Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DASH MARKETS INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1988

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DASH MARKETS INC.

1770 HERTEL AVENUE
BUFFALO, NY 14216

2b Employer Identification Number (EIN) 16-0928497

2c Sponsor's telephone number 716-834-0246

2d Business code (see instructions) 445110

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/13/2010	JOSEPH DASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	JOSEPH DASH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
DASH MARKETS INC.

1770 HERTEL AVENUE
BUFFALO, NY 14216

3b Administrator's EIN
16-0928497

3c Administrator's telephone number
716-834-0246

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	128
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	144
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	8
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	152
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	153
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	65
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
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:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DASH MARKETS INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CONTRACT ADMIN.	4909	Yes [X] No [ ]	Yes [ ] No [X]	9808	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

THE PENSION SERVICE, INC.

270 NORTHPOINTE PARKWAY STE 10
AMHERST, NY 14228

16-1613026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORD KEEPER	2527	Yes [X] No [ ]	Yes [ ] No [X]	2706	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

FLEXIBLE PLAN INVESTMENTS, LTD.

3883 TELEGRAPH RD. SUITE 100
BLOOMFIRLD HILLS, MI 48302

38-2340348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	15158	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

RAYMOND JAMES FINANCIAL SVCS. INC.

P O BOX 14527
ST. PETERSBERG, FL 33733-4527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	8256	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	19	5414

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FLEXIBLE PLAN INVESTMENTS 38-2340348	ADVISORY SERVICE/PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	19	1231

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RIVERSOURCE INVESTMENT	MUTUAL FUND PAYMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PENSION SERVICE, INC.	26 64	4771

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE	ADVISOR FEE/ADMIN FEE

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RAYMOND JAMES FINANCIAL SVCS, INC.	55	8256

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONWIDE ONE NATIONWIDE PLAZA COLUNBUS, OH 43215	COMPENSATION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DASH MARKETS INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	3960	4821
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1308373	1680561
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1312333	1685382
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1312333	1685382

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	104222	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		104222
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		294906
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		399128
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7887	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7887
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	507	
	(3) Investment advisory and management fees	2i(3)	15158	
	(4) Other	2i(4)	2527	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18192
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26079
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		373049
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SZYMKOWIAK & ASSOCIATES, CPAS P.C. **(2)** EIN: 16-1600045

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	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		6307
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
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		X	
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?	4g		X	
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		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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			

5a 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 ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DASH MARKETS INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DASH MARKETS INC.

D Employer Identification Number (EIN)
16-0928497

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Report of Independent Auditors

To the Participants and Plan Administrator
of the Dash Markets, Inc. 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedules of the Dash Markets, Inc. 401(k) Profit Sharing Plan (the "Plan") as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Trust Company, FSB, the asset custodian, except for comparing such information with the related information included in the financial statements and supplemental schedule of assets (held at end of year). We have been informed by the plan administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the asset custodian as of and for the year ended December 31, 2009 that the information provided to the plan administrator by the asset custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the asset custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Plan as of December 31, 2008 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2008 and, accordingly, do not express an opinion or any other form of assurance on it.

Szymkowiak & Associates CPAs

Williamsville, New York
October 8, 2010

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Schedule H, Line 4a

Schedule of Delinquent Participant Contributions

December 31, 2009

EIN: 16-0928497

Plan No.: 001

Participant Contributions Transferred Late to Plan - $6,307	Total that Constitute Nonexempt Prohibited Transactions - $6,307			Total Fully Corrected Under VFCP and PTE 2002-51 - $0
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected - $6,307	Contributions Corrected Outside VFCP - $0	Contributions Pending Correction in VFCP - $0	

