| | Form 5500-SF | | eturn/l Benefit | Report of Small Employ | vee | (| OMB Nos. 1210-0110 1210-0089 |
|-------|---|--|--------------------|---|----------|----------------------------------|---------------------------------|
| | Department of the Treasury Internal Revenue Service | _ | | ctions 104 and 4065 of the Employee | ` | 2 | 011 |
| Er | Department of Labor nployee Benefits Security Administration | Retirement Income Security Act of | 1974 (ERI | SA), and sections 6057(b) and 6058(Code (the Code). | | This Form is | Open to Public |
| P | ension Benefit Guaranty Corporation | | dance with | n the instructions to the Form 5500 | -SF. | 1113 | Jection |
| | | Ientification Information | 4 | | | 2011 | |
| | calendar plan year 2011 or fisca | al plan year beginning 01/01/201 a single-employer plan | | . | 2/31/2 | | |
| | This return/report is for: | | • | -employer plan (not multiemployer) | | a one-particip | ant plan |
| В | This return/report is: | the first return/report | | eturn/report | | | |
| - | | | | in year return/report (less than 12 mo | nths) | — | |
| C | Check box if filing under: | Form 5558 | | extension | | DFVC progra | n |
| D | | special extension (enter descriptio | | | | | |
| | | nation—enter all requested informa | ation | | 1h | Three-digit | |
| | Name of plan NNELL & FOX, P.C. DEFINED | BENEFIT PLAN | | | 1D | plan number | |
| 020 | | | | | | (PN) ▶ | 001 |
| | | | | | 1c | Effective date of 01/01/ | • |
| | Plan sponsor's name and addre | ess; include room or suite number (er | mployer, if | for a single-employer plan) | 2b | Employer Identif (EIN) 13-309 | |
| 30 RF | ROADWAY, SUITE 1620 | | | | 2c | Sponsor's telept 212-319 | |
| | YORK, NY 10006 | | | | 2d | Business code (s 54111 | |
| | Plan administrator's name and NNELL & FOX, P.C. | address (if same as plan sponsor, er 39 BROADW/ | AY. SUITE | | 3b | Administrator's E | |
| | | NEW YORK, | NY 10006 | | 3c | Administrator's to 212-319 | elephone number -0600 |
| 4 | If the name and/or EIN of the p name, EIN, and the plan numb | lan sponsor has changed since the la | ast return/ | report filed for this plan, enter the | 4b | EIN | |
| а | Sponsor's name | | | | 4c | PN | |
| 5a | Total number of participants at | the beginning of the plan year | | | 5a | | 3 |
| b | Total number of participants at | the end of the plan year | | | 5b | | 3 |
| С | | count balances as of the end of the p | • • | | 5c | | |
| 6a | Were all of the plan's assets d | luring the plan year invested in eligibl | e assets? | (See instructions.) | | | X Yes No |
| b | | | | dent qualified public accountant (IQP | | | |
| | | | | ons.) SF and must instead use Form 550 | | | X Yes No |
| Pa | rt III Financial Informa | | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year |
| а | Total plan assets | | 7a | 492149 | | | 505189 |
| b | Total plan liabilities | | 7b | 0 | | | 0 |
| С | Net plan assets (subtract line 7 | b from line 7a) | 7c | 492149 | | | 505189 |
| 8 | Income, Expenses, and Transf | | | (a) Amount | | (b) T | otal |
| а | Contributions received or recei | vable from: | 8a(1) | 16417 | | | |
| | | | 8a(2) | 0 | | | |
| | |) | 8a(3) | 0 | | | |
| b | | · | | -3377 | | | |
| С | Total income (add lines 8a(1), | 8a(2), 8a(3), and 8b) | 8c | | | | 13040 |
| d | Benefits paid (including direct i | rollovers and insurance premiums | 8d | 0 | | | |
| е | Certain deemed and/or correct | ive distributions (see instructions) | 8e | 0 | | | |
| f | Administrative service provider | s (salaries, fees, commissions) | 8f | 0 | | | |
| g | • | | 8g | 0 | | | |
| h | Total expenses (add lines 8d, 8 | 8e, 8f, and 8g) | 8h | | | | 0 |
| i | () () | e 8h from line 8c) | | | | | 13040 |
| j | Transfers to (from) the plan (se | ee instructions) | 8j | 0 | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part | V Compliance Questions | | | | | | | |
|-------|--|---------|--------|----------|------------|--------|------------|-------|
| 10 | During the plan year: | _ | Yes | No | | Am | 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 | | х | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | Х | | | | | 33914 |
| С | Was the plan covered by a fidelity bond? | 10c | | Х | | | | |
| 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 | | х | | | | |
| 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 | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | | | | 46256 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | | | | |
| 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 | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)) | | | | | . × | Yes | No |
| | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 amortized in this plan year, see instruct granting the waiver | ctions, | and e | enter th | ne date of | the le | etter ruli | |
| | 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 negative amount) | | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | res X | No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | | | | | | Yes | X 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.) | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | c(2) El | N(s) | | 13c(3) | PN(s) |
| Court | on A nonalty for the late or incomplete filing of this return/report will be accessed without access | | 100 10 | ootob | liohod | | | |
| | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | | | | | cable | a Scho | dulo |

