#### 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| r      |  | lance witl   | h the instructions to the Form 5500    | )-SF.       |                            | •             |        |
|--------|--|--------------|--|-------------|----------------------------|---------------|--------|
| P      | art I Annual Report Identification Information   |              |  |             |                            |               |        |
| For    | calendar plan year 2011 or fiscal plan year beginning 01/01/2012   | 2            | and ending 1                           | 0/12/20     | 012                        |               |        |
| Α      | This return/report is for:   | a multiple   | -employer plan (not multiemployer)     | Ī           | a one-particip             | ant plan      |        |
|        |  |              | eturn/report                           | L           |                            |               |        |
| Ь      |  |              | •                                      |             |                            |               |        |
|        | an amended return/report   | a short pla  | an year return/report (less than 12 mo | onths)<br>_ | <del>_</del>               |               |        |
| С      | Check box if filing under: Form 5558   | automatic    | extension                              |             | DFVC progra                | m             |        |
|        | special extension (enter description   | n)           |  |             |                            |               |        |
| D:     | urt II Basic Plan Information—enter all requested informa  | tion         |  |             |                            |               |        |
|        |  | шоп          |  | 1h -        | Throo digit                |               |        |
|        | Name of plan DVISORS LLC PROFIT SHARING PLAN   |              |  |             | Three-digit<br>plan number |               |        |
| 1.11.7 | DVISORS EEG FROM IT SHARING FEAR   |              |  |             | (PN) ▶                     | 001           |        |
|        |  |              |  |             | Effective date of          |               |        |
|        |  |              |  |             | 01/01                      | •             |        |
| 2a     | Plan sponsor's name and address; include room or suite number (en  | nnlover if   | for a single-employer plan)            | 2h          | Employer Identif           |               | or     |
|        | ADVISORS LLC   | iipioyoi, ii | Tot a single employer plany            |             | EIN) 26-02                 |               | Jei    |
|        |  |              | ľ                                      |             | Sponsor's telep            | h an a numba  |        |
|        |  |              |  | 20 .        | 212-582                    |               |        |
|        | VEST 57TH STREET<br>YORK, NY 10019   |              |  | 24 1        | Business code (            |               | na)    |
| INLVV  | 10KK, W1 10019   |              |  | Zu          | 52311                      |               | )(3)   |
| 20     | Diam administrator's manner and address (if access as also access as   |              | .,,,                                   | 2 h         |                            | _             |        |
|        | Plan administrator's name and address (if same as plan sponsor, en DVISORS LLC 152 WEST 57'  |              |  | 30 /        | Administrator's I          | 511N<br>66962 |        |
|        | NEW YORK, N  |              |  | 3c /        | Administrator's t          |               | mher   |
|        |  |              |  | 00 /        | 212-582                    |               | 111001 |
| 4      | If the name and/or EIN of the plan sponsor has changed since the la  | st return/i  | report filed for this plan, enter the  | 4b          | EIN                        |               |        |
|        | name, EIN, and the plan number from the last return/report.  |              | ' '                                    |             |                            |               |        |
| а      | 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          |                            |               |        |
|        |  |              | <b> </b>                               | 30          |                            |               |        |
| С      | Number of participants with account balances as of the end of the pl complete this item)   |              | •                                      | 5c          |                            |               |        |
| 62     | Were all of the plan's assets during the plan year invested in eligible  |              | · ·                                    |             |                            | X Yes         | No     |
| b      | Are you claiming a waiver of the annual examination and report of a  |              | '                                      |             | •••••                      | <u> </u>      |        |
| 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  |              | •                                      |             |                            |               |        |
| Pa     | rt III Financial Information   |              |  |             |                            |               |        |
| 7      | Plan Assets and Liabilities  |              | (a) Beginning of Year                  |             | (b) End                    | of Voor       |        |
| _      | The state of the | 7-           | 298640                                 |             | (b) Liid                   |               | 0      |
| a      | Total plan assets  | 7a<br>       |  |             |                            |               |        |
| D      | Total plan liabilities   | 7b           | 0                                      |             |                            |               | 0      |
| С      | Net plan assets (subtract line 7b from line 7a)  | 7c           | 298640                                 |             |                            |               | 0      |
| 8      | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                             |             | (b) T                      | otal          |        |
| а      | Contributions received or receivable from:   |              | 0                                      |             |                            |               |        |
|        | (1) Employers  | 8a(1)        | 0                                      |             |                            |               |        |
|        | (2) Participants   | 8a(2)        |  |             |                            |               |        |
|        | (3) Others (including rollovers)   | 8a(3)        |  |             |                            |               |        |
| b      | Other income (loss)  | 8b           | 9496                                   |             |                            |               |        |
| C      | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |  |             |                            | 949           | 6      |
| d      | Benefits paid (including direct rollovers and insurance premiums   | 00           |  |             |                            |               |        |
| u      | to provide benefits)   | 8d           | 308136                                 |             |                            |               |        |
| е      | Certain deemed and/or corrective distributions (see instructions)  | 8e           |  |             |                            |               |        |
| f      | Administrative service providers (salaries, fees, commissions)   | 8f           |  |             |                            |               |        |
|        |  |              |  |             |                            |               |        |
| g      | Other expenses   | 8g           |  |             |                            | 00017         | 0      |
| h      | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |  |             |                            | 30813         |        |
| i      | Net income (loss) (subtract line 8h from line 8c)  | 8i           |  |             |                            | -29864        | 0      |
| j      | Transfers to (from) the plan (see instructions)  | 8j           |  |             |                            |               |        |
|        |  |              |  |             |                            |               |        |

