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;
- [ ] 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
I.D. BOOTH, INC. PROFIT SHARING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1964

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

620 WILLIAM STREET
ELMIRA, NY 14902

P.O. BOX 579
ELMIRA, NY 14902

2b Employer Identification Number (EIN)
16-0356550

2c Sponsor's telephone number
607-733-9121

2d Business code (see instructions)
423700

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.	10/14/2010	KERRY OETTING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")

I.D. BOOTH, INC.

620 WILLIAM STREET
ELMIRA, NY 14902

3b Administrator's EIN
16-0356550

3c Administrator's telephone number
607-733-9121

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**	156
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**	131
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	143
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	129
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2H 2J 2T 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)	X	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)	X	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)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
I.D. BOOTH, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
I.D. BOOTH, INC.

D Employer Identification Number (EIN)
16-0356550

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	N/A	3	07/01/2009	06/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
132	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LEONARD PAGANELLI
THE GUARDIAN LIFE INSURANCE COMPANY
C/O AGENCY DEPT 7 HANOVER SQ.
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
132			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SUPPLIED TO THE DOL BY THE GUARDIAN

b	Premiums paid to carrier	6b	6582
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
I.D. BOOTH, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
I.D. BOOTH, INC.

D Employer Identification Number (EIN)
16-0356550

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	357	311
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	425857	183860
(2) Participant contributions	1b(2)	0	3459
(3) Other	1b(3)	20348	19596
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	510827	89142
(2) U.S. Government securities	1c(2)	1716276	2113801
(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)	1237481	2140164
(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)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	739015	1049412
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	156538	163985
(15) Other	1c(15)		

			(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	4806699	5763730
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	33195	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	33195	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4773504	5763730

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)	183860	
	(B) Participants	2a(1)(B)	116644	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		300504
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	650	
	(B) U.S. Government securities	2b(1)(B)	73645	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74295
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	24052	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11727	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		35779
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1821999	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1802868	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		19131

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	475921	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		475921
(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)		228859
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1134489
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	137554	
(2) To insurance carriers for the provision of benefits	2e(2)	6582	
(3) Other	2e(3)	127	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		144263
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		144263
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		990226
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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

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

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

(1) Name: ROY A. PASIEKA CPA (2) EIN: 16-1168133

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	
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		500000
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
I.D. BOOTH, INC. PROFIT SHARING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
I.D. BOOTH, INC.

D Employer Identification Number (EIN)
16-0356550

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** 0

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): 16-6057293

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):

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL FINANCIAL INFORMATION

YEARS ENDED DECEMBER 31, 2009 AND 2008

ROY A. PASIEKA *Certified Public Accountant*

MEMBER: AICPA AND NYSS CPA

ROY A. PASIEKA, CPA
PATRICIA A. FICKELSCHERER, CPA
JEREMY T. RICHTER, CPA

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
I.D. Booth, Inc.
Profit Sharing 401(K) Plan

I have audited the statements of net assets available for plan benefits of the I.D. Booth, Inc. Profit Sharing 401(K) Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on the audits.

We conducted the audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that the audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of I.D. Booth, Inc. Profit Sharing 401(K) Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the years then ended in conformity with accounting principals generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in my opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Roy A Pasieka

CERTIFIED PUBLIC ACCOUNTANT

October 8, 2010

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS:		
Investments, at fair market value	$5,556,815	$4,360,494
Receivables:		
Employer contribution receivable	183,860	425,857
Employee contribution receivable	3,459	-
Accrued interest receivable	19,596	20,348
	5,763,730	4,806,699
LIABILITIES:		
Due to broker for securities purchased	-	33,195
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$5,763,730	$4,773,504

The accompanying notes are an integral part of these financial statements.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS

AVAILABLE FOR PLAN BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net investment income (loss):		
Interest	$ 74,295	$ 83,840
Dividends	24,052	27,565
Net appreciation (depreciation) in fair market value of investments	735,638	(982,808)
Transfers from another qualified plan	-	-
	833,985	(871,403)
Contributions:		
Participants	116,644	118,753
Employer	183,860	425,857
	300,504	544,610
TOTAL ADDITIONS	1,134,489	(326,793)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	137,554	166,859
Insurance premiums paid	6,582	6,582
Other	127	-
TOTAL DEDUCTIONS	144,263	173,441
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	990,226	(500,234)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of the year	4,773,504	5,273,738
End of the year	$ 5,763,730	$ 4,773,504

The accompanying notes are an integral part of these financial statements.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan:

The following description of the I.D. Booth, Inc. Profit Sharing 401(K) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(A) General:

The plan is a defined contribution profit sharing 401(K) plan covering all full-time employees of the Company who have completed one year of continuous service and are age twenty-one or older. Participation in the 401(K) component is allowed after three months of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(B) Contributions:

Each year, participants may contribute between 1% to 15% of pretax annual compensation, as defined in the 401(K) Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company contributes a defined percentage of eligible compensation at the option of the Company's Board of Directors to the profit sharing plan. The Company contribution was 4% of eligible compensation in 2009 and 10% in 2008.

