Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	or calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009							
A	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report	final retur	al return/report					
	an amended return/report short plan year return/report (less than 12 months)							
С	Check box if filing under:	extension		DFVC program				
	special extension (enter description							
Pa	art II Basic Plan Information—enter all requested informa	,						
	Name of plan	20011		1b	Three-digit			
	KETUS ASSOCIATES, L.L.C. 401(K) PLAN				plan number			
					(PN) F			
				1C	Effective date of plan 01/01/2005			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
MAR	KETUS ASSOCIATES, L.L.C.				(EIN) 02-0612270			
720 (5TH AVENUE, 15TH FLOOR			2c	Plan sponsor's telephone number 212-218-8283			
	/ YORK, NY 10019			2d	Business code (see instructions)			
					523110			
	Plan administrator's name and address (if same as Plan sponsor, er KETUS ASSOCIATES, L.L.C. 730 5TH AVE			3b	Administrator's EIN 02-0612270			
IVIAIX	NEW YORK,			3c	Administrator's telephone numbe			
					212-218-8283			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	i s name		4c	PN			
5a	Total number of participants at the beginning of the plan year	. 5a	5					
b	Total number of participants at the end of the plan year			. 5b	0			
С	Total number of participants with account balances as of the end of							
	complete this item)				0			
6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a		'		X Yes No			
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	18099	98	0			
b	Total plan liabilities	7b		0	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	18099	98	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	1830	00				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	3236	39				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			50669			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d	23166					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0	00:00=			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			231667			
!	Net income (loss) (subtract line 8h from line 8c)	8i			-180998			
	Transfers to (from) the plan (see instructions)	8j		0				

Part IV	Plan	Charact	teristics

9a 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

If the plan provides welfar

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	aes in	tne instr	ructions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	C Was the plan covered by a fidelity bond?								
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)							
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the							
		eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance							
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0))						Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						1	ш
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions	, and e	enter th	ne date	of the le	tter rul	ing
	-	nting the waiverMo			Day		_ Yea	ır	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	12b	П			
		er the minimum required contribution for this plan year		T T					
		er the amount contributed by the employer to the plan for this plan year		├	12c				
	neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ative amount)		-	12d			. г	1
		the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ontrol 		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)		_		
1	13c(1) Name of plan(s):					13c(2) EIN(s) 13			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal					الممال	- C-I	- dul-
B o	· Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.							
SIGI	, F	iled with authorized/valid electronic signature. 10/14/2010 EDMUND A. HA	JIM						

SIGN	Filed with authorized/valid electronic signature.	10/14/2010	EDMUND A. HAJIM					
HERE	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					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Internal Revenue Code (the Code).

Pe	nsion Benefit Guaranty Corporation	Complete all entries in accor	rdance with	the instructions to the Form t	300-SF.					
Pa	rt I Annual Report lo	dentification Information	01/01/20	0.9 and ending		12/31/200				
	alendar plan year 2009 or fisc	X single-employer plan		nployer plan (not multiemployer)						
	illis retatris report is ior.	' '				U orie-participa	iii piaii			
Вт	his return/report is for:	first return/report	4	•	tha\					
		an amended return/report		year return/report (less than 12	monuisj	П вечо				
C	heck box if filing under:	Form 5558	automatic	extension		☐ DFVC progra	ım			
		special extension (enter descripti	on)							
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation		41					
	Name of plan	a I I C 401(k) Plan			מר	Three-digit plan number				
ľ	Marketus Associate	s, L.L.C. 401(k) Plan				(PN) ▶	001			
					1c	Effective date o				
						01/01/200				
2a	Plan sponsor's name and add	ress (employer, if for single-employe	r plan)		2b	Employer Identi (EIN) 02-061	fication Number 2270			
1	TALKECAD TABBOOLAGE	, 2.2.0.			20	_,	telephone number			
,	730 5th Avenue, 15	th Floor				(212)218-				
	730 Juli Avende, 13	THE FIOOT			2d	Business code 523110	(see instructions)			
	New York			NY 10019	3h	Administrator's				
3a	Plan administrator's name and	d address (if same as Plan sponsor,	enter Same	,	35	Administrators				
					3с	Administrator's	telephone number			
										
