## 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).

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OMB Nos. 1210-0110 1210-0089

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.			
			ntification Information						
For	calendar plan year 2009 or fisc	cal p	plan year beginning 01/01/200	)9	and ending 1	2/31/	2009		
A	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:		first return/report	final retur	n/report		_		
		X	an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	C Check box if filing under: ☐ Form 5558 ☐ automatic extension						DFVC progra	am	
			special extension (enter description	on)					
Pa	art II Basic Plan Infor	rma	ntion—enter all requested inform	nation					
1a	Name of plan					1b	Three-digit		
0 & 1	O ASSOCIATES, LLC 401(K) F	PRO	FIT SHARING PLAN				plan number	001	
						4.	(PN) •		
						10	Effective date of 01/01/2		
2a	Plan sponsor's name and add	dress	s (employer, if for single-employer	r plan)		2b	Employer Ident	ification N	umber
0 & 1	D ASSOCIATES, LLC			(EIN) 13-419					
4441	MECT 4 ATH CTREET, OND EL	ı				2c	Plan sponsor's	telephone 29-8320	number
	WEST 14TH STREET, 2ND FL ' YORK, NY 10014	L.				2d	Business code		uctions)
							238900		,
		d ad	dress (if same as Plan sponsor, e			3b	Administrator's		
υαι	D ASSOCIATES, LLC		NEW YORK		EET, 2ND FL.	30	13-419 Administrator's		number
						30		29-8320	Humber
			sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan numb	oer fr	rom the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants a	at th	e beginning of the plan year			5a			26
_									25
			• •		vear (defined benefit plans do not	5b			
	· · · · · · · · · · · · · · · · · · ·					5c			24
	•		. , ,		(See instructions.)			X Ye	s No
b					ndent qualified public accountant (IQiions.)			X Ye	s $\square$ No
					SF and must instead use Form 55			□ .•	° Ц
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End	d of Year	
а	Total plan assets			. 7a	553884	1			863301
b	Total plan liabilities			. 7b					
С	Net plan assets (subtract line	7b 1	from line 7a)	. 7с	553884	1			863301
8	Income, Expenses, and Trans	sfers	s for this Plan Year		(a) Amount		(b)	Total	
а	Contributions received or received			90(4)	58489				
	`, ',			8a(1)	102830	<del>-</del>			
	• • • • • • • • • • • • • • • • • • • •			` '	102030	4			
b	`,	,		` '	178227	7			
C	` '		(2), 8a(3), and 8b)		11022				339546
d	, , ,	,	overs and insurance premiums						
	to provide benefits)		•	8d	29313	3			
е	Certain deemed and/or correct	ective	e distributions (see instructions)	8e		_			
f	Administrative service provide	ers (	(salaries, fees, commissions)	. 8f	816	3			
g	Other expenses			8g					
h	, ,		, 8f, and 8g)						30129
į			h from line 8c)						309417
j	Transfers to (from) the plan (s	see	instructions)	. 8i					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 2F 2G 2J 2K 3D

D '	11 1111	plan provides wellare benefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	Cleris	iic Co	ues III	uic ilisuut	Alons.			
Part	٧	Compliance Questions										
10	Dur	ng the plan year:				Yes	No		Amour	nt		
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Done 10a.)		•	10b		X					
С	Wa	s the plan covered by a fidelity bond?			10c	X				100	0000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
	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.)									7	7200	
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	f year end.)		10g	X				24	4182	
h		s is an individual account plan, was there a blackout period? (Sec			10h		X					
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part '	VI	Pension Funding Compliance										
		is a defined benefit plan subject to minimum funding requirements )))							Y	es X	No	
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction (	302 of	ERISA?	_ Y	es X	No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
<b>a</b> 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												
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Бау		rear_		_	
		er the minimum required contribution for this plan year		_			12b					
С	Ente	er the amount contributed by the employer to the plan for this plan	year			[	12c					
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	e result (enter a min	us sign to the left	of a		12d					
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	I	N/A	
Part \	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Y	es X	No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a					
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ontrol		Y	es X	No	
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to	)					
13	3c(1	Name of plan(s):			<b>13c(2)</b> EIN(s)			N(s)	130	(3) PN	1(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.				
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/re <sub>l</sub>	port, ir	ncludin	g, if applic				
SIGN	F	led with authorized/valid electronic signature.	10/01/2010	KATHLEEN CAN	FIELD	)						
HERE	- [	Signature of plan administrator	Date	Enter name of ir	ndividi	ual sin	signing as plan administrator					