(C) Participant Accounts:

Separate accounts are maintained for each participant. Participants may allocate contributions among eight funds managed by the Plan. Amounts contributed by the Company are invested in a portfolio managed by Smith Barney. Investment earnings and market adjustments are allocated monthly, pro rata, to participant accounts based on unit account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan (continued):

(D) Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

(E) Administration:

The plan administrator is responsible for the general administration of the Plan and for carrying out the provisions thereof. Net assets of the Plan are administered by trustees appointed by the Company.

(F) Payment of Benefits:

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual installments over life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

(G) Forfeited Accounts:

At December 31, forfeited nonvested accounts totaled $20,342 (2009) and $13,824 (2008). These accounts are reallocated to participants in the same manner as employer contributions.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 2 - Summary of Significant Accounting Policies:

(A) Basis of Accounting:

The accompanying financial statements have been prepared on the accrual method of accounting.

(B) Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(C) Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Shares of publicly traded corporations are valued at quoted market prices. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(D) Payment of Benefits:

Benefits are recorded when paid.

(E) Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the accounts of all participants will become nonforfeitable and the Plan net assets are to be distributed accordingly.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 2 - Summary of Significant Accounting Policies (continued):

(F) Tax Status:

The Internal Revenue Service has issued a determination letter that the Plan qualifies under Section 401 of the Internal Revenue Code and, therefore, is not subject to tax under present income tax laws. The plan obtained its latest determination letter on 11/19/2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan as currently designed is being operated in compliance with applicable requirements of the Internal Revenue Code.

(G) Risks and Uncertainties:

The Plan invests in various 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 changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

(H) Administrative Expenses:

All administrative expenses are paid by I.D. Booth, Inc., therefore there are no administrative expenses recognized by the Plan.

(I) Date of Management's Review:

Subsequent events were evaluated through October 8, 2010, which is the date the financial statements were available to be issued and there was nothing to note.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 3 - Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits at December 31.

	Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
2009			
Cash	$ 640	$ 640	$ -
U.S. Treasuries	1,001,138	1,001,138	-
U.S. Government Bonds	1,112,663	1,112,663	-
Common Stocks	2,140,164	2,140,164	-
Registered Investment Companies	1,138,225	1,138,225	-
Insurance Contracts	163,985	-	163,985
	$5,556,815	$5,392,830	$ 163,985
2008			
Cash	$ 357	$ 357	$ -
U.S. Treasuries	883,754	883,754	-
U.S. Government Bonds	832,522	832,522	-
Common Stocks	1,237,481	1,237,481	-
Registered Investment Companies	1,249,842	1,249,842	-
Insurance Contracts	156,538	-	156,538
	$4,360,494	$4,203,956	$ 156,538

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 3 - Fair Value Measurements (Continued):

SFAS No. 157, Fair Value Measurements, established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted market prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net assets values of the shares held by the Plan at year-end. The fair value of common stock and U.S. Government securities are based on quoted market prices.

Level 2 Fair Value Measurements

Contracts with insurance companies represent whole life insurance policies issued by The Guardian Life Insurance Company of America in which the Plan is the named beneficiary. Any benefits under these policies will be distributable to the insured participants or their beneficiaries. The policies are valued at cash surrender value as reported by Guardian. The guaranteed cash value is based on an interest rate of 4%. These policies were acquired by the Plan as part of the plan sponsors acquisition of another business in 2004 and are not currently offered as an investment option to plan participants. The face amount of these policies is $448,492 with a death benefit of $484,203 at December 31, 2009.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 4 - Investments:

The following investments represent 5% or more of the Plan's net assets.

