balances used to offset funding requirement	t	704	8	0	7048				
36	Additional cash requirement (item 34 minus	item 35).			. 36	36175				
37										
38	Interest-adjusted excess contributions for co	urrent yea	ar (see instructions)		. 38	40				
39	Unpaid minimum required contribution for c	urrent yea	ar (excess, if any, of item 36 ov	er item 37)	. 39	0				
40										

O'Donnell & Fox, P.C. Defined Benefit Plan

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2009 to 12/31/2009 Valuation Date: 1/1/2009

	For PPA Funding	For Actuarial Equivalence					
Interest Rates	Segment 1 5.32%	Segment 1 5.32%					
	Segment 2 6.45%	Segment 2 6.45%					
	Segment 3 6.69%	Segment 3 6.69%					
Pre-Retirement							
Turnover	None	None					
Mortality	None	None					
Assumed Ret Age	Normal retirement age 62 and 5 years of participation						
Post-Retirement							
Mortality	Male-modified RP2000 combined healthy male projected 24 & 16 yrs Female-modified RP2000 combined healthy female projected 24 & 16 yrs	2009 Applicable Mortality Table from Rev Rul 2006-67					
Assumed Benefit Form For	r Funding	Lump Sum					
Calculated Effective Intere	6.51%						

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 101.7% of the market value of assets.

O'Donnell & Fox, P.C. Defined Benefit Plan

Summary of Plan Provisions Plan Year: 1/1/2009 to 12/31/2009

Plan Effective Date	January 1, 2007				
Plan Year	From January 1 to December 31				
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:				
	1 year of service Minimum age 21				
Normal Retirement Age	All participants are eligible to retire with their on the later of the following:	full retirement benefit			
	Attainment of age 62 Completion of 5 years of participation				
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:				
	Maximum benefit is \$16,250 per month Maximum percent of salary is 100%				
	Benefit is based on average salary during the h years of employment	ighest 3 consecutive			
Normal Form of Benefit	A benefit payable for the life of the participant				
Accrued Benefit	The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.				
Termination Benefit	Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:				
	Credited Years	Vested Percent			
	1	0 20			
	2 3	20 40			
	4	40 60			
	5	80			

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

100

6

Years with less than 1,000 hours

O'Donnell & Fox, P.C. Defined Benefit Plan

Summary of Plan Provisions Plan Year: 1/1/2009 to 12/31/2009

Top-Heavy Minimum Benefit	Each participant will be entitled to a minimum accrued benefit equal to the following:
	2 percent of average compensation times credited years
	Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:
	Years before the effective date Years with less than 1,000 hours excluding years plan not top-heavy
	with a maximum of 10 years
	Benefit is based on average salary during the highest 5 consecutive years of employment
Top-Heavy Normal Form	A benefit payable for the life of the participant
Top-Heavy Status	A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.
Death Benefit	Actuarial Equivalent of the accrued benefit earned to date of death

