	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service					2010			
Er	Department of Labor mployee Benefits Security Administration Department of Labor Department of Labor Department of Labor Moleculation of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public			
Ρ	ension Benefit Guaranty Corporation	Inspection							
		entification Information	•		0/04/4	2010			
For	calendar plan year 2010 or fisca	7		g	2/31/2				
	This return/report is for:	single-employer plan	•	employer plan (not multiemployer)		one-participant plan			
B	This return/report is for:	first return/report	final retur	•					
-		an amended return/report	•	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558		extension		DFVC program			
		special extension (enter description	,						
	art II Basic Plan Inform	nation—enter all requested inform	ation		1h	Three-digit			
	-	RS OF GREATER NY, INC. 401(K) F	PLAN			plan number (PN) ▶ 002			
					1c	Effective date of plan 01/01/2001			
	Plan sponsor's name and addre	ess (employer, if for single-employer RS OF GREATER NEW YORK	plan)		2b	Employer Identification Number (EIN) 11-1622902			
	AIDEN LANE STE. 1503				2c	Plan sponsor's telephone number 212-385-4949			
NEW	YORK, NY 10038				2d	Business code (see instructions) 561900			
3a ASSO	Plan administrator's name and OCIATED BUILDERS & OWNER	address (if same as Plan sponsor, e RS OF GREATER 80 MAIDEN I	nter "Same LANE STE	e") . 1503	3b	Administrator's EIN 11-1622902			
NEVV	YORK	NEW YORK,	NY 10038		Administrator's telephone number 212-385-4949				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	4			
b	Total number of participants at	the end of the plan year			5b	3			
C	• •	th account balances as of the end of		· ·	1				
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b		e annual examination and report of			X Yes No				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	2772	3	3272			
b	•		. 7b)	0			
<u> </u>		'b from line 7a)	7c	2772	3	3272			
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount	_	(b) Total			
а			8a(1)	900	C				
	(2) Participants		8a(2))				
	(3) Others (including rollovers)		8a(3))				
b				420	0	1000			
C		8a(2), 8a(3), and 8b)	8c			1320			
d		ollovers and insurance premiums	25689						
е	· ,	ive distributions (see instructions)							
f	Administrative service provider	s (salaries, fees, commissions)	8f	8	87				
g	Other expenses		. 8g	(C				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			25776			
i		8h from line 8c)				-24456			
J	I ransfers to (from) the plan (se	ee instructions)	8j		C				

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: 2E 2F 2G 2J
- **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)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x				
С								50000
d								
e								24
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
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	X No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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							
lf v	granting the waiverMon rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day_		Yea	r	
	Enter the minimum required contribution for this plan year		Г	12b				
	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)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes		lo	N/A
Part								
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				<u> </u>
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C	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):		130	:(2) Ell	N(s)		13c(3)	PN(s)
Caut	on: A negative for the late or incomplete filing of this return/report will be assessed unless reasonab			ostabli	shod			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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.	06/24/2011	DAN MARGULIES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/24/2011	DAN MARGULIES
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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	Form 5500-SF	Short Form Annual Ret Be	e	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internet Revenue Service This form is required to be filed t					0	2010				
Freedo	Department of Labor byee Benefits Security Administration	Retirement Income Security Act	t of 1974 (E	RISA), and section 6058(a) of the		This Form is Open to Public Inspection				
	nsion Benefil Guaranty Carporation	 Complete all entries in accorda 	nce with th	e instructions to the Form 5500	-SF.					
Pa	rt Annual Report	dentification Information				444 (00000				
For th	te celendar plan year 2010 o	r fiscal plan year beginning	01/01/:		12/	/31/2010				
A TI	his return/report is for:	🗙 single-employer plan 🛛 🗍 m	ultiple-emp	loyer plan (not multiemployer)	L	one-participant plan				
	his return/report is for-	first retum/report	nai return/re	port						
		an amended retum/report si	hort plari ye	ar relum/report (less than 12 month	IS)					
n n	heck box if filing under:	☐ Form 5558	utomatic ex	tension		DFVC program				
00	HEER DOX II IIIIII GIIGEI	special extension (enter description)								
	411 Decis Blan Info	rmation — enter all requested inform	ation							
	rt II Basic Plan Info Name of plan	Imation — enter air requested imonit				hree-digit				
6 6 6		& OWNERS OF GREATER NY, INC	401 (K)	PLAN	•	Nan number PN) ► 002				
	ASSOCIATED HULLDERS	L OWNERS OF GREATER ML, INC		4. 449-16 1	·····	Effective date of plan				
				· · · · · · · · · · · · · · · · · · ·		01/01/2001				
$\overline{2a}$	Plan sponsor's name and add	rass (employer, if for single-employer plai	n)			Employer Identification Number				
	ASSOCIATED BUILDERS	& OWNERS OF GREATER NEW YOR	K			(EIN) 11-1622902 2c Plan sponsor's telephone number				
	80 MAIDEN LANE STE.	1503				(212) 385-4949				
						Business code (see instructions)				
US	NEW YORK	NY 10038	e "Canto"			561900 Administrator's EIN				
3a	Plan administrator's name and SAME	d address (if same as plan employer, ent	ar Sama)							
					30	Administrator's telephone number				
					Automistator stelephone habier					
					á L					
4	If the name and/or EIN of the	plan sponsor has changed since the last	retum/repo	n filed for this plan, enter the	4b					
	name, EIN and the plan numb	per from the last return/report. Sponsor's	Manne		4c	PN				
5 a	Total number of participants a	at the beginning of the plan year			<u>5a</u>	4				
þ	Total number of participants a	at the end of the plan year			<u>5b</u>	3				
С		with account balances as of the end of the	e plan year	(defined benefit plans do not	5c	1				
63	Were all of the plan's assets	during the plan year invested in eligible a	sets? (See	instructions.)		XYes No				
 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 an independent qualified public accountant (IQPA) 										
	under 29 CER 2520,104-46?	(See instructions on waiver eligibility and	conditions.)	* * *	XYes No				
		her 6a or 6b, the plan cannot use Form	5500-5F a	no must mataad user omn 3566.						
Collocation and	art III Financial Infor	mation		(a) Depleting of Voca		(b) End of Year				
7	Plan Assets and Liabilities			(a) Beginning of Year		3,272				
a	Total plan assets		73	27,728		3,272				
b	Total plan liabilities		76	27,728		3,272				
<u></u>	Net plan assets (subtract line	7b from line 7a)	7c	999 - 1991 - Carlo Marine Carlo Marine (m. 1995 - Carlo Marine), a sub-State Carlo Marine (m. 1995 - Carlo Marine (m. 1995 - Carlo Marine)), a sub-State (m. 1995 - Carlo Ma		angering die einen die State eine einen einen die gestellte die gestellte die gestellte die gestellte die sond				
8	Income, Expenses, and Tran			(a) Amount		(b) Total				
а	Contributions received or rec (1) Employers		89(1)	900	2 51 					
	(1) Employers		82(2)	0						
	(3) Others (including rollove		88(3)	0						
b			. 8b	420						
с	Total income(add lines 8a(1)), 83(2), 8a(3), and 8b)	. 8c			1,320				
d	Benefits paid (including direc	ct rollovers and insurance premiums		25,689						
	(5 proster = 11) ; ; ; ;		- 8d	25,669		n gan an a				
e		ective distributions (see instructions)	. <u>8e</u> . 8f	87						
ľ		ders (salaries, fees, commissions)	- 81 - 8g	0						
g				na se constante de la constante La constante de la constante de		25,776				
h	, ,	d, 8e, 8f, and 8g)	\$		1. 1.94 1. 1.94 1. 1.94	(24,456)				
Ĭ		ne 8h from line 8c)		0						
1	Transfers to (from) the plan	(see instructions)	. 8j	0						