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

EIN: 16-0928497
Plan No.: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Nationwide Trust Company, FSB			
	River Source Partners Intl Sel Val Fund	Mutual Fund, 245,556 shares		$ 389,535
	River Source Mid Cap Growth Fund	Mutual Fund, 182,320 shares		264,730
	Federated Bond Fund	Mutual Fund, 130,941 shares		211,040
	Pimco Total Return Inst Fund	Mutual Fund, 110,513 shares		142,177
	Invesco Van Kampen Comstock Fund	Mutual Fund, 129,059 shares		140,583
	Pimco Total Return Fund	Mutual Fund, 63,657 shares		101,946
*	Nationwide Money Market Inst Fund	Mutual Fund, 75,973 shares		83,341
	Dreyfus GNMA Z Fund	Mutual Fund, 38,212 shares		50,557
	Invesco Income Investor Fund	Mutual Fund, 43,802 shares		44,837
	Janus Forty S Fund	Mutual Fund, 34,325 shares		39,625
	Legg Mason Clear Bridge Appreciation Fund	Mutual Fund, 24,041 shares		31,061
	MFS Global Total Return Fund	Mutual Fund, 16,738 shares		25,673
	Templeton Developing Markets Fund	Mutual Fund, 7,072 shares		20,021
	Dreyfus Emerging Markets Fund	Mutual Fund, 5,296 shares		17,127
	Franklin Mutual Global Disc Fund	Mutual Fund, 9,537 shares		16,871
	Baron Growth Retail Fund	Mutual Fund, 9,498 shares		15,554
	Fidelity Advisor Mid Cap Fund	Mutual Fund, 12,445 shares		13,951
	Allianz NFJ Small Cap Value Fund	Mutual Fund, 6,923 shares		12,491
	John Hancock US Global Leaders Gr Fund	Mutual Fund, 6,596 shares		7,426
	Neuberger Berman High Income Bond Fund	Mutual Fund, 4,948 shares		7,333
	Invesco Van Kampen Global Franchise Fund	Mutual Fund, 3,493 shares		6,730
	Goldman Sachs Mid Cap Value Fund	Mutual Fund, 3,597 shares		6,188
	Oppenheimer Small & Mid Cap Value Fund	Mutual Fund, 3,560 shares		5,784
	Gateway A Fund	Mutual Fund, 4,261 shares		4,877
*	Nationwide Destination 2015 A Fund	Mutual Fund, 4,965 shares		4,559
	Invesco Leisure Investor Fund	Mutual Fund, 3,733 shares		3,748
	Baron Small Cap Retail Fund	Mutual Fund, 1,925 shares		3,283
*	Nationwide Destination 2010 A Fund	Mutual Fund, 2,386 shares		2,166
*	Nationwide Destination 2020 A Fund	Mutual Fund, 2,055 shares		1,875
*	Nationwide Destination 2025 A Fund	Mutual Fund, 1,897 shares		1,721
	Franklin MSF Mutual Shrs A Fund	Mutual Fund, 1,408 shares		1,757
*	Nationwide Destination 2050 A Fund	Mutual Fund, 841 shares		731
	Janus Overseas S Fund	Mutual Fund, 400 shares		506
	Invesco High Yield Investor Fund	Mutual Fund, 273 shares		397
	Black Rock Health Services Opp Inv Fund	Mutual Fund, 172 shares		205
	Eaton Vance Dividend Builder Fund	Mutual Fund, 140 shares		155
				$ 1,680,561

*Party-in-Interest
**Cost information not required for participant-directed investments.

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Financial Statements and
Supplemental Schedules

December 31, 2009 and 2008

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Financial Statements
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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not required.

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008 (Unaudited)
Investments, at Fair Value		
Mutual funds	$ 1,680,561	$ 1,308,373
Receivables		
Participant contributions	4,821	3,960
Net assets available for benefits	$ 1,685,382	$ 1,312,333

See report of independent auditors and notes to financial statements.

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2009

	2009
Investment Income	
Net appreciation in fair value of investments	$ 294,886
Participant Contributions	104,222
Deductions	
Benefits paid to participants	7,866
Administrative expenses	18,193
Total deductions	26,059
Net increase	373,049
Net Assets Available for Benefits	
Beginning of year	1,312,333
End of year	$ 1,685,382

See report of independent auditors and notes to financial statements.

Dash Markets, Inc. 401(k)
Profit Sharing Plan
Notes to Financial Statements
December 31, 2009 (Audited) and 2008 (Unaudited)

1. Description of the Plan

The following brief description of the Dash Markets, Inc. 401(k) Profit Sharing Plan (the "Plan") is provided for general information purposes only. For more complete information, participants should refer to the plan agreement.

General – The Plan was established on October 1, 1988 and is sponsored by Dash Markets, Inc. (the "Company"). The Plan is a contributory defined contribution plan which covers substantially all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees become eligible to participate in the Plan on the enrollment date coinciding with or following the date on which they attain age 21 and upon completion of one year of service. The enrollment dates are each January 1 and July 1.