4 lf	the name and/or EIN of the p	lan sponsor has changed since the later from the last return/report. Spons	ast return/rep or's name	ort filed for this plan, enter the	40	EIN	 -,			
,	ane, En, and the plati name	ici nom me last retarmoport. Opone	o, o namo		4c	PN				
5a	Total number of participants a	at the beginning of the plan year			5 <u>a</u>	_	5			
b Total number of participants at the end of the plan year							0			
C	Total number of participants v	with account balances as of the end	of the plan ye	ear (defined benefit plans do no						
6a	Were all of the plan's assets	during the plan year invested in eligi	ible assets?	(See instructions.)			X Yes No			
b	Are you claiming a waiver of under 29 CER 2520 104-46?	the annual examination and report of (See instructions on waiver eligibility	ot an indeper v and condition	ons.)			X Yes No			
	If you answered "No" to eit	ther 6a or 6b, the plan cannot use	Form <u>5500-</u> 5	SF and must instead use Form	1 5500.					
Pa	rt III Financial Inforn						<u>-</u>			
7	Plan Assets and Liabilities			(a) Beginning of Year		_ (b) End	i of Year			
а	Total plan assets		7a	180	, 998					
Ь	Total plan liabilities		7b		0	·-				
	Net plan assets (subtract line	7b from line 7a)	7c	180	, 998					
8	Income, Expenses, and Tran			(a) Amount		(b)	Total			
а	Contributions received or rec		8a(1)		0					
				18	,300					
					0					
h	• •	rs)		32,369						
b	, ,) 0=(0) 0=(2) and 0h)			, 505		50,669			
c d	, , ,), 8a(2), 8a(3), and 8b) It rollovers and insurance premiums	<u>60</u>							
u			8d	231	,667					
е	Certain deemed and/or corre	ctive distributions (see instructions).	8e		0					
f	Administrative service provid	ers (salaries, fees, commissions)	8f		.0					
g	Other expenses		8g		0	· _				
h		I, 8e, 8f, and 8g)					231,66			
i		ine 8h from line 8c)					(180,998)			
i		see instructions)			0					

_		Form 5500-SF 2009	Pa	ge 2-		_						
Par	t IV	Plan Characteristics				•						
9a	If th	e plan provides pension benefits, enter the applicable pension feat 2E 2F 2G 2J 3D	ure codes from the L	ist of Plan Chara	cteris	itic Co	des in 1	the instruct	ons:	-		
b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the L	ist of Plan Charac	teris	tic Cod	des in ti	he instructi	ons:			
Pari	t V	Compliance Questions		_								
10	Du	ring the plan year:		_		Yes	No		Amount			
а	Wa	s there a failure to transmit to the plan any participant contribution	s within the time peri	iod described in			x					
h		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian ere there any nonexempt transactions with any party-in-interest? (D			10a							
b	OU	line 10a.)			10b		Х					
С	W	as the plan covered by a fidelity bond?			10c	Х				10,000		
d	Dic	I the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was c	aused by fraud	10d		Х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e	Х				61		
f	Ha	s the plan failed to provide any benefit when due under the plan?.	,		10f		х					
g	Die	I the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х					
h		nis is an individual account plan, was there a blackout period? (Sec 20.101-3.)			10h		Х					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.			10ì							
Part		Pension Funding Compliance										
11	ls t	his a defined benefit plan subject to minimum funding requirement							Yes	X No		
12	ls	this a defined contribution plan subject to the minimum funding req	uirements of section	412 of the Code	or se	ection	302 of	ERISA?	Yes	s X No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable										
а	lf a gra	waiver of the minimum funding standard for a prior year is being a nting the waiver.	mortized in this plan	ı year, see instruc Mont	tions h	, and e	enter th Day	e date of th	ıe letter rı Year	uling ———		
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	skip to line 13.		г		1				
b	En	er the minimum required contribution for this plan year			···		12b					
C		er the amount contributed by the employer to the plan for this plan					12c					
d	Su ne	otract the amount in line 12c from the amount in line 12b. Enter the gative amount)	e result (enter a minu	is sign to the left o	of a 		12d					
e	Wi	I the minimum funding amount reported on line 12d be met by the	funding deadline?	<u></u>				Yes	No	N/A		
Parl	t VII	Plan Terminations and Transfers of Assets										
13a	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior year						X Yes	s No		
	If "	Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			0		
b	of	re all the plan assets distributed to participants or beneficiaries, tra	.,,,						X Yes	s 📗 No		
С		uring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ie pla	an(s) to						
	13c(1) Name of plan(s):				13c(2) EIN(s) 1			13c(3) PN(s)			
Cau	tion:	A penalty for the late or incomplete filing of this return/report	t will be assessed u	ınless reasonabl	le ca	use is	es <u>tab</u>	lished.				
SB	or Sc	nalities of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a s true correct and complete.	declare that I have as the electronic vers	examined this return/ sion of this return/	ırn/re repoi	port, i rt, and	ncludin to the l	g, if applica best of my	ible, a Sc knowledg	hedule je and		
616	. NI	× 1 111 SIGNHERE	×	Edmund A.	Hai	im						
SIG HEI		Signature of plan administrator	Date				ning a	s plan adm	inistrator			
-	ergrander print delimination					ne of individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor