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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500	-SF.			
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 0	6/21/20)11		
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	Γ	a one-particip	ant plan	
	This return/report is:	•	eturn/report	L	_ ' '		
			•	ntha)			
_		•	in year return/report (less than 12 mo	ntns) r	7		
С	Check box if filing under:	automatic	extension	L	DFVC progra	m	
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			1b ·	Three-digit		
	CAPITAL, LLC 401(K) RETIREMENT PLAN			ı	olan number		
				((PN) •	001	
				1c	Effective date of	•	
					01/01/		
	Plan sponsor's name and address; include room or suite number (el CAPITAL, LLC	mployer, if	for a single-employer plan)		Employer Identif		er
DCD	CALITAL, LEG				EIN) 13-39		
				2c 3	Sponsor's telep		
	44TH ST, SUITE 1000 11E 44TH ST			01.	212-849		
NEVV	YORK, NY 10017 NEW YORK,	NY 10017		2a I	Business code (ns)
2-	District the state of the state	. "0	m)	26	52229		
	Plan administrator's name and address (if same as plan sponsor, er CAPITAL, LLC 11E 44TH ST			3D /	Administrator's E 13-39	IN 34723	
	NEW YORK,			3c /	Administrator's t		nher
					212-849		1001
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			;
b	Total number of participants at the end of the plan year			5b			
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not				
	complete this item)			5c			_
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b	· , · · · · · · · · · · · · · · · · · ·					V v □	٦ ٨ ٦
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes	No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	10.			
	rt III Financial Information			1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	145891			()
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	145891			()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		254				
	(1) Employers	. 8a(1)					
	(2) Participants	8a(2)	254	_			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	5441				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				5949)
d	Benefits paid (including direct rollovers and insurance premiums		454000				
	to provide benefits)	. 8d	151606				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	234				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				151840)
i	Net income (loss) (subtract line 8h from line 8c)	8i				-145891	
i	Transfers to (from) the plan (see instructions)						
J		8j					

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Part IV	Plan Characteristics
ralliv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions				-			
0	During the plan year:		Yes	No		An	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 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.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X					175
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance	ı						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Ye	es	No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a		·			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder	the co	ntrol		5	Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			L		
1	Bc(1) Name of plan(s):		13	-(2) F	IN(s)		13c/3) PN(s)
	So(1) Name of plantoj.		10	J(<u>-</u>) L	(0)		1000	<u>/ 1 14(5)</u>
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	estal	olished			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return	/	a=+ :-	نام ، ام	oa if o	nlicable	a Sch	عاييات

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/19/2012	ANDREA MINTON
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 Pension Benefit Guaranty Corporation