S	В	Actuary	Signature
-	-		

	S	CHEDULE SB	Single-Em	plover	Define	d Ben	efit Plan		o	MB No. 1210-0110
		(Form 5500)	-		Inform					2000
	1	Department of the Treasury	12							2009
		Internal Revenue Service Department of Labor	This schedule is requ Retirement Income Se							
		ee Benefits Security Administration	Interior Interior	ernal Reven	ue Code (th	e Code).			This Fo	orm is Open to Public Inspection
	Pens	on Benefit Guaranty Corporation	▶ File as a		ent to Form	5500 or	5500-SF.			
Foi	cale	ndar plan year 2009 or fiscal p	lan year beginning	01/0	1/2009		and endin	g	12	2/31/2009
	e ant e ne	nd off amounts to nearest do	2010220.0		5 • 7					
100		ion: A penalty of \$1,000 will be	e assessed for late filing of	this report i	unless reaso	nable ca	÷		(AQ)	
A	ame	of plan					B Three-digit		×	001
							plan numb			
		NELL & FOX, P.C. I								
CI	Plan s	ponsor's name as shown on li	ne 2a of Form 5500 or 550	00-SF		>	D Employer Id	entificati	ion Numb	er (EIN)
OI	ONN	ELL & FOX, P.C.					13-30937	34		
<u></u>	- 10 - 11 - 1	of plan: 🛛 Single 🗌 Multiple	e-A Multiple-B	F	Prior vear nla	n size X	100 or fewer] 101-50		ore than 500
					ritor year pla			101-00		
	irt I	Basic Information	Month 1 D			2009				
1 2		er the valuation date: ets:	Month $_$ D	ay <u>1</u>	Year	2002		ſ		1000 lat
2	a	Market value						2a		462,3
	b	Actuarial value						2b	ta -	470,3
3		ding target/participant count b				(1) N	umber of participa	ants		(2) Funding Target
-	a	For retired participants and b		nent	3a			0		(-,
	b	For terminated vested partici						0		
	С	For active participants:				e 2 ⁸		U		
		(1) Non-vested benefits			3c(1)			[
		(2) Vested benefits			3c(2)		20 M 11	5		452,8
		(3) Total active						4		452,8
	d	Total						4		452,8
4		e plan is at-risk, check the box	e portanizario construir come in a marco							
	а	Funding target disregarding p						_4a		<u></u>
	b	Funding target reflecting at-ri at-risk for fewer than five cor	• • • • • •					4b		
5	Effe	ective interest rate						5		6.51
6		get normal cost	1-10-10					6		53,5
	To the	t by Enrolled Actuary best of my knowledge, the information s ance with applicable law and equations	In my opinion, each other assump	panying schedu tion is reasonab	les, statements ble (taking into a	and attachm ccount the e	ents, if any, is complete xperience of the plan a	and accur	ate. Each pro ble expectati	escribed assumption was applie ons) and such other assumptior
r		ation, offer my best estimate of anticipat		•			•••••			
	IGN								09/17	/2010
	ER		Signature of actuary	2 - 22 - 12 - 12 - 12 - 12 - 12 - 12 -					Dat	1 Parts 10
រក្មា		REPPER	signature of actuary						08-0	
		1. The second	or print name of actuary	- 88, - 3				Most re		liment number
ERI	AC	TUARIES & CONSULT	, .							3-5060
den de		I PLAZA, SUITE 1500	Firm name				Tele	ephone	number (ii	ncluding area code)
NE	I YO	DRK		NY 101	L21-1590)				
			Address of the firm				-			
	actu	ary has not fully reflected any	regulation or ruling promulo	gated under	the statute	in comple	ting this schedule	e, check	the box a	nd see
		work Reduction Act Notice	and OMB Control Numbe	ers, see the	instruction	s for For	m 5500 or 5500-	SF.	Sch	edule SB (Form 5500) v.0923

Page	2-	

Pa	art II	Beginning of yea	r carryove	er and prefunding bala	ances		8					
	-					(a) C	Carryover balance		(b) i	Prefund	ing balance	
7				cable adjustments (Item 13 fr			93	,829				
8	Portion	used to offset prior year	's funding req	uirement (Item 35 from prior	year)	554 701 N 44	86	,917			0	
9	Amount	remaining (Item 7 minu	s item 8)				6	,912	ŝ		0	
10	Interest	on item 9 using prior ye	ar's actual ret	urn of <u>1.97</u> %				136			0	
11	Prior yea	ar's excess contribution	s to be added	to prefunding balance:								
	a Exce	ess contributions (Item 3	8 from prior y	ear)				· [0	
	b Inter	est on (a) using prior ye	ar's effective	rate of6.18 %			U.	F			0	
				ear to add to prefunding balar							0	
	d Porti	ion of (c) to be added to	prefunding b	alance							0	
12		or		emed elections				0			0	
13	Balance	at beginning of current	year (item 9 ·	+ item 10 + item 11d - item 12	2)		7	,048			0	
P	Part III Funding percentages											
	14 Funding target attainment percentage.									14	102.31 %	
		1			141100 41 00 MAR ROM					15	103.87 %	
15 Adjusted funding target attainment percentage. 15 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16									16	155.47 %		
17	 current year's funding requirement. 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 									17	×	
<u> </u>	0.0 • • •	e			runung targe	er, enter s	uch percentage				70	
	art IV	Contributions a										
18	(a) Date			ear by employer(s) and employer (c) Amount paid by	oyees: (a) Dat	to I	(b) Amount pa	aid by	1 11	Amou	unt paid by	
(N	MM-DD-Y			employees	(MM-DD-Y	10. To 11.	employer(loyees	
0 9	9/10/2	010	40,289									
		dan dan series dan s	5 ₆ 2		Totals 🕨	18(b)	4	10,289	18(c)		0	
19	Discoun	ted employer contributio	ons - see inst	ructions for small plan with a	valuation da	te after th	e beginning of the	year:				
										0		
	b Contr	ibutions made to avoid i	estrictions ad	justed to valuation date				19b			0	
X (0)											36,215	
	C Contri	20 Quarterly contributions and liquidity shortfalls:										
20			dity shortfalls	:								
20	Quarter	y contributions and liqui		: he prior year?		****					Yes X No	
20	Quarterl a Did th	y contributions and liqui ne plan have a "funding	shortfall" for ti] Yes X No] Yes [] No	
20	Quarteri a Did th b If 20a	y contributions and liqui le plan have a "funding is "Yes," were required	shortfall" for ti quarterly inst	he prior year?	made in a tir					·····[
20	Quarteri a Did th b If 20a	y contributions and liqui le plan have a "funding is "Yes," were required	shortfall" for ti quarterly inst	he prior year? allments for the current year	made in a tir licable:	mely mani	ner?			[[(4) 4t		