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 | Filed with authorized/valid electronic signature. | 10/05/2012 | WILLIAM G. O'DONNELL, JR. |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 10/05/2012 | WILLIAM G. O'DONNELL, JR. |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| | S | CHE | EDULE S | SB | | Sing | le-Em | ploy | /er | Define | d Ben | nefi | t Plan | | | (| OMB | No. 121 | 0-0110 | |
|-------------|-----------|-----------|---|----------------|-----------|---------------|--------------|------------|---------|----------------------------|--------------|---------|-------------|-------|-------------|----------|--------------|------------------|---------|-----------------------|
| | | • | rm 5500) | | | | | | | Inform | | | | | | | | 201 ⁻ | 1 | |
| | | | ent of the Treasu Revenue Service | | | This school | lulo is roa | wired to | ho fil | ed under s | action 10/ | 1 of th | e Employ | 00 | | | | | - | |
| Er | nploye | | rtment of Labor fits Security Adm | inistration | | | Income S | Security | Act of | f 1974 (ERI ue Code (th | SA) and s | | | | | This F | | • | en to P | ublic |
| | | | fit Guaranty Corp | | - | | | | | nt to Form | , | 5500 | ee. | | | | Ir | nspect | ion | |
| For | alen | dar pl | an year 201' | 1 or fiscal | plan ye | | | 1/01/20 | | | 5500 01 3 | 5500- | and end | ling | 12/31 | /2011 | | | | |
| ► F | oun | d off | amounts to | nearest d | ollar. | | | | | | | | | | | | | | | |
| - | | | penalty of \$7 | 1,000 will I | be ass | essed for la | ate filing o | of this re | eport u | unless reas | onable ca | T | s establis | ned. | | | | | | |
| | | | n FOX, P.C. D | | BENEF | TT PLAN | | | | | | В | Three-d | • | | | | | 001 | |
| | | | | | | | | | | | | | plan nui | nbe | r (PN) | • | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | r's name as : FOX, P.C. | shown on | line 2a | of Form 5 | 500 or 55 | 00-SF | | | | | Employe | | entificatio | on Numl | ber (l | EIN) | | |
| 000 | | | 10,110. | | | | | | | | | 13 | -3093734 | | | | | | | |
| Е Ту | pe of | plan: | X Single | Multip | ole-A | Multiple | -В | | FF | Prior year pla | an size: 🗴 | (100 | or fewer | | 101-500 | о∏м | ore tl | han 500 |) | |
| Pa | | - | asic Inforr | | | LJ ' | | | | , , | | | | | | | | | | |
| 1 | | | valuation dat | | N | 1onth 01 | Г | Day_ | 01 | Year | 2011 | | | | | | | | | |
| 2 | Asse | | | | | | | | | | | | | | | | | | | |
| | а | Mark | et value | | | | | | | | | | | [| 2a | | | | | 492109 |
| | b | Actua | arial value | | | | | | | | | | | [| 2b | | | | | 492109 |
| 3 | Fund | ding ta | arget/particip | ant count | breakc | lown: | | | | | (1) N | umbe | r of partic | ipa | nts | | (2) [| Funding | g Targe | t |
| | а | For r | etired partici | pants and | benefi | ciaries rece | eiving pay | ment | | . 3a | | | | | 0 | | | | | C |
| | b | For t | erminated ve | ested parti | cipants | \$ | | | | 3b | | | | | 0 | | | | | C |
| | С | For a | active particip | pants: | | | | | | | | | | | | | | | | |
| | | (1) | Non-vested | benefits | | | | | | 3c(1) | | | | | | | | | | C |
| | | (2) | Vested bene | efits | | | | | | 3c(2) | | | | | | | | | | 548526 |
| | | (-) | Total active | | | | | | | 3c(3) | | | | | 3 | | | | | 548526 |
| 4 | d | | | | | | | | | 3d | | | | | 3 | | | | | 548526 |
| 4 | | • | is in at-risk s | - | | | • | () | ` | , | | | | Г | 4- | | | | | |
| | | | ing target dis | | • | | | | | | | | | - | 4a | | | | | |
| | b | | ing target ref k status for f | | | | | | | | | | | | 4b | | | | | |
| 5 | Effe | | nterest rate | | | | | | - | | | | | | 5 | | | | | 6.03 % |
| 6 | Targ | et no | rmal cost | | | | | | | | | | | | 6 | | | | | 0 |
| | | - | Enrolled Act | • | | | | | | | | | | | | | | | | |
| a | corda | nce with | ny knowledge, the n applicable law a | and regulation | ns. In my | opinion, each | other assum | | | | | | | | | | | | | |
| | | | fer my best estim | | aleu expe | enence under | ine pian. | | | | | | | | | | | | | |
| | GN ERE | | | | | | | | | | | | | | | 10/ | 04/2 | 012 | | |
| | | | | | Cianat | ure of octu | <u></u> | | | | | _ | | | | | | 012 | | |
| EDW | ARD | REPF | PER | | Signat | ure of actu | aiy | | | | | | | | | | ate -060 | 90 | | |
| | | | | Type | or pri | nt name of | actuary | | | | | _ | | | Most red | | | | nher | |
| ERP | ٩СΤΙ | JARIE | ES & CONSL | •• | or pri | | aotaary | | | | | | | | mootro | | | 3-5060 | | |
| | | | | | F | irm name | | | | | | _ | | Tele | phone n | umber (| inclu | ding a | ea cod | e) |
| | | | , SUITE 150 (10121-159) | | | | | | | | | | | | | (| | J | | - / |
| INEVV | IUR | .ix, in 1 | 10121-1590 | 0 | | | | | | | | | | | | | | | | |
| | | | | | Addr | ess of the f | ïrm | | | | | _ | | | | | | | | |
| If the a | actua | ry ha | s not fully ref | ilected anv | regula | ation or ruli | ng promu | lgated u | under | the statute | in comple | etina I | his schec | lule. | check t | he box a | and s | see | | Π |
| instru | tions | \$ | - | | - | | | - | | | | - | | | | | | | | |
| For P | aperv | work | Reduction A | Act Notice | and C | OMB Contr | ol Numb | ers, se | e the | Instructior | is for For | rm 55 | 00 or 550 | 00-S | F. | Sch | nedu | ie SB (| Form 5 | 500) 2011 v.012611 |