Date

Date

Enter name of individual signing as plan administrator

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 Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

## 2009

This Form is Open to Public Inspection

P	art   Annual Report Identification In calendar plan year 2009 or fiscal plan year beginn		02 (02 /				0.0.10.4.12.4.1				
	V 014414 44414		01/01/2		and ending		12/31/200				
٩	This return/report is for:	· <u>L</u>	_ multiple-	employer plan (	not multiemployer) *		one-participa	nt plan			
3	This return/report is for:	. [	] final retu	rn/report							
	an amended reli	ım/report	short pla	n year retum/re	port (less than 12 mor	ths)					
2	Check box if filing under: X Form 5558	ſ	automati	c extension			DFVC progra	ım			
	special extension	n (enter descript	ion)								
P:	Basic Plan Information—enter all	requested inform	nation								
la	Name of plan	- *····································		1000		1b	Three-digit				
	O & D ASSOCIATES, LLC 401(k) F	PROFIT SHA	RING PI	AN			plan number				
							(PN) •	001			
						10	Effective date of 01/01/2004				
₹a	Plan sponsor's name and address (employer, if for & D ASSOCIATES, LLC	r single-employe	r plan)			2b	Employer identii		er		
	O & D ASSOCIATES, LLC						(EIN) 13-419	1287			
			•			2c Plan sponsor's telephone nur (212) 929-8320					
	411 WEST 14TH STREET, 2ND FL.					24	Business code (				
	NEW YORK			NY	10014	<u> Lu</u>	238900	see mstructor	15)		
}a	Plan administrator's name and address (if same as	s Plan sponsor,	enter "Sam	<b>e</b> ")		3b	Administrator's E	EIN			
						3c	Administrator's t	elephone num	nher .		
	f the name and/or Ethi of the nion on organ has also	anad almaa ib - f				3c Administrator's telephone number					
1	if the name and/or EIN of the plan sponsor has cha name, EIN, and the plan number from the last retur	nged since the it n/report. Spons	ast retu <i>mn</i> e or's name	eport mea tor (n)	s plan, enter the	4b EIN					
_				···		4c PN					
	a Total number of participants at the beginning of the plan year							<del></del>	26		
	b Total number of participants at the end of the plan year						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		25		
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						5c			24		
— \a	Were all of the plan's assets during the plan year						_1_	X Yes			
b	Are you claiming a waiver of the annual examinat	ion and report of	f an indepe	ndent qualified	oublic accountant (IO)	 2Δ}	*****************	X Yes	140		
	under 29 CFR 2520.104-467 (See instructions on	waiver eligibility	and condit	ions.)			•••••••••	X Yes	No		
- C	If you answered "No" to either 6a or 6b, the pla	n cannot use F	orm 5500-	SF and must in	nstead use Form 650	0	<del></del>				
<u>ra</u>	Financial Information		NEWS WELL			<del></del>					
	Plan Assets and Liabilities		2/09/3003	(a) Be	ginning of Year		(b) End		<u> </u>		
	Total plan assels				553,884		<del></del>	863,	301		
	Total plan liabilities		****				***				
<u>.</u>	Net plan assets (subtract line 7b from line 7a)		. 7c		553,88	-		863,	301		
<b>,</b>	Income, Expenses, and Transfers for this Plan Ye	ar		(a	) Amount		(b) T	otal	i i biyat		
а	Contributions received or receivable from: (1) Employers		8a(1)	ļ	58,489						
	(2) Participants				102,830	4.22					
•	(3) Others (including rollovers)										
þ	Other income (loss)		. 8b		178,227						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b		. 8c					339,	5/6		
d	Benefits paid (including direct rollovers and insural	nce premiums		**************************************	3-1 +34K, 5339 1, 3343- 2			užažekana.			
	to provide benefits)		8d		29,313						
е	Certain deemed and/or corrective distributions (see	e instructions)	. 8e								
f	Administrative service providers (salaries, fees, co	•			816				<b>新殖</b>		
g	Other expenses.										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							30,	129		
i	Net income (loss) (subtract line 8h from line 8c)							309,	417		
j	Transfers to (from) the plan (see instructions)					145.0					
or P	aperwork Reduction Act Notice and OMS Control Number	s, see the instruction	ons for Form	5500-SF.				Form KKAA SC /	nanakti Nadal		