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Pa	rt V	Assumptio	ns used to determine f	unding target and targe	t normal cost							
21	Disco	unt rate:										
	a Se	egment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %		N/A, full yield curve used					
	b Ap	plicable month	(enter code)			21b	0					
22	Weigh	nted average ret	tirement age			22	62					
23	Morta	lity table(s) (see	e instructions) X Pre	scribed - combined	rescribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous items									
L	Has a	change been m	nade in the non-prescribed act	uarial assumptions for the curre	2 4							
25	Has a	method change	e been made for the current pla	an year? If "Yes," see instructio	ns regarding required attac	hment	X Yes 🗌 No					
26	is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instr	uctions regarding required	attachment	Yes X No					
27				iding rules, enter applicable coo		27						
Pa	rt VII			m required contribution								
28	Unpai	d minimum requ	uired contribution for all prior ye	ears		28	0					
29	9 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)				29	C						
30	0 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)				30	0						
Pa	rt VIII	Minimum	required contribution f	or current year		0-04980 B						
L				uctions)		31	43,223					
32	Amort	ization installme	ents:		Outstanding Bala	ance	Installment					
	a Net shortfall amortization installment					0						
	b Waiver amortization installment					0	0					
33	lf a wa (Mont	aiver has been a	approved for this plan year, en Day Year	ter the date of the ruling letter g) and the waived amount	ranting the approval	33						
34				r/prefunding balances (item 31		34	43,223					
				Carryover balance	Prefunding bala	nce	Total balance					
35	Balan	ces used to offs	set funding requirement	7,0	18	0	7,048					
36	Additi	onal cash requi	rement (item 34 minus item 35)		36	36,175					
37	Contri	butions allocate	ed toward minimum required co	ontribution for current year adjus	ted to valuation date	37	36,215					
38	3 (SAR		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	ar (see instructions)		38	40					
39				ear (excess, if any, of item 36 ov		39	0					
40		*				40	0					