| Pa | art II | Beginn | ing of year | carryove | er and prefunding bal | lances | | | | | | |
|----|---------------------------|----------------|--------------------------|---------------|----------------------------------|------------------|----------------|----------------------------|---------|-------|--------------------------|------------|
| | | | | | | | (a) | Carryover balance | | (b) | Prefundin | ng balance |
| 7 | | 0 | 0 1 7 | | cable adjustments (line 13 fr | | | | 0 | | | 0 |
| 8 | | | | | unding requirement (line 35 | | | | 0 | | | 0 |
| 9 | Amoun | t remaining | (line 7 minus li | ne 8) | | | | | 0 | | | 0 |
| 10 | Interest | t on line 9 u | sing prior year's | s actual ret | urn of <u>-0.21</u> % | | | | 0 | | | 0 |
| 11 | | | | | to prefunding balance: | | | | | | | |
| | a Pres | sent value o | of excess contri | butions (lin | e 38 from prior year) | | | | | | | 0 |
| | | | | | rate of <u>6.00</u> % except | | | | | | | 0 |
| | C Tota | al available a | at beginning of c | urrent plan y | year to add to prefunding bala | ince | | | | | | 0 |
| | d Por | tion of (c) to | be added to p | refunding b | alance | | | | | | | 0 |
| 12 | Other r | eductions ir | h balances due | to elections | s or deemed elections | | | | 0 | | | 0 |
| 13 | Balance | e at beginni | ng of current ye | ear (line 9 + | - line 10 + line 11d – line 12) |) | | | 0 | | | 0 |
| Р | art III | Fundi | ng percenta | ages | | | | | | | | |
| 14 | Funding | g target atta | inment percent | age | | | | | | | 14 | 89.71 % |
| 15 | Adjuste | ed funding ta | arget attainmen | t percentag | je | | | | | | 15 | 89.71 % |
| 16 | | | | | of determining whether car | | | | | | 16 | 89.95 % |
| 17 | If the cu | urrent value | of the assets c | f the plan i | s less than 70 percent of the | e funding ta | rget, enter s | such percentage | | | 17 | % |
| P | art IV | Contr | ibutions an | d liquidi | ty shortfalls | | | | | | | |
| 18 | Contrib | utions made | e to the plan for | the plan y | ear by employer(s) and emp | oloyees: | | | | | | |
| () | (a) Dat 1M-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) ((MM-DD) | | (b) Amount pa employer(| | (| c) Amoun emplo | |
| ` | /13/2012 | , | employer | 16417 | empioyees | | | employer | 5) | | emplo | уссэ |
| | , 10/2012 | | | 10411 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Į | | I | | Totals ► | 18(b) | | 16417 | 18(c) | | 0 |
| 19 | Discour | nted employ | er contribution | s – see inst | tructions for small plan with | a valuation | . , | he beginning of the | e vear: | ., | | |
| | | | | | imum required contributions | | | | 19a | | | 4598 |
| | - | | | • | djusted to valuation date | | • | | 19b | | | 0 |
| | | | | | uired contribution for current y | | | | 19c | | | 9756 |
| 20 | | | ions and liquidi | | , | | | | | | | |
| - | | - | | - | he prior year? | | | | L | | X | Yes No |
| | | | - | | tallments for the current yea | | | | | | | Yes X No |
| | | | | | ete the following table as ap | | , | | Г | | | |
| | | | | | Liquidity shortfall as of er | - | er of this pla | an year | | | | |
| | | (1) 1st | | | (2) 2nd | | (3) | 3rd | | | (4) 4th | |
| | | | | | | | | | | | | |

Page **3**

| Pa | rt V | Assumptio | ns used to determine | funding target and target r | normal cost | | | | | |
|----|----------------|---------------------|----------------------------------|--|------------------------|------------|--------------|-----------|----------|--------|
| 21 | Discou | unt rate: | | | | | | | | |
| | a Se | gment rates: | 1st segment: 2.94% | 2nd segment: 5.82% | 3rd segment: 6.46 % | | N/A, fu | ıll yield | curve | e used |
| | b Ap | plicable month | (enter code) | | | 21b | | | | 0 |
| 22 | Weigh | ted average ret | irement age | | | 22 | | | | 62 |
| 23 | Mortal | ity table(s) (see | e instructions) X Pro | escribed - combined Pres | scribed - separate | Substitute | e | | | |
| Ра | rt VI | Miscellaneo | ous items | | | | | | | |
| 24 | | • | • | tuarial assumptions for the current | | | | | l Yes | X No |
| 25 | | | | an year? If "Yes," see instructions | | | | | Yes | X No |
| | | _ | | Participants? If "Yes," see instruc | | | | | Yes | X No |
| 27 | If the p | plan is eligible fo | or (and is using) alternative fu | nding rules, enter applicable code | and see instructions | 27 | | | | |
| Ра | rt VII | | | um required contributions | | II | | | | |
| 28 | Unpaid | d minimum requ | ired contributions for all prior | years | | 28 | | | | 4598 |
| 29 | | | | d unpaid minimum required contrib | | 29 | | | | 4598 |
| 30 | Remai | ining amount of | unpaid minimum required co | ntributions (line 28 minus line 29) | | 30 | | | | 0 |
| Ра | rt VIII | Minimum | required contribution | for current year | | | | | | |
| 31 | Targe | t normal cost ar | nd excess assets (see instruc | tions): | | | | | | |
| | a Tar | get normal cost | (line 6) | | | 31a | | | | 0 |
| | b Exc | cess assets, if a | pplicable, but not greater thar | n 31a | | 31b | | | | 0 |
| 32 | Amorti | ization installme | ents: | | Outstanding Bala | ance | | nstallm | ent | |
| | a Net | shortfall amorti | zation installment | | | 56417 | | | | 9750 |
| | b Wa | iver amortizatio | n installment | | | 0 | | | | 0 |
| 33 | | | | nter the date of the ruling letter grar) and the waived amount | | 33 | | | | |
| 34 | Total f | unding requiren | nent before reflecting carryov | er/prefunding balances (lines 31a - | 31b + 32a + 32b - 33) | 34 | | | | 9750 |
| | | | | Carryover balance | Prefunding bala | nce | Тс | tal bal | ance | |
| 35 | | | use to offset funding | 0 | | 0 | | | | 0 |
| 36 | Additic | onal cash requir | ement (line 34 minus line 35) | | | 36 | | | | 9750 |
| 37 | | | | ontribution for current year adjusted | | 37 | | | | 9756 |
| 38 | • | , | ss contributions for current ye | | | | | | | |
| | a Tota | al (excess, if an | y, of line 37 over line 36) | | | 38a | | | | 6 |
| | b Por | tion included in | line 38a attributable to use of | f prefunding and funding standard of | arryover balances | 38b | | | | 0 |
| 39 | Unpaid | d minimum requ | ired contribution for current y | ear (excess, if any, of line 36 over l | ine 37) | 39 | | | | 0 |
| 40 | Unpaid | d minimum requ | ired contributions for all years | 5 | | 40 | | | | 0 |
| Pa | rt IX | Pension f | unding relief under Pe | ension Relief Act of 2010 (| see instructions) | | | | | |
| 41 | If a sho | ortfall amortizati | on base is being amortized p | ursuant to an alternative amortization | on schedule: | | | | | |
| | a Sche | edule elected | | | | | 2 plus 7 yea | irs | 15 | years |
| | b Eligi | ble plan year(s) | for which the election in line | 41a was made | | 2008 | 3 2009 | 2010 | | 2011 |
| 42 | Amour | nt of acceleration | n adjustment | | | 42 | | | | |
| | | | | ed over to future plan years | | 43 | | | | |

