## 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 Guarar	nty Corporation		▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.		peonon	
Pa	art I Annu	al Report I	lde	ntification Information				•		
For	calendar plan ye	ar 2009 or fis	cal	plan year beginning 01/01/200	9	and ending 1	2/31/2	2009		
A	This return/repor	t is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
	This return/repor		Ī	first return/report	final retur				·	
	·		Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C Check box if filing under:				Form 5558	automatic	extension	DFVC program			
				special extension (enter description	on)					
Pa	rt II Basic	Plan Infor	rma	ation—enter all requested inform	ation					
1a	Name of plan			·			1b	Three-digit		
UNIT	ED REALTY MA	NAGEMENT	CO	., INC. RETIREMENT PLAN				plan number	001	
							4 -	(PN) •		
							1C	Effective date o		
2a	Plan sponsor's r	name and add	dres	s (employer, if for single-employer	plan)		2b	Employer Identi		
	ED REALTY MA				. ,			(EIN) 13-398	1251	
40 F	COTU CTDEET						2c	Plan sponsor's t	telephone number	
	. 69TH STREET ' YORK, NY 1002	21					2d		(see instructions)	
								531310	,	
	Plan administrat			ddress (if same as Plan sponsor, e ., INC. 40 E. 69TH \$		2")	3b	Administrator's 13-398		
OINII	LD KLALIT WA	MAGLINLINI	CO	NEW YORK			3с		telephone number	
								212-24		
				sponsor has changed since the la rom the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	namo, Env, and t	ino pian name		Tom the last retain, reports. Spenies	,, 6 ,,,,,,,		4c	PN		
5a	Total number of	f participants	at th	ne beginning of the plan year			5a		35	
b	Total number of	f participants	at th	ne end of the plan year			5b		36	
С				account balances as of the end o		rear (defined benefit plans do not	5c		33	
6a	Were all of the	plan's assets	dur	ing the plan year invested in eligib	le assets?	(See instructions.)			X Yes No	
b						ndent qualified public accountant (IQI			X Yes ☐ No	
						ons.)SF and must instead use Form 55			Yes   No	
Pa		cial Inform			01111 0000	or and must mistead use roim ob	<del> </del>			
7	Plan Assets and					(a) Beginning of Year		(b) End	of Year	
'a					. 7a	1419466	3	(b) Liid	2015507	
b										
C	•			from line 7a)	7c	1419466	5		2015507	
8				s for this Plan Year		(a) Amount		(b) 7	Γotal	
а	Contributions re					(0)		()		
	(1) Employers				. 8a(1)	438028	3			
	(2) Participants	3			. 8a(2)	71398	3_			
	(3) Others (incl	luding rollover	ˈs)		. 8a(3)		_			
b	Other income (I	oss)			. 8b	172570	)			
С				n(2), 8a(3), and 8b)	. 8c				681996	
d				lovers and insurance premiums	. 8d	85955	5			
е	Certain deemed	d and/or corre	ctiv	e distributions (see instructions)	. 8e					
f	Administrative s	service provid	ers	(salaries, fees, commissions)	. 8f					
g	Other expenses	3			. 8g					
h	Total expenses	(add lines 8d	, 8e	, 8f, and 8g)	. 8h				85955	
i	Net income (los	s) (subtract lii	ne 8	Sh from line 8c)	. 8i				596041	
j	Transfers to (fro	om) the plan (	see	instructions)	- 8j					

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B 4 11/	-	<b>~</b> !	
Part IV	Plan	Charact	teristics

**HERE** 

SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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 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	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Eline 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?									
е										
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		X			_
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (Sec			10h		X			
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
art	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirement:							Yes	X No
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 X No									X No
	(If "Yes," complete 12a or 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									
lf١	-	completed line 12a, complete lines 3, 9, and 10 of Schedule M					Day		real	
-		er the minimum required contribution for this plan year		-		Г	12b			
		er the amount contributed by the employer to the plan for this plan					12c			
	Sul	otract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu	us sign to the left of	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?			<u> </u>		Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	X No
	If "	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u	ınder	the co			Yes	X No
С	If c	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)								
1	13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s)			<b>)</b> PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
Unde SB o	r pe ·Sc	nalties of perjury and other penalties set forth in the instructions, I nedule MB completed and signed by an enrolled actuary, as well a strue, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applica		
			10/13/2010	LOUIS LITVIN						
SIG	N		12.10/2010							