Description Bartofft Plan Pressure of the Typeson Processing Sector 14.000 This form is required to be field under sectors 104 and 4065 of the Employee Internal Revenue Code the Code Internation Internation Code the Code Internation Code the Code Internation Internation Code the Code Internation Code Internation Internation Code the Code Internation Internation Internation Code the Code Internation Internation Code the Code Internation Internation Code the Code Internation Internation Internation Code Internation Internatintenent Internation Internation Internation Internation In		Form 5500-SF	Short Form Annual				oyee	OMB Nos. 1210-011 1210-008	
Description Description Product of Laser This Form is Open to Public Interpot Network (Advertation) Part II Annual Report (description) Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Part II Annual Report (description) Origination (Complete) Instructions to the Form 5500-SF. This form is Open to Public Inspection A This return/report is for: Grant State Instruction (Complete) Instr		Department of the Treasury Internal Revenue Service	This form is required to be fi	10			100	2009	_
Part I Complete all entires in accodance with the instructions to the Form \$500-SF. Inspection Part I A multification Information Inspection Inspection Part I A multification Information Inspection Inspection Inspection C contender plan year 2000 or faced plan year lengthming Inspection Inspection Inspection Inspection Inspection B Inspection In			Retirement Income Security	Act of 197	74 (ERISA), and section 6058(a) of the	ne		-
Part I Annual Report Identification Information I/201/2009 and ending 12/33/72009 A This return/report is for: B single-emptyer plan Introluce-emptyer plan (not multiemployed) one-participant plan B This return/report is for: B single-emptyer plan Introluce-emptyer plan Divertion plan Divertion plan C Check box if filing under Soft return/report an amender detunt/report B not return/report (less than 12 months) Part II Basic Plan Information End return/report B not return/report (less than 12 months) Part II Basic Plan Information Benefician Divertion plan Divertion plan 0*DONNELL & POX, P.C. DEFINED BENEFIT PLAN 1b Three-dept (lenst-clain Number (less plan) 001 12 Elempty detunt/clain Number (less plan) 22 Elempty detunt/clain Number (less plan) 23 BROADRAY 22 Elempty detunt/clain Number (less plan) 23 Administrator's name and address (if same as Plan sponsor, enter 'Same') 34 Administrator's name and address (if same as Plan sponsor's name 34 If the name and/or ElN of the plan sponsor has changed since the last return/report (same plan) 32 EAministrator's last set plan) 36 35 Total numb		Pension Benefit Guaranty Corporation			10	,	00-SF	Inspection	
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Image: CPN b 001 2a Plan spageor's name and address (employer, if for single-employer plan) 2b Effective data or f plan 2.9 BROADWAY 2b Employer identification Number (EMP) 13-303734 2c 2.9 BROADWAY 2c Plan spageor's heighbore number (212) 319-06000 2c 3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same') 3b Administrator's telephone number (212) 319-06000 3a Plan administrator's telephone number (administrator's telephone number (212) 319-06000 2d Business code (see instructions) (Sponsor's name (Stan administrator's telephone number (212) 319-06000 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number (form the last return/report Sponsor's name (Stan administrator's telephone number (201) (Sponsor's name (Stan administrator's telephone number (201) (Stan administrat	Id		C. DEFINED BENEFIT P	LAN			10		
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Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Comparison on a variable of the plan cannot use and the proof of an independent qualified public accountant (IQPA) Image: Comparison on variable eligible assets? (See instructions.) Image: Comparison on variable eligible assets assets (Subtract instance premiums variable eligible asset	С	Total number of participants with	account balances as of the end of	of the plan	year (defir	ned benefit plans do not			-
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Test independent qualified public accountant (IPPA) Image: Test independent qualified public accountant (IPPA) Image: Test independent qualified public accountant (IPPA) Image: Test indep	6a						_		_
If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets (subtract line 7b from line 7a). 7c 462,373 492,135 b Total plan liabilities. 7b 0 0 c Net plan assets (subtract line 7b from line 7a). 7c 462,373 492,135 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 40,289 (2) Participants 8a(2) 0 (3) Other income (loss) 8b 661 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 40,950 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 11,188 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g		Are you claiming a waiver of the	annual examination and report o	f an indepe	ndent qua	alified public accountant (IC	DPA)		1
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e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 11,188 i Net income (loss) (subtract line 8h from line 8c) 8i 29,762 j Transfers to (from) the plan (see instructions) 8j 0		Benefits paid (including direct roll	lovers and insurance premiums			11,18	18	40,95	0
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i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses		8g			0		-
j Transfers to (from) the plan (see instructions)	h							11,188	8
8	i							29,762	2
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SE	J		,	oj			0		

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	t IV	Plan Characteristics								
9a	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	odes in	the instru	iction	S:		
b	1A 1I 3Db If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V	Compliance Questions								
10		ing the plan year:		Yes	No	Τ	Am	nount		
	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)									
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С										
d	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									
e	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irrance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
a	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g		21					
i	If 10	Dh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	101							
Part	VI	Pension Funding Compliance								
11										
12 a	 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 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 granting the waiver. 									
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy					_
		er the minimum required contribution for this plan year		[12b					
		er the amount contributed by the employer to the plan for this plan year			12c					
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N	N/A
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?						Yes	Χ	No
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?						Yes	X	No
С	C 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.)									
13c(1) Name of plan(s):						13c(2) EIN(s) 13c			PN	(S)
							_			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab								
SB o	r Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete	urn/rej /report	port, in t, and f	to the	g, if applic best of my	cable. / knov	, a Sche wledge	and and	le I
		William I O'Arma Mina, 9/20/10 WILLIAM G.	0'1	DONN	ELL.	JR.				
SIG	-	Signature of plan administrator Date Enter name of i					ninist	rator		
		William A O'Long M In 9/20/10 WILLIAM G.								
SIG	-	Signature of employer/plan sponsor Date Enter name of in					er or p	olan spo	onsc	or

Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name O'DONNELL	& FOX, P.C. DEFINED BENEFIT PLAN	EIN:	13-3093734
Plan Sponsor's Name	ODONNELL & FOX, P.C.	PN:	001

The weighted average retirement age is equal to the normal retirement age of $\frac{62}{2}$.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2009 Form 5500 Schedule SB, line 25 - Change in Method

Plan NameO'DONNELL & FOX, P.C. DEFINED BENEFIT PLANEIN: 13-3093734Plan Sponsor's NameODONNELL & FOX, P.C.PN: 001

Describe the change:

As permitted under Code Section 430(g)(3)(B), the Asset Valuation Method was changed from the Fair Market Value of Assets to an Actuarial Value of Assets based on the average of fair market values on the valuation date and the two prior valuation dates.