O'Donnell & Fox, P.C. Defined Benefit Plan

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

| | For PPA Funding | For Actuarial Equivalence |
|------------------------------|---|---|
| Interest Rates | Segment 1 2.94% | Segment 1 2.02% |
| | Segment 2 5.82% | Segment 2 4.56% |
| | Segment 3 6.46% | Segment 3 5.75% |
| Pre-Retirement | | |
| Turnover | None | None |
| Mortality | None | None |
| Assumed Ret Age | Normal retirement age 62 and 5 years of participation | Normal retirement age 62 and 5 years of participation |
| | | |
| Post-Retirement | | |
| Post-Retirement Mortality | 2011 Applicable Mortality Table from Rev Rul 2006-67 | 2011 Applicable Mortality Table from Rev Rul 2006-67 |
| | Mortality Table from Rev Rul 2006-67 | Mortality Table from Rev |

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

O'Donnell & Fox, P.C. Defined Benefit Plan

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

| Plan Effective Date | January 1, 2007 | |
|---------------------------|--|------------------------|
| Plan Year | From January 1 to December 31 | |
| Eligibility | All employees not excluded by class are eligible January 1 or July 1 coincident with or following the following requirements: | |
| | 1 year of service Minimum age 21 | |
| Normal Retirement Age | All participants are eligible to retire with their f on the later of the following: | ull retirement benefit |
| | Attainment of age 62 Completion of 5 years of participation | |
| Normal Retirement Benefit | Upon normal retirement each participant will be payable in the normal form equal to the following | |
| | Maximum benefit is \$16,250 per month Maximum percent of salary is 100% | |
| | Benefit is based on average salary during the high years of employment | ghest 3 consecutive |
| Normal Form of Benefit | A benefit payable for the life of the participant | |
| Accrued Benefit | The normal retirement benefit described above the salary and/or service to the date of calculation normal retirement. | |
| Termination Benefit | Upon termination for any reason other than dear retirement a participant shall be entitled to a por equivalent of his accrued benefit in accordance vesting schedule: | rtion of the actuarial |
| | Credited Years | Vested Percent |
| | 1 | 0 |
| | 2 3 | 20 40 |
| | 3 4 | 40 60 |
| | 5 | 80 |

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

100

6

Years with less than 1,000 hours

O'Donnell & Fox, P.C. Defined Benefit Plan

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

| Top-Heavy Minimum Benefit | Each participant will be entitled to a minimum accrued benefit equal to the following: |
|---------------------------|---|
| | 2 percent of average compensation times credited years |
| | Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following: |
| | Years before the effective date Years with less than 1,000 hours excluding years plan not top-heavy |
| | with a maximum of 10 years |
| | Benefit is based on average salary during the highest 5 consecutive years of employment |
| Top-Heavy Normal Form | A benefit payable for the life of the participant |
| Top-Heavy Status | A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy. |
| Death Benefit | Actuarial Equivalent of the accrued benefit earned to date of death |

Attachment to 2011 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 13-3093734 PN: 001

O'Donnell & Fox, P.C. Defined Benefit Plan

Shortfall Amortization Valuation Date: January 1, 2011

| | | Number of | | Value of |
|----------------|--------------|---------------------|-------------|---------------------|
| | Amortization | Future | | Future |
| Valuation Date | Method | Installments | Installment | Installments |
| 01/01/2010 | 7-year | 6 | \$5,504 | \$30,139 |
| 01/01/2011 | 7-year | 7 | \$4,246 | \$26,278 |
| Total | | | \$9,750 | \$56,417 |

| (Form 5500) | ٨٥ | | | | efit Plan | | | |
|---|--------------------------------------|--------------------------------------|---------------------------------------|------------------------------|---|--------------------------------|--------------------------------------|--|
| | | tuarial | Inform | ation | | | | 2011 |
| Department of the Treasury Internal Revenue Service | This schedule is requi | ired to be file | ed under se | ction 104 | of the Employe | e _ | | |
| Department of Labor Employee Benefits Security Administration | Retirement Income Se | | 1974 (ERIS | SA) and se | | | | n is Open to Public |
| Pension Benefit Guaranty Corporation | | n attachmer | | • | 500-SF. | | | nspection |
| or calendar plan year 2011 or fiscal p | <u></u> | | 1/2011 | 5500 01 0 | and endi | ng | 12/ | 31/2011 |
| Round off amounts to nearest do | | | | | | | | |
| Caution: A penalty of \$1,000 will b | e assessed for late filing of | this report u | nless reaso | nable cau | se is establishe | əd. | | r |
| Name of plan | | | | | B Three-dig | | | 0.01 |
| | | | | | plan num | ber (PN) | P | 001 |
| D'DONNELL & FOX, P.C. 1 | DEFINED BENEFIT 1 | PLAN | | | | | | |
| Plan sponsor's name as shown on li | ine 2a of Form 5500 or 550 | 0-SF | | | D Employer | Identificati | on Number | (EIN) |
| DONNELL & FOX, P.C. | | | | | 13-3093 | 734 | | |
| Type of plan: X Single Multipl | e-A Multiple-B | F P | Prior vear pla | ın size: 🕅 | 100 or fewer | 101-50 | 00 🗍 More | than 500 |
| | | | | | | | | |
| Part I Basic Information Enter the valuation date: | Month 1 D | ay 1 | Year | 2011 | | | | |
| Assets: | | ~y | <u> </u> | | | | | |
| a Market value | | | | | | 2a | | 492,10 |
| b Actuarial value | | | | | | 2b | | 492,10 |
| Funding target/participant count t | preakdown: | | | (1) NI | umber of partici | pants | (2) | Funding Target |
| a For retired participants and | beneficiaries receiving payr | ment | 3a | | | 0 | | |
| b For terminated vested partic | cipants | | 3b | | | 0 | | |
| c For active participants: | | | | | | | | |
| | | | 3c(1) | | | | | |
| | | | 3c(2) | | 1 | 3 | | 548,52 548,52 |
| (-) | | | 3c(3) 3d | | | 3 | | 548,52 |
| d Total | | | 1 | I | | | | |
| | | | | | | 4a | | |
| a Funding target disregardingb Funding target reflecting at- | , , | | | | | | | |
| at-risk status for fewer than | five consecutive years and | disregarding | g loading fa | ctor | | 4b | | |
| Effective interest rate | | | | | | E | | 6.03 9 |
| Target normal cost | | | | | | 6 | | |
| To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticipation accordance with applicable law and regulation combination. | ns. In my opinion, each other assump | panying schedul otion is reasonab | les, statements ble (taking into a | and attachm account the e | ents, if any, is comp xperience of the pla | lete and accunation and reason | rate. Each prese able expectation | bribed assumption was applied s) and such other assumptions |
| SIGN HERE | | | | | | | 10/04/ Date | 2012 |
| DWARD REPER | -Signature of actuary | | | | <u> </u> | К <i>А</i> ғ | 11-06 | |
| Type RP ACTUARIES & CONSULT | e or print name of actuary | | | | | | 212) 56 | ment number 3 - 5060 |
| | Firm name | | | | | | | luding area code) |
| PENN PLAZA, SUITE 150 | 10 | | | | | | | |
| EW YORK | Address of the firm | NY 103 | 121-159 | 0 | | | | |
| | | llgated under | r the statute | in comple | eting this sched | ule, chec | k the box an | d see |
| the actuary has not fully reflected any | y regulation of ruling promu | | | | | | | |
| the actuary has not fully reflected any structions or Paperwork Reduction Act Notice | | | | | rm 5500 or 550 | 0-SF. | Sche | dule SB (Form 5500) 20 |

SB Actuary Signature

| 7 Balance at beginning of plor year after applicable adjustments (like 13 from prior year) (a) Carryover balance (b) Prefunding balance 8 Portion elected for use to offset prior year's lunding requirement (line 36 from prior year) 0 0 9 Amount remaining (line 7 minus line 8) | Pa | rt II Begi | nning of year c | arryove | r and prefunding bal | ances | | | | | | |
|--|---------------|------------------------|-----------------------|--------------|--------------------------------|--------------|--------------------------|-------------------|-----|-----------------|----------|------------|
| year) 0 0 8 Potion elected for use to offset prior year's funding requirement (line 35 from prior year) 0 0 9 Amount remaining (line 7 minus line 8) 0 0 0 10 Interest on line 9 using prior year's actual return of (0, 2, 21) %, 0 0 0 0 10 Interest on line 9 using prior year's actual return of (0, 2, 21) %, 0 0 0 0 10 Interest on line 9 using prior year's actual return of (0, 2, 21) %, 0 0 0 0 10 Interest on line 9 using prior year's actual return of (0, 2, 21) %, 0 0 0 0 10 Interest on line 9 using prior year's effective rate of (0, 2, 21) %, 0 0 0 0 11 Interest on line 9 using prior year's effective rate of (0, 2, 0, 23) %, except as otherwise provided (see instructions) 0 0 0 12 Other reductions in balances due to elections or deemed elections. 0 0 0 0 13 Baance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 0 0 0 14 File ourset begins of purposes of detamining whether carryovecityrefunding balances may be used to resture in the prior prearch | | | | | | | (a) | Carryover balance | | (b) P | refundin | ig balance |
| prior year 0 0 9 Amount ramaining (line 7 minus line 8) 0 0 10 Interest on line 9 using prior year's actual return of (0,21) % 0 0 11 Prior year's excess contributions to be added to prefunding balance: 0 0 11 Prior year's excess contributions (line 38 from prior year) 0 0 12 Different on (a) using prior year's affective rate of | 7 | - | | | | | | | 0 | | | 0 |
| 9 Amount remaining line / minus line 9, junctions 0 0 10 Interest on (a) using prior year's actual return of [0, 21], s, | 8 | | | | | | | | 0 | | | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: 0 a Present value of excess contributions (line 38 from prior year) 0 b Interest role (a) wing privar's effective rate of 6.00% except as otherwise provided (see instructions). 0 0 Other roductions in balances due to effecting balance. 0 0 12 Other roductions in balances due to elections or deemed elections. 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12). 0 0 0 14 Funding target attainment percentage 14 89.71 % 89.71 % 14 Funding target attainment percentage. 15 89.71 % 89.95 % 15 Adjusted funding target attainment percentage. 16 89.95 % 89.95 % 16 Prior year's funding requirement. 16 89.95 % 89.95 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % 9/13/2012 16,417 18(b) 26,417 18(c) 0 Amount paid by employer(s) and employee(s) 19 0 0 | 9 | | | | | | | | 0 | | | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: 0 a Present value of excess contributions (line 38 from prior year) 0 b Interest role (a) wing privar's effective rate of 6.00% except as otherwise provided (see instructions). 0 0 Other roductions in balances due to effecting balance. 0 0 12 Other roductions in balances due to elections or deemed elections. 0 0 0 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12). 0 0 0 14 Funding target attainment percentage 14 89.71 % 89.71 % 14 Funding target attainment percentage. 15 89.71 % 89.95 % 15 Adjusted funding target attainment percentage. 16 89.95 % 89.95 % 16 Prior year's funding requirement. 16 89.95 % 89.95 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % 9/13/2012 16,417 18(b) 26,417 18(c) 0 Amount paid by employer(s) and employee(s) 19 0 0 | 10 | Interest on line | 9 using prior year's | actual retu | rn of <u>(0.21)</u> % | | | | 0 | | | 0 |
| a Present value of backets output on the set of a 0 0 % except as otherwise provided (see instructions). 0 0 c Total available at beginning of current plan year to add to prefunding balance | 11 | Prior year's exc | ess contributions to | be added | to prefunding balance: | | - | | | | | |
| otherwise provided (see instructions) | | a Present val | ue of excess contrib | utions (line | e 38 from prior year) | | | | | | | 0 |
| C Total available at beginning of current pair year is table to prefutually balance | | | ., | | | | | | | | | C |
| a Portion of (c) to be added to profunding balances | | c Total availab | le at beginning of cu | rent plan y | ear to add to prefunding bala | ince | | | | | | 0 |
| 12 Other reductions in balances due to elections of deemag declores | | d Portion of (| c) to be added to pre | efunding b | alance | | | | | | | 0 |
| 13 beached at beginning of current year (inter soft miler for time for | 12 | Other reduction | is in balances due te | o elections | or deemed elections | | | | 0 | | | C |
| 14 Funding target attainment percentage 14 89.71 % 15 Adjusted funding target attainment percentage 15 89.71 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 89.95 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and liquidity shortfalls (a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (MM-DD-YYYY) (b) Amount paid by (c) Amount paid by (c) Amount paid by (c) Amount paid by (9/13/2012 16, 417 16 16, 417 16 0 19 Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: 19a 4, 592 2 Contributions and to avoid restrictions adjusted to valuation date. 19b 0 2 Contributions and to avoid restrictions adjusted to valuation for current year adjusted to valuation date. 19c 9, 756 20 Quarterly contributions and iquidity shortfalls | 13 | Balance at beg | inning of current yea | ar (line 9 + | line 10 + line 11d - line 12 |) | | | 0 | | | С |
| 14 Fundancy target attainment percentage 15 89.71 % 15 Adjusted funding target attainment percentage 16 89.95 % 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 89.95 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and to the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amount paid by (e) Amount paid by (e) Amount paid by (f) Amount | P | art III Fu | nding percenta | ges | | | | | | | | |
| 13 Adjusted fundament percentage for purposes of determining whether carryover/prefunding balances may be used to reduce 16 89.95 % 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. 17 % Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by (c) Amo | 14 | Funding target | attainment percenta | ige | | | | | | | 14 | 89.71 % |
| ourrent year's funding requirement | 15 | Adjusted fundir | ng target attainment | percentag | e | | | | | | 15 | 89.71 % |
| Part IV Contributions and liquidity shortfalls 18 Contributions made to the plan year by employer(s) and employees: (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (b) Amount paid by employer(s) (c) Amount paid by employees 09/13/2012 16, 417 | | current year's f | unding requirement. | | | | | | | | | 89.95 % |
| 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date employer(s) (b) Amount paid by employer(s) (c) Amount paid by employees (h) Amount paid by employer(s) (c) Amount paid by employees (c) Amount paid by employer(s) (c) Amount paid by employees 09/13/2012 16,417 16,417 0 | 17 | If the current va | alue of the assets of | the plan is | s less than 70 percent of the | e funding ta | arget, enter | such percentage | | | 17 | % |
| (a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees (b) Amount paid by employer(s) (c) Amount paid by employees 09/13/2012 16,417 0 < | P | art IV Co | ntributions and | l liquidi | ty shortfalls | | | | | | | |
| (a) Date (b) Attribution pairs by employees (MM-DD-YYYY) (b) employees 09/13/2012 16,417 (MM-DD-YYYY) (b) employees 09/13/2012 16,417 (b) employees (c) Attributions 09/13/2012 16,417 (c) Attributions (c) Attributions 10 16,417 16,417 (c) Attributions 11 16,417 18(c) (c) Attributions 12 16,417 18(c) (c) Attributions 13 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: (c) Attributions allocated toward unpaid minimum required contributions from prior years. 19a 4,598 14 Contributions adde to avoid restrictions adjusted to valuation date. 19b (c) 9,756 20 Quarterly contributions and liquidity shortfalls: (c) 9,756 (c) 9,756 20 Quarterly contributions and liquidity shortfalls: (c) 16 (c) 1 | 18 | Contributions r | nade to the plan for | the plan ye | ear by employer(s) and emp | ployees: | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 16, 417 18(c) 0 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: 19a 4, 598 b Contributions allocated toward unpaid minimum required contributions from prior years. 19a 4, 598 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19b 0 c Contributions and liquidity shortfalls: 19c 9, 756 20 Quarterly contributions and liquidity shortfalls: Xes No b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No c If 20a is "Yes," see instructions and complete the following table as applicable: Ves No Liquidity shortfall as of end of quarter of this plan year (1) (1) (1) | (N | | | | | | | | | (| | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | 0 | 9/13/2012 | | 16,417 | | | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | _ | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | ļ | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | <u> </u> | | | | | | |
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: a Contributions allocated toward unpaid minimum required contributions from prior years. b Contributions made to avoid restrictions adjusted to valuation date. c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | <u> </u> | | | | | | |
| a Contributions allocated toward unpaid minimum required contributions from prior years. 19a 4,598 b Contributions made to avoid restrictions adjusted to valuation date. 19b 0 c Contributions allocated toward minimum required contribution for current year adjusted to valuation date. 19c 9,756 20 Quarterly contributions and liquidity shortfalls: Image: Contributions and liquidity shortfalls: Image: Contribution for the prior year? Image: Contribution for | B100123030500 | | | | | | CONTRACTOR OF THE OWNER. | | | 7 18(c) | |) |
| a Contributions allocated toward unpaid minimum required contribution date | 19 | | | | | | | | | | | |
| C Contributions allocated toward minimum required contribution for current year adjusted to valuation date | | a Contribution | is allocated toward | unpaid min | imum required contribution | s from prio | r years | | | | | |
| 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year | | b Contribution | is made to avoid rea | strictions a | djusted to valuation date | | | | | | | |
| a Did the plan have a "funding shortfall" for the prior year?X Yes No b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | c Contribution | s allocated toward m | nimum req | uired contribution for current | year adjust | ed to valuati | on date | 19c | | | 9,75 |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | 20 | | | • | | | | | | | r | |
| C If 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (4) 4th | | | | | | | | | | | | |
| Liquidity shortfall as of end of quarter of this plan year | | b If 20a is "Ye | es," were required q | uarterly ins | stallments for the current ye | ar made in | a timely m | anner? | | | | Yes X No |
| | | C If 20a is "Ye | es," see instructions | and comp | lete the following table as a | pplicable: | | | | | | |
| (1) 1st (2) 2nd (3) 3rd (4) 4th | | | | | | | | | | | (4) | |
| | | (1) | 1st | | (2) 2nd | | (3 |) 3rd | | | (4) 41 | 111 |