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

Form 5500-SF (2010) v.092308.1 Form 5500-SF 2010

Part IV Plan Characteristics

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J

Part	V Compliance Questions		Yes	No	Am	ount	
10	Furing the plan year'						
а	Was there a failure to transmit to the plan any participant contribution within the time period described in Was there a failure to transmit to the plan any participant contribution within the time period described in	10a		x			-
	Was there a tailure to transmit to the plan any participant experimentation of the plan any participant experimentation experimentatio			1			
þ	were there any nonexempt transactions with any party-in-interest. (Do not include detection of include to the include detection of include to the include detection of include to the include detection of the include detect	10b		x			
		10c	x			50	0,000
Ċ	Was the plan covered by a fidelity bond?		<u> </u>				
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			
			1	1			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						24
	insurance services or other organization that provides some or all of the benefits under the plan? (See	100	X			والمعادية والمعادية والمعادية والمعادية	~~~
_	instructions.)	101		x			
f	Has the plan failed to provide any benefit when due under the plan?			x			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end)	10g		<u> ^</u>			
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		x			
	2520.101-3.)	100			- Provide Contraction of the Con		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10			うたい	Alta Alta Alta Alta Alta Alta Alta	1 50
*****	exceptions to providing the notice applied under 29 CFR 2520.101-3	1.0.					
Par	VI Pension Funding Compliance				15		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	ete 5	cheai	ne sp	(Form	Yes [X No
						TYes [X NO
12	5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	Seci	1011-51	2 01 6			
	(If "Yes," complete 12a pr 12b, 12c, 12d, and 12e below, as applicable)						
а	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see Instructio	ons,:	end e	nter the		ller ruiing 'ear	
	oranting the waiver	100 <u></u>				and a subscription in the subscription	
1f	you completed line 122, complete lines 3, 3, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b	T		
b			*	12c		ar ann ann ann an ann ann ann ann ann an	
C	Enter the amount contributed by the employer to the plan for this plan year	· ·	•	120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (onter a minus sign to the left of	а		12d			
	negative amount)	•		L	TYes		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u>. </u>		· · · ·			
Par	t VII Plan Terminations and Transfers of Assets						
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				* * * * * *	[]Yes	X No
150	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
t	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought un of the PBGC?					Ves	XNo
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	pian	(s) to				
	which assets or liabilities were transferred. (See instructions.)						·····
	13c(1) Name of plan(s):			13c(2)	EIN(s)	13c(3)F	PN(s)
د. «دوروندي							
1900-1900-1900-1900-1900-1900-1900-1900							
	the second unless reasonable files of the returning will be accessed unless reasonable	caus	0 is 6	stablis	hed.		
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable of	Ince	ort in	rluding	if applicable	a Schedule	
Und	ler penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rej	niebi Niebi	and t	o the b	est of my know	ledge and	
SB	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this recented ef. it is true, correct and complete.					-	
bel		ū.			7 5		
	ICN 6/2/11 Dan 1	13	54	11-	<u>{</u>		

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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