Employees are eligible to receive an allocation of profit sharing and qualified non-elective contributions if they are either employed on the last day of the year or have completed 500 hours of service during the plan year. Employees are also eligible to receive an allocation of profit sharing and qualified non-elective contributions during a year in which they become disabled, deceased or retired, regardless of the number of hours of service credited in such year.

Contributions – Contributions to the Plan are made by the participants through salary reductions and by the Company through discretionary profit sharing contributions and discretionary qualified non-elective contributions. Participants may elect to contribute a specified percentage of their compensation up to 92%, subject to certain limitations under Sections 401(k) and 415 of the Internal Revenue Code. Participants who are age 50 and over are able to elect to contribute an additional amount as a catch-up contribution allowed under Section 414(v). The Company did not elect to make profit sharing or qualified non-elective contributions for the year ended December 31, 2009.

In 2009, the Company was delinquent on certain participant contributions to the Plan. All amounts were subsequently contributed to the Plan prior to the plan year-end. The impact on investment income as a result of the delinquent contributions is not expected to be significant.

Participant Accounts – Individual accounts are maintained for each plan participant. Participant accounts are increased by participant contributions, the Company's discretionary profit sharing and non-elective contributions, and the participant's share of any plan earnings. Participant accounts are decreased by participant distributions and the participant's share of plan expenses and losses. The allocation of earnings and losses to participant accounts is based on procedures set forth in the plan document. Upon death, disability, retirement or termination of employment, the vested benefits of a participant are calculated based on the valuation of their account at the date of distribution.

1. Description of the Plan (continued)

Investment Allocation – The investments are allocated to any combination of various investment securities, as directed by the participants. During 2009, the Invesco Income Investor Fund, Nationwide Destination 2025 A Fund, Janus Overseas S Fund, Black Rock Health Services Opportunity Investment Fund and Eaton Vance Dividend Builder Fund were added as investment options.

Vesting – Participants are fully vested immediately in their contributions plus actual earnings thereon. If a participant's employment with the Company ends for any reason other than retirement, permanent disability or death, the participant will vest in their portion of the Company's discretionary profit sharing and qualified non-elective contributions based on total years of service with the Company. Participants vest 20% per year after two years of service and are 100% vested after six years of service. If a participant is employed by the Company on the participant's normal retirement date (age 65), the date the participant becomes permanently disabled, or the date the participant dies, the participant's vested interest in their account balance will be 100%.

Payment of Benefits and Withdrawals – The Plan does not permit withdrawals during employment from participant accounts.

Loans to Participants – There are no loans made to participants from the Plan.

Income Taxes – The prototype plan sponsor, CitiStreet Associates, LLC, has obtained an opinion letter dated June 5, 2002 in which the Internal Revenue Service stated that the prototype plan document was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the opinion letter and has not received a determination letter specific to the Plan itself, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in accordance with the Internal Revenue Code. Accordingly, no provision has been recorded for income taxes.

Plan Termination – The Company may elect to discontinue the Plan at any time. Upon any such termination, the Company will distribute the Plan's assets to participants in accordance with the terms of the plan agreement.

2. Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Significant Accounting Policies (continued)

Valuation of Investments – The Plan's investments are stated at fair value, based on the following methodology.

Mutual Funds – Valued at the unit value calculated based on the observable net asset value of the underlying investment.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investment Income – Net appreciation or depreciation in the fair value of investments includes both realized gains and losses and unrealized appreciation and depreciation on the fair value of investments. Investment transactions are accounted for on the trade date.

Benefit Payments – Benefits are recorded when paid.

Party-in-Interest Transactions – Certain plan investments are shares of mutual funds managed by Nationwide Trust Company, FSB, the asset custodian, and accordingly qualify as party-in-interest transactions.

Administrative Expenses – During the year ended December 31, 2009, the necessary expenses to administer the Plan were paid primarily out of plan assets.

Management Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits, changes therein, and disclosure of contingent net assets at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties – The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the balances of participant accounts and the amounts reported in the statements of net assets available for benefits.

2. Significant Accounting Policies (continued)

Recently Issued Accounting Standards – In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, *Improving Disclosures about Fair Value Measurements.* ASU No. 2010-06 clarifies existing disclosure and requires additional disclosures regarding fair value measurements. Effective for reporting periods beginning after December 15, 2009, entities will be required to disclose significant transfers into and out of Level 1 and 2 measurements in the fair value hierarchy and the reasons for those transfers. Effective for reporting periods beginning after December 15, 2010, entities will need to disclose information about purchases, sales, issuances and settlements of Level 3 securities on a gross basis, rather than as a net number as currently required. Relevant provisions of ASU No. 2010-06 will be adopted by the Plan in 2010 and 2011.