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Page 3

| Par | t V A | ssumptio | ons use | d to d | letern | nine fu | unding t | arget and ta | rget n | ormal cost | | | | | | | | |
|-----|--|---------------------------------|-----------------|-----------------|-------------------|-----------------|----------------------|--|--------------------|---|-------------|---------|-------------------------|--------|--------|------|-------|-----|
| 21 | Discount | rate: | | | | | | | | | | | | | | | | |
| | a Segm | nent rates: | | 1st seg 2.94 | | | | 2nd segment: 5.82 % | | 3rd segment: 6.46 % | | | N/A, full yield curve u | | | used | | |
| | b Appli | cable month | (enter co | ode) | | | ,, | | | | 21 b |) | | | | | | 0 |
| 22 | Weighted | d average re | tirement | age | | | | | | | 22 | | | | | | (| 62 |
| | *** | table(s) (se | | | | | scribed - co | | | cribed - separate | Sub | stitute |) | | | | | |
| Par | | liscellane | ous ite | ms | | | | | | | | | | | | | | |
| | | | | | orescri | bed actu | Jarial assu | mptions for the | current p | lan year? If "Yes," see | instruc | tions | regardin | ig rec | uired | | | — |
| | | | | | | | | | | | | | | | | Yes | XNO | З |
| 25 | Has a me | ethod chang | e been n | nade for | the cu | rrent pla | an year? If | "Yes," see instr | uctions r | egarding required attac | hment. | | | | [] | Yes | XN | 0 |
| 26 | Is the pla | an required to | o provide | a Sche | dule of | Active I | Participant | s? If "Yes," see | instructi | ons regarding required | attachr | nent. | | |] | Yes | XN | 0 |
| 27 | If the pla regarding | in is eligible l g attachmen | for (and i t | s using) | alterna | ative fun | ding rules, | enter applicabl | e code a | nd see instructions | 27 | | | | | | | |
| Pa | t VII | Reconcili | iation o | of unpa | aid m | inimu | m requi | red contribu | itions | for prior years | | | | | | | | |
| 28 | Unpaid r | ninimum req | uired cor | ntribution | ns for a | all prior y | years | | | | 28 | | | | | | 4,5 | 98 |
| 29 | | | | | | | | | | tions from prior years | 29 | | | - | | | 4,5 | 98 |
| 30 | Remaini | ng amount o | of unpaid | minimur | m requ | ired con | tributions (| (line 28 minus lir | ne 29) | | 30 | | | | | | | 0 |
| Par | t VIII | Minimum | requir | ed co | ntribu | ution f | or curre | ent year | | | | | | | | | | |
| | | normal cost a | | | | | | | | | | | | | | | | |
| | a Targe | t normal cos | st (line 6) | | | | | | | | 31 | a | | | | | | 0 |
| | b Exce | ss assets, if | applicabl | e, but n | ot grea | ter than | 31a | | | | 31 | b | | | | | | 0 |
| 32 | Amortiza | ation installm | nents: | | | | | | | Outstanding Bala | ance | | Installment | | | | | |
| | a Nets | hortfall amor | rtization i | nstallme | ent | | | | | | 56, | 417 | 9,75 | | | | 50 | |
| | b Waiv | er amortizati | ion instal | Iment | | | | | | | | d | | | | | | 0 |
| 33 | If a waiv (Month | ver has been | approve Day | d for this | s plan y _ Yea | /ear, ent ir | ter the date) ar | e of the ruling le nd the waived ar | tter gran nount | ting the approval | 33 | 3 | | | | | | |
| 34 | | | | | | | | | | 31b + 32a + 32b - 33) | . 34 | ŧ | | | | | 9,7 | ′5C |
| | | | | | <u> </u> | <u> </u> | | arryover balance | | Prefunding bala | ince | | | To | al bal | ance | | |
| 35 | Balance | s elected for | r use to c | offset fun | ndina | | | | | | | | | | | | | |
| 00 | | nent | | | • | | | | 0 | | | | | | | | | C |
| 36 | Addition | al cash requ | uirement | (line 34 | minus | line 35). | | | | | . 36 | 3 | | | | | 9,7 | /50 |
| 37 | Contribu (line 190 | utions allocal c) | ted towa | rd minim | num reo | quired co | ontribution | for current year | adjuste | d to valuation date | 37 | 7 | | | | | 9,7 | 756 |
| 38 | Present | value of exc | cess cont | tribution | s for cu | irrent ye | ear (see ins | structions) | | | | | | | | | | |
| | a Total | (excess, if a | any, of lin | e 37 ov | er line | 36) | | | | | . 38 | a | | | | | | 6 |
| | b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | | | carryover balances | 38b | | | | | | | | | | |
| 39 | | | | | | . 39 | + | | | | | | | | | | | |
| 40 | Unpaid | minimum red | quired co | ontributic | ons for | all years | s | | | | . 41 | 0 | | | | | | |
| Pa | rt IX | Pension | ı fundiı | ng reli | ef un | der Pe | ension F | Relief Act of | 2010 (| see instructions) | | | | | | | | |
| 41 | If a shor | rtfall amortiza | ation bas | e is beir | ng amo | rtized p | ursuant to | an alternative a | mortizati | on schedule: | | | | | | | | |
| | a Scheo | dule elected | | | | | | | | ••••••••••••••••••••••••••••••••••••••• | | | 2 plus | 7 yea | rs |]15 | years | |
| | b Eligib | le plan year(| (s) for wh | nich the e | election | n in line | 41a was m | nade | | | [| 200 | 8 20 | 009 | 201 | | 2011 | |
| 42 | | | | | | | | | | | . 4 | 2 | | | | | | |
| | | | | | | | | | | | . 4 | 3 | | | | | | |