| Form |  |  |
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|      |  |  |
|      |  |  |

| Page <b>2</b> - | 1 |
|-----------------|---|
|-----------------|---|

| Part IV | Plan    | Characte | aristics |
|---------|---------|----------|----------|
| ralliv  | - FIAII | Guaraci  | ยเอแรอ   |

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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         |          | Λ   | mour    | \*    |            |
|          | 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          |          |     | inoui   |       |            |
| b        | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported   | 10b         |        | X          |          |     |         |       |            |
| С        | Was the plan covered by a fidelity bond?  | 10c         |        | X          |          |     |         |       |            |
| 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          |          |     |         |       |            |
| 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  | 10h         |        |            |          |     |         |       |            |
| İ        | 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   |             |        |            |          |     |         |       |            |
| 11       | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))   |             |        |            |          |     | Пү      | es >  | No         |
| 12       | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  |             |        |            |          |     | Y       | es >  | <b>N</b> o |
|          | (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 instruction granting the waiver.  Mont   |             |        |            |          |     |         |       |            |
|          | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |             |        | 40h        |          |     |         |       |            |
| b        | Enter the minimum required contribution for this plan year  |             |        | 12b        |          |     |         |       |            |
|          | Enter the amount contributed by the employer to the plan for this plan year   | of a        |        | 12c<br>12d |          |     |         |       |            |
| Δ.       | negative amount)  |             |        |            | <u> </u> | es  | No      | П     | N/A        |
| art      |   |             |        |            | <u> </u> | 00  | 110     |       | ,, .       |
|          |   |             |        | X          | Yes      | No  |         |       |            |
| За       | Has a resolution to terminate the plan been adopted in any plan year?   |             |        | ^          | 162      | INO |         |       | (          |
| <b>h</b> | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |             |        | ntral      |          |     |         |       |            |
| D        | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?   | ınaer 1<br> | ne co  | ntroi      |          |     | X Y     | 'es   | No         |
| С        | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)                                     | e plan      | (s) to |            |          |     | _       | _     | _          |
| 1        | Bc(1) Name of plan(s):  |             | 130    | c(2) E     | EIN(s)   |     | 130     | (3) P | 'N(s)      |
|          |   |             |        |            |          |     |         |       |            |
|          | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu |             |        |            |          |     | le, a S | Sched | lule       |
|          | Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r   |             |        |            |          |     |         |       |            |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 10/14/2012   | DAVID TOTAH  |  |  |  |
|------|---|--|--|--|--|--|
| HERE | Signature of plan administrator                   | Enter name of individual signing as plan administrator |  |  |  |  |
| SIGN | Filed with authorized/valid electronic signature. | 10/14/2012   | DAVID TOTAH  |  |  |  |
| 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

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

OMB Nos. 1210-0110 1210-0089

### 2011

This Form is Open to Public Inspection

| D        | art I Annual Repo   | rt Identification Information  | ance with      | the mstructi  | ons to the Form 5500    | -SF.        |                                   |  |  |
|----------|---|--|----------------|---|-------------------------|-------------|-----------------------------------|--|--|
| 20000000 | the calendar plan year 2011                                 | rt Identification Information  | 01/01          | /2012   | and ending              | 10.         | /12/2012                          |  |  |
| 000      |   |  |                |   | (not multiemployer)     |             | 1                                 |  |  |
|          | This return/report is for:                                  |  |                |   | (not mullemployer)      |             | a one-participant plan            |  |  |
| В        | This return/report is:                                      |  | the final re   | •   |                         |             |                                   |  |  |
|          |   | an amended return/report   | a short pla    | n year return/r   | eport (less than 12 mor | iths)       |                                   |  |  |
| C        | Check box if filing under:                                  | Form 5558  | automatic (    | extension   |                         |             | DFVC program                      |  |  |
|          |   | special extension (enter description)  |                |   |                         |             |                                   |  |  |
| Pa       | art II Basic Plan In  | formation enter all requested inform   | mation         | Mary Mary Control of the Control of |                         |             |                                   |  |  |
|          | Name of plan  | onto an requested mich   | nadon.         |   |                         | <b>1b</b> ⊤ | hree-digit                        |  |  |
|          | m u anvitenne iic n   | ROFIT SHARING PLAN   |                |   |                         |             | olan number                       |  |  |
|          | I.H.ADVISORS LLC P  | ROFII SHARING PLAN   |                |   |                         |             | PN)   001  Effective date of plan |  |  |
|          |   |  |                |   |                         |             | 01/01/2007                        |  |  |
| 2a       | Plan sponsor's name and a                                   | address; include room or suite number (emp   | oloyer, if for | single-employ   | yer plan)               |             | Employer Identification Number    |  |  |
|          | T.H.ADVISORS LLC  |  |                |   | 3                       |             | EIN) 26-0266962                   |  |  |
|          |   |  |                |   |                         | 2c F        | Plan sponsor's telephone number   |  |  |
|          | 152 WEST 57TH STRE  | ET   |                |   |                         |             | (212) 582-6094                    |  |  |
|          |   |  |                |   |                         |             | Business code (see instructions)  |  |  |
| US       | NEW YORK  | NY 10019   |                |   |                         |             | 523110                            |  |  |
| 3a       |   | and address (If same as plan sponsor, ente   | er "Same")     |   |                         | <b>3b</b> △ | Administrator's EIN               |  |  |
|          | SAME  |  |                |   |                         |             |                                   |  |  |
|          |   |  |                |   |                         | 3c A        | Administrator's telephone number  |  |  |
|          |   |  |                |   | *                       |             |                                   |  |  |
| 4        | If the name and/or EIN of the                               | ne plan sponsor has changed since the last   | return/rep     | ort filed for this  | plan, enter the         | 4b E        | EIN                               |  |  |
|          | name, EIN, and the plan number from the last return/report. |  |                |   |                         | 4c PN       |                                   |  |  |
|          | Sponsor's Name  |  |                |   |                         |             | T                                 |  |  |
| b        |   | s at the beginning of the plan year s at the end of the plan year                          |                |   |                         | 5a<br>5b    | 3                                 |  |  |
| C        |   | account balances as of the end of the plan   |                |   |                         | JU          | · ·                               |  |  |
|          |   |  |                |   |                         |             |                                   |  |  |
| 6a       |   | s during the plan year invested in eligible a  |                |   |                         |             | XYes No                           |  |  |
| b        |   | of the annual examination and report of an i   |                |   |                         |             |                                   |  |  |
|          |   | 6? (See instructions on waiver eligibility and<br>ither 6a or 6b, the plan cannot use Form |                |   |                         |             | Yes No                            |  |  |
| Pa       | rt III Financial Info                                       |  | 3500-37 2      | ina must mst  | eau use Form 5500.      |             |                                   |  |  |
| 7        | Plan Assets and Liabilities                                 | mauon  |                | (a) B   | eginning of Year        | 1           | (b) End of Year                   |  |  |
| a        | Total plan assets   |  | 7a             | (a) D   |                         | +           |                                   |  |  |
| b        | Total plan liabilities                                      |  | 7b             |   | 298,640                 | +           | 0                                 |  |  |
| C        | Net plan assets (subtract lir                               | 20. 7h from line 7a)   | 7c             |   | 298,640                 | +           | 0                                 |  |  |
| 8        | Income, Expenses, and Tra                                   |  | 70             |   | (a) Amount              | -           | 0<br>(b) Total                    |  |  |
| а        | Contributions received or re                                |  |                |   | (w) Alliount            |             | (5) 10tai                         |  |  |
|          | (1) Employers   |  | 8a(1)          |   | 0                       |             |                                   |  |  |
|          | (2) Participants  |  | 8a(2)          |   |                         |             |                                   |  |  |
|          | (3) Others (including rollov                                | rers)  | 8a(3)          |   |                         |             |                                   |  |  |
| b        | Other income (loss)   |  | 8b             |   | 9,496                   |             |                                   |  |  |
| С        | Total income (add lines 8a)                                 |  | 8c             |   |                         |             | 9,496                             |  |  |
| d        |   | ect rollovers and insurance premiums   | 04             |   | 308,136                 |             |                                   |  |  |
| ۵        | to provide benefits)  | rective distributions (see instructions)   | 8d             |   | 500,130                 |             |                                   |  |  |
| e<br>f   |   | iders (salaries, fees, commissions)  | 8e<br>8f       |   | -                       | -           |                                   |  |  |
|          | •   |  |                |   | 700                     | +           |                                   |  |  |
| g<br>h   | F 40 1 40 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1             | 2d 8o 8f and 8d)   | 8g             |   |                         |             | 308,136                           |  |  |
| 1        | Total expenses (add lines 8                                 |  | 8h             |   |                         |             | (298,640)                         |  |  |
| 1        | Net income (loss) (subtract                                 |  | 8i             |   |                         |             | (298,640)                         |  |  |
|          | rransiers to (from) the plan                                | (see instructions)   | 8j             |   |                         |             |                                   |  |  |



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| •       | 200 | l |  |
|---------|-----|---|--|
| Page 2- |     |   |  |

| Part                                    | IV Plan Characteristics   |                         |            |               |                     |                     |
|---|---|-------------------------|------------|---------------|---------------------|---------------------|
|   | f the plan provides pension benefits, enter the applicable pension feature codes from the List of   | f Plan Characteristic   | Codes i    | in the i      | nstructions:        |                     |
| bı                                      | 2E f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of  | Plan Characteristic C   | Codes in   | the in        | structions:         |                     |
| Par                                     | t 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            |            | х             |                     |                     |
| b                                       | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions)  |                         |            | 17            |                     |                     |
|   | on line 10a.)   | 10k                     | )          | Х             |                     |                     |
| С                                       | Was the plan covered by a fidelity bond?  | 100                     |            | Х             |                     |                     |
| d                                       | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause or dishonesty?  | 100                     | 1          | х             |                     |                     |
| е                                       | Were any fees or commisions paid to any brokers, agents, or other persons by an insurance insurance services or other organization that provides some or all of the benefits under the p instructions.)   | an? (See                | )          | х             |                     |                     |
| f                                       | Has the plan failed to provide any benefit when due under the plan?   |                         |            | х             | Lancing to the same |                     |
| g                                       | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   |                         |            | х             |                     |                     |
| h                                       | 100.0   | -R                      |            |               |                     |                     |
| i                                       | If 10h was answered "Yes," check the box if you either provided the required notice or one of exceptions to providing the notice applied under 29 CFR 2520.101-3  | f the 10i               |            |               |                     |                     |
| Par                                     | t VI Pension Funding Compliance   |                         |            | *             |                     |                     |
| 11                                      | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (1500))  |                         |            |               |                     | Yes X No            |
| 12                                      | Is this a defined contribution plan subject to the minimum funding requirements of section 41 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  | 2 of the Code or sec    | tion 302   | of ER         | RISA?               | Yes X No            |
| a                                       | If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver   | Month _                 | and ent    | er the<br>Day | date of the lette   | er ruling<br>ar     |
| b                                       |   |                         |            | 12b           |                     |                     |
| С                                       |   |                         |            | 12c           |                     |                     |
| d                                       | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)   | sign to the left of a   | [          | 12d           |                     |                     |
| *************************************** | Will the minimum funding amount reported on line 12d be met by the funding deadline? .  | <u></u>                 |            |               | Yes                 | No N/A              |
| Par                                     | t VII Plan Terminations and Transfers of Assets   |                         | -          |               |                     | ETV DNa             |
| 13a                                     | 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   |                         |            | 13a           |                     | 0                   |
| b                                       | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?   | an, or brought under    | tne con    | roi           |                     | X Yes No            |
| С                                       | If during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)  | n(s), identify the plan | (s) to     |               |                     |                     |
|   | 13c(1) Name of plan(s):   |                         | 13         | 3c(2) E       | EIN(s)              | 13c(3) PN(s)        |
|   |   |                         |            |               |                     |                     |
|   |   |                         |            |               |                     |                     |
|   |   |                         |            |               |                     |                     |
| Cau                                     | tion: A penalty for the late or incomplete filing of this return/report will be assessed unle   | ss reasonable caus      | e is est   | ablish        | ed.                 |                     |
| Und<br>SB o                             | er penalties of perjury and other penalties set forth in the instructions, I declare that I have example the state of Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of, it is true, correct, and complete. | nined this return/repo  | ort, inclu | ding, i       | f applicable, a     | Schedule<br>dge and |
|   |   | DAVID TOTAH             |            |               |                     |                     |
|   | Signature of plan administrator Date  | Enter name of individ   | dual sign  | ning as       | s plan administ     | rator               |
| SI                                      | 11/8/2:   | DAVID TOTAH             |            |               |                     |                     |
|   | Signature of employer/plan sponsor Date   | Enter name of individ   | dual sig   | ning a        | s employer or p     | olan sponsor        |
|   |   |                         |            |               |                     |                     |