In June 2009, the FASB issued a new standard on generally accepted accounting principles as codified in Accounting Standards Codification ("ASC") 105-10, *Generally Accepted Accounting Principles.* The new standard stipulates that the FASB ASC is the source of authoritative United States Generally Accepted Accounting Principles recognized by the FASB to be applied by nongovernmental entities. The new standard is effective for financial statements issued for annual periods ending after September 15, 2009, and was adopted by the Plan in 2009.

3. Fair Value

The FASB's standard on fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the standard are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

3. Fair Value (continued)

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009.

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,680,561	$ -	$ -	$ 1,680,561
Total assets at fair value	$ 1,680,561	$ -	$ -	$ 1,680,561

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008.

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,308,373	$ -	$ -	$ 1,308,373
Total assets at fair value	$ 1,308,373	$ -	$ -	$ 1,308,373

4. Information Certified by the Trustee (Unaudited)

The following information has been certified by Nationwide Trust Company, FSB to be complete and accurate as of December 31, 2009 and 2008.

	2009	2008
River Source Partners Intl Sel Val Fund	$ 389,535	$ 1,704
River Source Mid Cap Growth Fund	264,730	5,345
Federated Bond Fund	211,040	2,262
Pimco Total Return Inst Fund	142,177	45,608
Invesco Van Kampen Comstock Fund	140,583	8,117
Pimco Total Return Fund	101,946	42,155
Nationwide Money Market Inst Fund	83,341	837,611
Dreyfus GNMA Z Fund	50,557	212,212
Invesco Income Investor Fund	44,837	-
Janus Forty S Fund	39,625	22,216
Legg Mason Clear Bridge Appreciation Fund	31,061	22,240
MFS Global Total Return Fund	25,673	21,665
Templeton Developing Markets Fund	20,021	11,105
Dreyfus Emerging Markets Fund	17,127	7,355
Franklin Mutual Global Disc Fund	16,871	11,581
Baron Growth Retail Fund	15,554	7,779
Fidelity Advisor Mid Cap Fund	13,951	7,971
Allianz NFJ Small Cap Value Fund	12,491	9,688
John Hancock US Global Leaders Gr Fund	7,426	3,957
Neuberger Berman High Income Bond Fund	7,333	4,067
Invesco Van Kampen Global Franchise Fund	6,730	3,513
Goldman Sachs Mid Cap Value Fund	6,188	3,942
Oppenheimer Small & Mid Cap Value Fund	5,784	3,237
Gateway A Fund	4,877	4,620
Nationwide Destination 2015 A Fund	4,559	1,313
Invesco Leisure Investor Fund	3,748	2,694
Baron Small Cap Retail Fund	3,283	1,791
Nationwide Destination 2010 A Fund	2,166	978
Nationwide Destination 2020 A Fund	1,875	474
Nationwide Destination 2025 A Fund	1,721	-
Subtotal	$ 1,676,810	$ 1,307,200

4. Information Certified by the Trustee (Unaudited) (continued)

	2009	2008
Subtotal	$ 1,676,810	$ 1,307,200
Franklin MSF Mutual Shrs A Fund	1,757	790
Nationwide Destination 2050 A Fund	731	216
Janus Overseas S Fund	506	-
Invesco High Yield Investor Fund	397	167
Black Rock Health Services Opp Inv Fund	205	-
Eaton Vance Dividend Builder Fund	155	-
	$ 1,680,561	$ 1,308,373

Additionally, the investment income reported on the statement of changes in net assets available for benefits and information in the supplemental schedule of assets (held at end of year) was certified by Nationwide Trust Company, FSB.

The following represents the individual investment securities that exceeded 5% of the Plan's net assets available for benefits at December 31, 2009 and 2008.

	2009	2008
River Source Partners Intl Sel Value Fund	$ 389,535	$ *
River Source Mid Cap Growth Fund	$ 264,730	$ *
Federated Bond Fund	$ 211,040	$ *
Pimco Total Return Inst Fund	$ 142,177	$ *
Invesco Van Kampen Comstock Fund	$ 140,583	$ *
Pimco Total Return Fund	$ 101,946	$ *
Nationwide Money Market Inst Fund	$ *	$ 837,611
Dreyfus GNMA Z Fund	$ *	$ 212,212

* Indicates that investment did not meet 5% requirement at respective year end.