Date

Date

10/13/2010

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

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1210-0089

OMB Nos. 1210-0110

2009

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F	Pension Benefit Guaranty Corporation Complete all entries in accor	dance with	the instructions to the Form 5500-	SF.	"""	poolio		
P	art I Annual Report Identification Information				<del>!</del>			
For	the calendar plan year 2009 or fiscal plan year beginning	01/01	/2009 and ending	12	/31/2009			
Α .	This return/report is for: x single-employer plan	multiple-en	nployer plan (not multiemployer)	Γ	one-participa	nt plan		
	This return/report is for:     first return/report	final return	/report			•		
_	an amended return/report	<u> </u>	year return/report (less than 12 months	١				
_		automatic	, ,	, Г	DFVC progra	m		
C	Check box if filing under:	J	exterision	L	] DEVC plogra	III.		
11/3/1997	special extension (enter description							
	art II Basic Plan Information enter all requested info	rmation.		41.				
Ίа	Name of plan				Three-digit plan number			
	United Realty Management Co., Inc. Retirement	Plan	<u> </u>		(PN) ►	001		
					Effective date of	plan		
22	Plan sponsor's name and address (employer, if for single-employer p	Jan)			01/01/2004 Employer Identif	ication Number		
<b>L</b> a	United Realty Management Co., Inc.	naii)			(EIN) 13-398			
			Γ	2c		elephone number		
	40 E. 69th Street		<u> </u>	0-1	(212) 249-1			
US	New York NY 10021				Business code ( 531310	see instructions)		
3a	Plan administrator's name and address (If same as plan employer, e	nter "Same"	)		Administrator's f	EIN		
	Same							
				3с	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/rep	ort filed for this plan, enter the	4b	EIN	<del></del>		
	name, EIN and the plan number from the last return. Sponsor's Nam		, · · <u>L</u>	4c				
<u></u>	Table and a still and a the basic and the standard	***************************************		5a	1	35		
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year			5b		36		
C	Total number of participants at the end of the plant year			U.S.	<b>T</b>			
	complete this item)			<u>5c</u>		33		
	Were all of the plan's assets during the plan year invested in eligible					X Yes No		
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility an							
	If you answered "No" to either 6a or 6b, the plan cannot use For							
Pa	rt III Financial Information				***************************************			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	. 7a	1,419,466		····	2,015,507		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,419,466			2,015,507		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b)	Total		
а	Contributions received or receivable from:	x.25.55 \$25.57 \$50.000	, , , , , , , , , , , , , , , , , , , ,		(~)			
	(1) Employers	. 8a(1)	438,028					
	(2) Participants	. 8a(2)	71,398					
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b	172,570					
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				681,996		
d	Benefits paid (including direct rollovers and insurance premiums	1	25 255					
_	to provide benefits)	· 8d	85,955	1				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e						
1	Administrative service providers (salaries, fees, commissions) Other expenses	. 8f						
g	Other expenses	· 8g		19486		or ore		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		-	···	85,955		
i	Net income (loss) (subject line 8h from line 8c)	. 8i		E		596,041		
j	Transfers to (from) the plan (see instructions)	. 8j						

	Form 5500-SF (2009)		Page 2-					
Pat	AV Plan Characteristics					·····		
9a	f the plan provides pension benefits, enter the applicable pension feat	ue codes from the Li	st of Plan Characterist	c Code	s in the	Instructions:		
b	2A 2E 2F 2G 2J 3D f the plan provides welfare benefits, enter the applicable welfare featur	o codes from the Lie	of Plan Characteristic	Codoo	in the i	nela sellane:		
************		c cocce iidii bic Es	(O) Their Grane Grane Grans	COURS	ur uro a	iish acaoiis.		
	Compliance Questions							
10	During the plan year.			Yes	No	Ar	nount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	within the time perio	od described in	اها	x			
b	Were there any nonexempt transactions with any party-in-interest? (I	y Correction Program Oo not include transa	tions reported	1	·   · · · · ·	<u> </u>	······································	
	on line 10a.)		· · · · · <u>1</u> (	<u> </u>	x	//////////////////////////////////////		
C	Was the plan covered by a fidelity bond? , ,			c	×		· · · · · · · · · · · · · · · · · · ·	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		aused by fraud	اه	x	-		
	Were any fees or commisions paid to any brokers, agents, or other p	prenne hv an ineuran	ļ	*	T		· · · · · · · · · · · · · · · · · · ·	<del></del>
•	insurance services or other organization that provides some or all of t	the benefits under the	e plan? (See	_	×			
8	Instructions.)				X			<del></del>
₹ 	Has the plan failed to provide any benefit when due under the plan?		• • • • • • • • • • • • • • • • • • • •	-	-			· · · · · · · · · · · · · · · · · · ·
g	Did the plan have any participant loans? (If "Yes," enter amount as of If this is an individual account plan, was there a blackout period? (Ser		1.23	9	X	000000000000000000000000000000000000000	OPPANIE DESI	anderwein
3.5	2520.101-3.)		10	n l	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	equired notice or one	of the					
Pan	VI Pension Funding Compliance		Maria Space Control Space Cont	<u>'.1</u>			STRATE OF STREET	
11	is this a defined benefit plan subject to minimum funding requirement 5500))		ructions and complete	Schedu	le SB (I	Form	☐Yes	X No
12	is this a defined contribution plan subject to the minimum funding req	***************************************	412 of the Code or sec	tion 30	2 of ER	ISA?	Yes	
	(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 a granting the waiver	mortized in this plan	year, see instructions,	and en	ter the	date of the let	ter ruling	
-If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME			***********	Day			
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	year		[	12c			
d.	Subtract the amount in line 12c from the amount in line 12b. Enter the	•	· ·	1	12d			Ö
e	negative amount)			-		☐Yes [	□No Γ	TN/A
Part	VIII Plan Terminations and Transfers of Assets	turioning deadmiler .		<u> </u>	• •		mad' ' Am	
	Has a resolution to terminate the plan been adopted during the plan y	ear or env prior year	7				Yes	X No
	if "Yes," enter the amount of any plan assets that reverted to the emp				13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	insferred to another i	plan, or brought under	ne con	troi	<del></del>		
c	of the PBGC?  If during this plan year, any assets or liabilities were transferred from t	his plan to another p	lan(s), identify the plan	(s) to			Yes	X No
	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):			1:	3c(2) E	IN(s)	13c(3) P	N(s)
	on the state of th							
Cautle	n: A penalty for the late or incomplete filling of this return/report v	vill be assessed unl	less reasonable caus	is est	ablishe	ıd.	<u> </u>	***************************************
Under S8 or	penalties of perjury and other penalties set forth in the instructions, I described the completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	eclare that I have ex	amined this return/repo	rt, inclu	iding, If	applicable, a	Schedule dge and	
Sig		10/11/10	Louis Litvin					
DA KUTAN	Signature of plan administrator	Date	Enter name of individ	lual sig	ning as	plan adminisi	rator	
8IG		10/11/10	Louis Litvin					
HE		Date	Enter name of individ	lual sig	ning as	employer or p	olan spons	or
Latin Bal								