EIN 13-3934723 / PN 001 / DCDFINAL.RF0
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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01/2	2011	and ending		06/21/2011
Α	This return/report is for:	multiple-	employer pla	in (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	rn/report			
	an amended return/report	-	-	/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	╡	c extension	mopore (1000 man 12 mo	11110)	DFVC program
	special extension (enter descripting	_	C CALCITATION			Drvc program
- 6					·	
	art II Basic Plan Information—enter all requested inform	nation			r 41.	
Id	Name of plan DCD CAPITAL, LLC 401(K) RETIREMENT PLAN				10	Three-digit plan number
						(PN) ▶ 001
					1c	Effective date of plan
						01/01/2000
2a	Plan sponsor's name and address (employer, if for single-employer DCD CAPITAL, LLC	r plan)			2b	Employer Identification Number
	,				20	(EIN) 13-3934723 Plan sponsor's telephone number
	11E 44th St., Suite 1000				20	(212) 849-9200
	TIE TIEN BE., BUILE 1000				2d	Business code (see instructions)
	New York			10017		522298
sа	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\rm SAME}$	enter "Sam	e")		3b	Administrator's EIN
					3с	Administrator's telephone number
						(212)849-9200
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		eport filed for	this plan, enter the	4b	EIN
	maine, Env, and the plan number from the last return/report. Sponst	or s name			4c	PN
5a	Total number of participants at the beginning of the plan year				5a	
	Total number of participants at the end of the plan year				5b	
	Total number of participants with account balances as of the end of					
	complete this item)				5c	
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instruc	tions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualifi	ed public accountant (IQ	PA)	X Yes □ No
	If you answered "No" to either 6a or 6b, the plan cannot use F					
Pa	irt III Financial Information					
7	Plan Assets and Liabilities	**************************************	(a)	Beginning of Year		(b) End of Year
а	Total plan assets	. 7a		145,89	1	(
b	Total plan liabilities	. 7b				
С	Net plan assets (subtract line 7b from line 7a)	. 7c		145,89	1	C
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	-	(b) Total
а	Contributions received or receivable from:			0.5		
	(1) Employers	. 8a(1)		25	-54	
	(2) Participants	h '-		25	4	Kon in die Gebeurg von Der Großen der Gebeurg von der Gebeurg von der Gebeurg von der Gebeurg von der Gebeurg Der Gebeurg von der Gebeurg von
	(3) Others (including rollovers)					revision communicated and individual
b	,		######################################	5,44		
ų Ċ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u>8c</u>				5,949
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		151,60	6	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				
f	Administrative service providers (salaries, fees, commissions)				2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
g	Other expenses			23	4	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		A A A A A A A A A A A A A A A A A A A			151,840
i	Net income (loss) (subtract line 8h from line 8c)		The second secon			(145,891)
i	Transfers to (from) the plan (see instructions)					
•						

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Par	rt IV Plan Characteristics							······································	
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the	e List of Plan Chara	ecteris	stic Co	des in	the instruct	ions:	
b	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the	List of Plan Chara	cteris	tic Co	des in t	the instructi	one.	
				010	110 00	uoo	IIIO NIOLIGO.	——————————————————————————————————————	
	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	ram)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			500	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		Х			
е		persons by an insulthe benefits under the	rance carrier, ne plan? (See	10e	Х				175
f	Has the plan failed to provide any benefit when due under the plan?		Г	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)	ŀ	10g		Х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					
art	VI Pension Funding Compliance						THE PERSON NAMED IN COLUMN TWO		
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see ins	structions and comp	olete S	Sched	ule SB	(Form	☐ Yes	X No
12 a	Is this a defined contribution plan subject to the minimum funding red (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	ile.) amortized in this pla	ın vear, see instruct	tions.	and e	nter th	e date of the	e letter rulin	X No
	you completed line 12a, complete lines 3, 9, and 10 of Schedule M		-		t				
	Enter the minimum required contribution for this plan year				_	12b			
ų C	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	n year	us sign to the left -	,		12c			
	negative amount)			•••••	L	12d	7.,	1 🗂	
120 110 120	Will the minimum funding amount reported on line 12d be met by the	funding deadline?		• • • • • • • •			Yes	No	N/A
art	and the Control of th								7
	Has a resolution to terminate the plan been adopted during the plan y							X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the empirical the plan assets distributed to participants or beneficiaries, tra	loyer this yearansferred to another	r plan, or brought u	nder t	the co	13a			- 0
	of the PBGC? If during this plan year, any assets or liabilities were transferred from							X Yes	No
	which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):		, , (,), , , , , , , , , , , , , , , , ,			/a\ mı\		T	
	oc(1) ivalue of plan(s).				130	(2) EII	V(S)	13c(3) P	'N(s)
						7			
Cauti	on: A penalty for the late or incomplete filing of this return/report	t will be assessed i	unless reasonable	caus	se is e	establi	shed.		
Jnder SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have	examined this retur	n/rep	ort. in	cludina	. if applicab	le, a Sched nowledge a	lule nd
SIGN	II ()Maagu	1/9/2012	NOORY	72	1,0	14	SSAIN		
HERE		Date	Enter name of ind		-			istrator	
SIGN						¥			
HERE	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Date	Enter name of ind	lividua	al sian	ing as	emplover o	r plan spon	sor