5. Subsequent Events

The FASB issued a new standard on subsequent events as codified in ASC 855-10, *Subsequent Events*. The standard incorporates into authoritative literature accounting guidance about events or transactions that occur after the balance sheet date but before financial statements are issued. The new standard retains the auditing standard requirements to recognize in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the balance sheet date and to disclose but not recognize subsequent events that provide evidence about conditions that arose after the balance sheet date but before the financial statements are issued. The reporting entity is required to disclose the date through which it has evaluated subsequent events. The standard was issued and implemented by the Plan for the year ended December 31, 2009. In preparing the accompanying financial statements, the Plan has evaluated events subsequent to December 31, 2009 through the issuance of the financial statements on October 8, 2010 and has identified no subsequent events for recognition or disclosure.

Dash Markets, Inc. 401(k)
Profit Sharing Plan

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
December 31, 2009

EIN: 16-0928497
Plan No.: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Nationwide Trust Company, FSB			
	River Source Partners Intl Sel Val Fund	Mutual Fund, 245,556 shares		$ 389,535
	River Source Mid Cap Growth Fund	Mutual Fund, 182,320 shares		264,730
	Federated Bond Fund	Mutual Fund, 130,941 shares		211,040
	Pimco Total Return Inst Fund	Mutual Fund, 110,513 shares		142,177
	Invesco Van Kampen Comstock Fund	Mutual Fund, 129,059 shares		140,583
	Pimco Total Return Fund	Mutual Fund, 63,657 shares		101,946
*	Nationwide Money Market Inst Fund	Mutual Fund, 75,973 shares		83,341
	Dreyfus GNMA Z Fund	Mutual Fund, 38,212 shares		50,557
	Invesco Income Investor Fund	Mutual Fund, 43,802 shares		44,837
	Janus Forty S Fund	Mutual Fund, 34,325 shares		39,625
	Legg Mason Clear Bridge Appreciation Fund	Mutual Fund, 24,041 shares		31,061
	MFS Global Total Return Fund	Mutual Fund, 16,738 shares		25,673
	Templeton Developing Markets Fund	Mutual Fund, 7,072 shares		20,021
	Dreyfus Emerging Markets Fund	Mutual Fund, 5,296 shares		17,127
	Franklin Mutual Global Disc Fund	Mutual Fund, 9,537 shares		16,871
	Baron Growth Retail Fund	Mutual Fund, 9,498 shares		15,554
	Fidelity Advisor Mid Cap Fund	Mutual Fund, 12,445 shares		13,951
	Allianz NFJ Small Cap Value Fund	Mutual Fund, 6,923 shares		12,491
	John Hancock US Global Leaders Gr Fund	Mutual Fund, 6,596 shares		7,426
	Neuberger Berman High Income Bond Fund	Mutual Fund, 4,948 shares		7,333
	Invesco Van Kampen Global Franchise Fund	Mutual Fund, 3,493 shares		6,730
	Goldman Sachs Mid Cap Value Fund	Mutual Fund, 3,597 shares		6,188
	Oppenheimer Small & Mid Cap Value Fund	Mutual Fund, 3,560 shares		5,784
	Gateway A Fund	Mutual Fund, 4,261 shares		4,877
*	Nationwide Destination 2015 A Fund	Mutual Fund, 4,965 shares		4,559
	Invesco Leisure Investor Fund	Mutual Fund, 3,733 shares		3,748
	Baron Small Cap Retail Fund	Mutual Fund, 1,925 shares		3,283
*	Nationwide Destination 2010 A Fund	Mutual Fund, 2,386 shares		2,166
*	Nationwide Destination 2020 A Fund	Mutual Fund, 2,055 shares		1,875
*	Nationwide Destination 2025 A Fund	Mutual Fund, 1,897 shares		1,721
	Franklin MSF Mutual Shrs A Fund	Mutual Fund, 1,408 shares		1,757
*	Nationwide Destination 2050 A Fund	Mutual Fund, 841 shares		731
	Janus Overseas S Fund	Mutual Fund, 400 shares		506
	Invesco High Yield Investor Fund	Mutual Fund, 273 shares		397
	Black Rock Health Services Opp Inv Fund	Mutual Fund, 172 shares		205
	Eaton Vance Dividend Builder Fund	Mutual Fund, 140 shares		155
				$ 1,680,561

*Party-in-Interest
**Cost information not required for participant-directed investments.