	Form 5500-SF 2009	Page 2-								
MEL	IV Plan Characteristics .									<del></del>
	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the List of Pla	an Charac	cleris	lic Co	des in	the instr	uctions	s:	
_	X 2A 2E 2F 2G 2J 2K 3D				_					
þ	If the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the List of Pla	in Charac	terist	ic Cod	ies in t	he instru	ctions	:	7
Part	Compliance Questions	7					<b></b>	· · · · · · · · · · · · · · · · · · ·		<del></del>
10	During the plan year:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No		Am	ount	
a	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Program)		10a		х				
Ò	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)			10ь		Х				
c	Was the plan covered by a fidelity bond?		F	10c	Х			·	10	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that was caused by	y fraud	10d		х		•		
e	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	ersons by an Insurance carri e benefits under the plan? (S	ier, See	10e	х					7,200
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.)	F	10g	х			<del></del>		24,182
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29 CFR	r	10h		x				
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	quired notice or one of the	Ī	10i				2,37		
	Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see instructions a	and comp	lete S	Sched	ule SB	(Form	Γ	l yas	X No
12	Is this a defined contribution plan subject to the minimum funding requ								Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ı.)						<u> </u>	•	ш
a	If a waiver of the minimum funding standard for a prior year is being a	nortized in this plan year, se	e instruct	lons,	and e	nter th	e dale o	f the le	eller ru	ling
if y	granting the walver			١		Day		. Yea	1F	
	Enter the minimum required contribution for this plan year			,,,,,,,,,,	[	12b				
	Enter the amount contributed by the employer to the plan for this plan					12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus sign to	the left o	f a	[	12d			~	
e	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	************				Yes		No [	N/A
art	Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?							Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emplo					13a				
	Were all the plan assets distributed to participants or beneficiaries, transfer PBGC?	******************************	-			****			Yes	X No
C	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), ic	dentify the	e plan	ı(s) to		=			
1:	Bc(1) Name of plan(s):				130	c(2) El	N(s)	-	13c(3)	) PN(s)
									_	
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unless re	asonable	cau	se is	estabi	ished.			
SB or	penalties of penury and other penalties set/fortif in the instructions, I described and signed by an encoded activary, as well as it is true, correct, and complete.	leclare that I have examined the electronic version of this	this returs s return/re	n/rep eport,	ort, in and t	cluding to the t	g, if appl pest of m	icable, y knov	a Sch viedge	edule and
SIGN		9/29/0	toral	\ \ \	~	2		rera	Z/7	<i>7</i> ·
HERI		Date Enter na	ame of inc			ning as	plan ad	minist	rator	<u> </u>
SIGN		9/29/10 h	- i bud	$\overline{\mathcal{O}}$	سر		ب			
HER	Signature of employer/plan sponsor	Date Enter na	me of inc	lividu	al sigi	ning as	employ	er or p	lan sp	onsor