| | | Report of Small Employ | /ee | | DMB Nos. 1210-0110 1210-0089 | | | |
|--|---------------|---|--|---|---------------------------------|--|--|--|
| Department of the Treasury | Benefit | | 2011 | | | | | |
| Department of Labor Retirement Income Security Act o | f 1974 (ERI | ctions 104 and 4065 of the Employed SA), and sections 6057(b) and 6058 Code (the Code). | f This Form is Open to Public Inspection | | | | | |
| Pension Benefit Guaranty Corporation Complete all entries in accord | dance with | the instructions to the Form 5500 |)-SF | ins | pection | | | |
| Part I Annual Report Identification Information | | | | 10/01/001 | 1 | | | |
| | 01/01/2 | | | 12/31/201 | | | | |
| A This return/report is for: | | -employer plan (not multiemployer) | L | a one-particip | ant plan | | | |
| B This return/report is: L the first return/report | j. | eturn/report | | | | | | |
| an amended return/report | a short pla | n year return/report (less than 12 mo | onths) r | - | | | | |
| C Check box if filing under: X Form 5558 | 4 | extension | L | DFVC progra | m | | | |
| special extension (enter descripti | on) | | | | | | | |
| Part II Basic Plan Information—enter all requested inform | ation | | | | | | | |
| 1a Name of plan | | | | Three-digit plan number | | | | |
| O'DONNELL & FOX, P.C. DEFINED BENEFIT PI | LAN | | | (PN) | 001 | | | |
| | | | | Effective date of | plan | | | |
| | | | | 01/01/200 | 7 | | | |
| 2a Plan sponsor's name and address; include room or suite number (| employer, if | for a single-employer plan) | 2b | Employer Identit | ication Number | | | |
| ODONNELL & FOX, P.C. | | | | (EIN) 13-3093734 | | | | |
| | | | | 2c Sponsor's telephone number (212) 319-0600 | | | | |
| 39 BROADWAY, SUITE 1620 | | | | 2d Business code (see instructions | | | | |
| NEW YORK | | NY 10006 | | 541110 | | | | |
| 3a Plan administrator's name and address (if same as plan sponsor, e | enter "Same | | 3b | EIN | | | | |
| SAME | | | | | | | | |
| | | | 3C . | Administrator's | elephone number | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the | last return/r | eport filed for this plan, enter the | 4b | EIN | | | | |
| name, EIN, and the plan number from the last return/report. | | | | | ******* | | | |
| a Sponsor's name | | | 4c | PN | | | | |
| 5a Total number of participants at the beginning of the plan year | | | 5a | | 3 | | | |
| b Total number of participants at the end of the plan year | | | 5b | | 3 | | | |
| C Number of participants with account balances as of the end of the complete this item) | ····· | | 5c | | | | | |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | | |
| 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 indepen | ident qualified public accountant (IQ ions.) | PA) | | X Yes 🚺 No | | | |
| If you answered "No" to either 6a or 6b, the plan cannot use I | | | | | | | | |
| Part III Financial Information | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year | | | |
| a Total plan assets | 7a | 492,14 | 9 | | 505,189 | | | |
| b Total plan liabilities | 7b | | 0 | | 0 | | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 492,14 | .9 | | 505,189 | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | , (b) | [otal | | | |
| a Contributions received or receivable from: (1) Employers | | 16,41 | .7 | | | | | |
| (1) Employers | | · · · · · · · · · · · · · · · · | 0 | | | | | |
| (2) Participants | | | 0 | | | | | |
| b Other income (loss) | | (3,377 | 5 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | 13,040 | | | |
| d Benefits paid (including direct rollovers and insurance premiums | | | 0 | | | | | |
| to provide benefits) | | | | | | | | |
| e Certain deemed and/or corrective distributions (see instructions). | | | 0 | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | 1 | | | | | |
| g Other expenses | | | <u> </u> | | <u> </u> | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | + | | 13,040 | | | |
| i Net income (loss) (subtract line 8h from line 8c) | | | 0 | | 10,040 | | | |
| j Transfers to (from) the plan (see instructions) | | F | 4 | | Form 5500-SF (2011) | | | |
| For Paperwork Reduction Act Notice and UMp Control Numbers, see the instructions to | 2-000-0-000-0 | · - | | | v 019611 | | | |

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Page 2 -

Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 | During the plan year: | | Yes | No | | Amo | 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 | | х | | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | х | | | | 3 | 33,914 | | | |
| C | Was the plan covered by a fidelity bond? | 10c | | Х | | | | | | | |
| 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 | | х | | | | | | | |
| e | 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 | | х | | | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | Х | | | | 4 | 16,256 | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | | | | | | | | |
| Ì | 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 | | | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ection 3 | 302 of | ERISA? | . [] | Yes | 🛛 No | | | |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | | | | |
| а | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year | | | | | | | | | | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | r | | | | | | | | |
| 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 negative amount) | | | 12d | | | | _ | | | |
| e | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | N | NO | N/A | | | |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | | res X | No | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | | | | | | Yes | X No | | | |
| C 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.) | | | | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | 13 | c(2) E | IN(s) | | 13c(3) |) PN(s) | | | |
| | | | | | | | | | | | |
| Caut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cau | use is | estab | lished. | | | | | | |
| Unde SB o | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete. | urn/re | port, ir | ncludin | g, if appli | | | | | | |

| SIGN | William An Homuth | 10/5/202 | WILLIAM G. O'DONNELL, JR. | | | | |
|--------------|------------------------------------|-------------------|--|--|--|--|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator | | | | |
| SIGN HERE | Nilliam & O Hormill Mr. | 10/15/201 | HILLIAM G. O'DONNELL, JR. | | | | |
| | Signature of employer/plan sponsor | Date ⁷ | Enter name of individual signing as employer or plan sponsor | | | | |

Attachment to 2011 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameO'DONNELL & FOX, P.C. DEFINED BENEFIT PLANEIN: 13-3093734Plan Sponsor's NameODONNELL & FOX, P.C.PN: 001

| Date of | | Year | Effective | Interest Adjusted |
|-------------|--------|---------|---------------|-------------------|
| Contributon | Amount | Applied | Interest Rate | Contribution: |
| 09/13/2012 | 5,382 | 2010 | 6.00 | 4,598 |
| 09/13/2012 | 5,504 | 2011 | 11.03 | 4,749 |
| 09/13/2012 | 5,531 | 2011 | 6.03 | 5,007 |
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Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

| Plan Name O'DONNELL | & FOX, P.C. DEFINED BENEFIT PLAN | EIN: 13-30 | 93734 |
|---------------------|----------------------------------|-------------------|-------|
| Plan Sponsor's Name | ODONNELL & FOX, P.C. | PN: 00 |)1 |

The weighted average retirement age is equal to the normal retirement age of ⁶².

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age. 100% assumed to retire at age 62