	2009	2008
Dreyfus Money Market-Government Securities Series	$ -	$ 502,464
U.S. Treasury Note, Series Y, dated 5/31/08, 2.625% due 5/31/10	-	263,731
U.S. Treasury Note, Series E, dated 8/15/06, 4.875% due 8/15/16	-	388,349
U.S. Treasury Note, Series F, dated 11/17/08, 3.75% due 11/15/18	313,975	-
Federal National Mortgage Assn-DEBS, dated 3/26/01, 5.5% due 3/15/11	-	291,948
Federal Home Loan Mortgage Corp.- Notes, dated 8/20/08, 4.125% due 9/27/13	370,839	242,438
Federal National Mortgage Assn - Notes, dated 2/15/09, 2.75% due 2/5/14	317,532	-
Dodge & Cox Stock Fund	312,882	-
	$1,315,228	$1,688,930

All of the investments presented above are nonparticipant directed except for the Dodge & Cox Stock Fund.

During 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2009	2008
U.S. Treasuries	$(55,898)	$ 68,110
U.S. Government Bonds	(16,973)	25,507
Common Stocks	554,629	(684,991)
Registered investment companies	240,586	(404,055)
Insurance contracts	13,294	12,621
	$ 735,638	$(982,808)

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS, CONTINUED

DECEMBER 31, 2009 AND 2008

Note 5 - Nonparticipant - Directed Investments:

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2009	2008
Net Assets:		
Employer contributions receivable and accrued interest	$ 203,454	$ 446,192
Common Stocks	2,140,164	1,237,481
Mutual Funds	64,089	502,464
U.S. Government securities	2,113,801	1,716,276
	$ 4,521,508	$ 3,902,413

	2009	2008
Changes in Net Assets:		
Contributions	$ 183,860	$ 425,857
Dividends and interest	98,347	111,405
Net appreciation (depreciation)	481,758	(558,178)
Benefits paid to participants	(114,487)	(150,372)
	$ 649,468	$(171,288)

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

(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
Government and Government Agency Obligations:				
	United States Treasury	$250,000 note dated 1/02/2007 maturity date 12/31/2011, 4.625% interest	$ 269,404	$ 267,110
	United States Treasury	$201,000 note dated 11/30/2007, maturity date 11/30/2012, 3.375% interest	212,895	211,112
	United States Treasury	$190,000 note dated 8/15/2006, maturity date 8/15/2016, 4.875% interest	208,047	208,941
	United States Treasury	$314,000 note dated 11/17/2008, maturity date 11/15/2018, 3.75% interest	328,498	313,975
	Federal National Mortgage Association	$198,000 note dated 5/25/2001, maturity date 5/15/2011, 6.0% interest	212,708	211,985
	Federal Home Loan Mortgage Corp.	$195,000 debenture dated 1/14/2002, maturity date 1/15/2012, 5.75% interest	211,924	212,306
	Federal Home Loan Mortgage Corp.	$348,000 note dated 8/20/2008, maturity date 9/27/2013, 4.125% interest	362,989	370,839
	Federal National Mortgage Association	$314,000 debenture dated 2/5/2009, maturity date 2/5/2014, 2.75% interest	315,665	317,533
			2,122,130	2,113,801

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
Common Stocks:				
	Akami Technologies, Inc.	1,700 Shares of Common Stock	$ 30,713	$ 43,078
	Amazon Com, Inc.	970 Shares of Common Stock	74,549	130,484
	Amgen, Inc.	1,925 Shares of Common Stock	104,860	108,897
	Bed Bath & Beyond	1,375 Shares of Common Stock	47,913	53,089
	Bershire Hathaway, Inc.	35 Shares of Common Stock	80,772	115,010
	Biogen Idec, Inc.	1,175 Shares of Common Stock	65,325	62,862
	BlackRock, Inc.	200 Shares of Common Stock	24,517	46,440
	CVS Caremark Corp.	1 500 Shares of Common Stock	41,273	48,315
	Celgene Corp.	850 Shares of Common Stock	42,451	47,328
	Cisco Systems, Inc.	3,600 Shares of Common Stock	67,027	86,184
	Citigroup, Inc.	1,693 Shares of Common Stock	16,043	5,604
	Coca-Cola Co.	1,625 Shares of Common Stock	75,317	92,625
	Walt Disney Co.	2,550 Shares of Common Stock	58,013	82,238
	Ebay, Inc.	2,325 Shares of Common Stock	62,491	54,707
	Electronic Arts	3,400 Shares of Common Stock	100,445	60,350
	First Solar, Inc.	225 Shares of Common Stock	26,003	30,465
	General Electric Co.	2,128.1599 Shares of Common Stock	73,504	32,199
	Google, Inc.	115 Shares of Common Stock	43,406	71,298
	Home Depot, Inc.	2,525 Shares of Common Stock	51,988	73,048
	Intel Corp.	4,100 Shares of Common Stock	53,602	83,640
	Johnson & Johnson	1,400.1038 Shares of Common Stock	73,343	90,181
	Juniper Networks, Inc.	2,800 Shares of Common Stock	45,453	74,676
	Microsoft Corp.	2,400.0055 Shares of Common Stock	63,981	73,152
	NASDAQ OMX Group, Inc.	1,925 Shares of Common Stock	59,080	38,154
	NVIDIA Corp.	4,600 Shares of Common Stock	50,221	85,928

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
Common Stocks (continued):				
	Pepsico, Inc.	1,100 Shares of Common Stock	$ 45,955	$ 66,880
	Procter & Gamble Co.	1,175.358 Shares of Common Stock	47,188	71,262
	QualComm, Inc.	1,465 Shares of Common Stock	61,221	67,771
	Roche Hldg. Ltd Spon ADR	1,200 Shares of Common Stock	45,277	50,640
	Schwab Charles Corp.	2,500 Shares of Common Stock	33,577	47,050
	Sears Holdings Corp.	375 Shares of Common Stock	24,678	31,294
	Texas Instruments, Inc.	2,750.8525 Shares of Common Stock	69,762	71,687
	Yahoo, Inc.	2,600 Shares of Common Stock	34,671	43,628
			1,794,619	2,140,164
Insurance Contracts:		3 Whole life policies with plan named as insured	162,455	163,985
Cash:		Noninterest bearing	311	311
		Interest Bearing	329	329
			640	640

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
Mutual Funds:				
	Dreyfus Money Market Investors, Inc.	Government Securities Series	$ 64,090	$ 64,090
	Federated Prime Obligations Fund		24,723	24,723
	Invesco Small Cap Growth Fund Class A	9,290.300 Shares	227,616	210,332
	Dodge & Cox Intl Stock Fund	1,063.076 Shares	35,450	33,859
	Dodge & Cox Stock Fund	3,254.438 Shares	369,754	312,882
	Royce Opportunity Fund	18,602.476 Shares	188,856	167,980
	Vanguard Index Trust 500	1,674.148 Shares	170,576	171,885
	Vanguard Short Term Bond Index Fund	14,632.772 Shares	148,558	152,474
			1,229,623	1,138,225
			$ 5,309,467	$ 5,556,815

NOTE: Column (a) is Blank as there were no parties-in-interest.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2009

(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
Government and Government Agency Obligations:				
	United States Treasury	$250,000 note dated 1/02/2007 maturity date 12/31/2011, 4.625% interest	$ 269,404	$ 267,110
	United States Treasury	$201,000 note dated 11/30/2007, maturity date 11/30/2012, 3.375% interest	212,895	211,112
	United States Treasury	$190,000 note dated 8/15/2006, maturity date 8/15/2016, 4.875% interest	208,047	208,941
	United States Treasury	$314,000 note dated 11/17/2008, maturity date 11/15/2018, 3.75% interest	328,498	313,975
	Federal National Mortgage Association	$198,000 note dated 5/25/2001, maturity date 5/15/2011, 6.0% interest	212,708	211,985
	Federal Home Loan Mortgage Corp.	$195,000 debenture dated 1/14/2002, maturity date 1/15/2012, 5.75% interest	211,924	212,306
	Federal Home Loan Mortgage Corp.	$348,000 note dated 8/20/2008, maturity date 9/27/2013, 4.125% interest	362,989	370,839
	Federal National Mortgage Association	$314,000 debenture dated 2/5/2009, maturity date 2/5/2014, 2.75% interest	315,665	317,533
			2,122,130	2,113,801

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
Common Stocks:				
	Akami Technologies, Inc.	1,700 Shares of Common Stock	$ 30,713	$ 43,078
	Amazon Com, Inc.	970 Shares of Common Stock	74,549	130,484
	Amgen, Inc.	1,925 Shares of Common Stock	104,860	108,897
	Bed Bath & Beyond	1,375 Shares of Common Stock	47,913	53,089
	Bershire Hathaway, Inc.	35 Shares of Common Stock	80,772	115,010
	Biogen Idec, Inc.	1,175 Shares of Common Stock	65,325	62,862
	BlackRock, Inc.	200 Shares of Common Stock	24,517	46,440
	CVS Caremark Corp.	1 500 Shares of Common Stock	41,273	48,315
	Celgene Corp.	850 Shares of Common Stock	42,451	47,328
	Cisco Systems, Inc.	3,600 Shares of Common Stock	67,027	86,184
	Citigroup, Inc.	1,693 Shares of Common Stock	16,043	5,604
	Coca-Cola Co.	1,625 Shares of Common Stock	75,317	92,625
	Walt Disney Co.	2,550 Shares of Common Stock	58,013	82,238
	Ebay, Inc.	2,325 Shares of Common Stock	62,491	54,707
	Electronic Arts	3,400 Shares of Common Stock	100,445	60,350
	First Solar, Inc.	225 Shares of Common Stock	26,003	30,465
	General Electric Co.	2,128.1599 Shares of Common Stock	73,504	32,199
	Google, Inc.	115 Shares of Common Stock	43,406	71,298
	Home Depot, Inc.	2,525 Shares of Common Stock	51,988	73,048
	Intel Corp.	4,100 Shares of Common Stock	53,602	83,640
	Johnson & Johnson	1,400.1038 Shares of Common Stock	73,343	90,181
	Juniper Networks, Inc.	2,800 Shares of Common Stock	45,453	74,676
	Microsoft Corp.	2,400.0055 Shares of Common Stock	63,981	73,152
	NASDAQ OMX Group, Inc.	1,925 Shares of Common Stock	59,080	38,154
	NVIDIA Corp.	4,600 Shares of Common Stock	50,221	85,928

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
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			1,794,619	2,140,164
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I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - (Continued)

DECEMBER 31, 2009

(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
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	Invesco Small Cap Growth Fund Class A	9,290.300 Shares	227,616	210,332
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	Dodge & Cox Stock Fund	3,254.438 Shares	369,754	312,882
	Royce Opportunity Fund	18,602.476 Shares	188,856	167,980
	Vanguard Index Trust 500	1,674.148 Shares	170,576	171,885
	Vanguard Short Term Bond Index Fund	14,632.772 Shares	148,558	152,474
			1,229,623	1,138,225
			$ 5,309,467	$ 5,556,815

NOTE: Column (a) is Blank as there were no parties-in-interest.

I.D. BOOTH, INC.

PROFIT SHARING 401(K) PLAN

EIN: 16-0356550 PLAN NUMBER 001

SCHEDULE H, LINE J - SCHEDULE OF REPORTABLE TRANACTIONS

DECEMBER 31, 2009

(a) Identity of party involved	(b) Description of assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense of Sale	(g) Cost of Asset	(h) Current value of asset on Transaction Date	(i) Net Gain or (Loss)
	U.S. Treasury Note, Series E, dated 2/28/06, 4.5% due 2/28/11	267,443	265,571	-	-	267,443	265,571	(1,872)
	U.S. Treasury Note, Series R, dated 1/2/07, 4.625% due 12/31/11	269,404	-	-	-	-	-	-
	U.S. Treasury Note, Series Y, dated 5/31/08, 2.625% due 5/31/10	-	261,370	-	-	255,227	261,370	6,143
	U.S. Treasury Note, Series S, dated 11/30/07, 3.375% due 11/30/12	319,051	-	-	-	-	-	-
	U.S. Treasury Note, Series E, dated 11/15/03, 4.25% due 11/15/13	-	260,531	-	-	253,888	260,531	6,643
	U.S. Treasury Note, Series F, dated 11/17/08, 3.75% due 11/15/18	330,653	-	-	-	-	-	-
	Federal National Mortgage Assn-DEBS dated 3/26/01, 5.5% due 3/15/11	-	288,352	-	-	286,295	288,352	2,057
	Federal National Mortgage Assn-Med Term Notes dated 2/5/09, 2.75% due 2/5/14	315,665	-	-	-	-	-	-

NOTE - COLUMN A IS BLANK AS ALL TRANSACTIONS WERE PROCESSED USING A BROKER-DEALER REGISTERED UNDER THE SECURITIES EXCHANGE ACT OF 1934 AND ARE LISTED ON A NATIONAL SECURITIES EXCHANGE.

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 ☒ a single-employer plan; ☐ a DFE (specify) ___

B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ 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: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan I.D. BOOTH, INC. PROFIT SHARING 401(k) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1964

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

620 WILLIAM STREET

ELMIRA NY 14902
P.O. BOX 579

ELMIRA NY 14902

2b Employer Identification Number (EIN) 16-0356550

2c Sponsor's telephone number (607)733-9121

2d Business code (see instructions) 423700

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	John S Booth III	10/14/10	JOHN S. BOOTH III VICE-PRESIDENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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")
SAME

3b Administrator's EIN

3c Administrator's telephone number

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**	156
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**	131
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	143
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	143
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	129
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:
X

2E 2H 2J 2T 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	(1)	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	(2)	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	(3)	[X] Trust
(4)	[ ] General assets of the sponsor	(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) [X] 1 **A** (Insurance Information)

(4) [ ] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)