## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

| P             | Complete all entries in accordance   | rdance wit   | h the instructions to the Form 5500    | )-SF.  | 1                                       |
|---------------|--|--------------|--|--------|---|
|               | art I Annual Report Identification Information   |              |  |        |   |
| For           | calendar plan year 2010 or fiscal plan year beginning 01/01/201  | 10           | and ending 1                           | 2/31/2 | 2010                                    |
| Α .           | This return/report is for:   | multiple-e   | employer plan (not multiemployer)      |        | one-participant plan                    |
| В             | This return/report is for:   | final retur  | n/report                               |        | _                                       |
| _             | an amended return/report   | short plar   | n year return/report (less than 12 mor | nths)  |   |
| _             |  | <u> </u>     |  | 11110) | □ DEVC program                          |
| C             | Check box if filing under: Form 5558   | 1            | extension                              |        | DFVC program                            |
|               | special extension (enter descripti   | ,            |  |        |   |
| Pa            | rt II Basic Plan Information—enter all requested inform  | nation       |  |        |   |
|               | Name of plan   |              |  | 1b     | Three-digit                             |
| MY E          | UILDING INC 401K   |              |  |        | plan number 001                         |
|               |  |              |  | 10     | (PN)                                    |
|               |  |              |  | 10     | Effective date of plan<br>01/01/2010    |
| 22            | Plan sponsor's name and address (employer, if for single-employe   | r nlan)      |  | 2h     | Employer Identification Number          |
|               | UILDING INC  | ι ριατι)     |  |        | (EIN) 26-1458153                        |
|               |  |              |  | 2c     | Plan sponsor's telephone number         |
| 130 \<br>SUIT | VEST 25TH STREET   |              |  |        | 212-595-3075                            |
|               | YORK, NY 10001   |              |  | 2d     | Business code (see instructions) 511210 |
| 22            | Dian administrator's name and address (if some as Dian ananor of   | ntor "Com    | ~"\                                    | 2h     | Administrator's EIN                     |
| MY E          | Plan administrator's name and address (if same as Plan sponsor, of UILDING INC 130 WEST 2  | 25TH STRE    | e)<br>EET                              | SD     | 26-1458153                              |
|               | SUITE 4C<br>NEW YORK   | NY 10001     |  | 3c     | Administrator's telephone number        |
|               | NEW FORK   | ., 141 10001 |  |        | 212-595-3075                            |
|               | the name and/or EIN of the plan sponsor has changed since the la   |              | port filed for this plan, enter the    | 4b     | EIN                                     |
| 1             | name, EIN, and the plan number from the last return/report. Spons  | or's name    |  | 4c     | DN                                      |
| 52            | Total number of participants at the beginning of the plan year   |              |  |        | 6                                       |
|               |  |              | ł                                      | 5a     | 7                                       |
| b             | Total number of participants at the end of the plan year   |              | }                                      | 5b     | /                                       |
| С             | Total number of participants with account balances as of the end of complete this item)  |              | ` .                                    | 5c     | 3                                       |
| 60            | complete this item)  |              |  |        | X Yes No                                |
|               | Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of |              | ,                                      |        | les [] No                               |
| b             | under 29 CFR 2520.104-46? (See instructions on waiver eligibility  |              |  |        | X Yes ☐ No                              |
|               | If you answered "No" to either 6a or 6b, the plan cannot use F   |              |  |        |   |
| Pa            | rt III Financial Information   |              |  |        |   |
| 7             | Plan Assets and Liabilities  |              | (a) Beginning of Year                  |        | (b) End of Year                         |
| а             | Total plan assets  | 7a           |  |        | 23650                                   |
| b             | Total plan liabilities   |              |  |        |   |
| С             | Net plan assets (subtract line 7b from line 7a)  |              | 0                                      | )      | 23650                                   |
| 8             | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                             |        | (b) Total                               |
| а             | Contributions received or receivable from:   |              |  |        | (b) Total                               |
| _             | (1) Employers  | 8a(1)        | 2178                                   |        |   |
|               | (2) Participants   | 8a(2)        | 12686                                  | ,      |   |
|               | (3) Others (including rollovers)   | 8a(3)        | 6321                                   |        |   |
| b             | Other income (loss)  | 8b           | 2465                                   |        |   |
| С             | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   |              |  |        | 23650                                   |
| d             | Benefits paid (including direct rollovers and insurance premiums   |              |  |        |   |
|               | to provide benefits)   | 8d           |  | _      |   |
| е             | Certain deemed and/or corrective distributions (see instructions)  | 8e           |  |        |   |
| f             | Administrative service providers (salaries, fees, commissions)   | 8f           |  |        |   |
| g             | Other expenses   | 8g           |  |        |   |
| h             | Total expenses (add lines 8d, 8e, 8f, and 8g)  |              |  |        | 0                                       |
| i             | Net income (loss) (subtract line 8h from line 8c)  |              |  |        | 23650                                   |
| i             | Transfers to (from) the plan (see instructions)  |              |  |        |   |

|      | F          | orm 5500-SF 2010 Page <b>2-</b>   |            |          |           |            |        |          |         |   |
|------|------------|---|------------|----------|-----------|------------|--------|----------|---------|---|
| Par  | t IV       | Plan Characteristics  |            |          |           |            |        |          |         | _ |
| Эа   |            | plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch<br>P 2G 2J 2K 3D  | aracteri   | stic Co  | des in    | the instru | ctior  | ns:      |         | _ |
| h    |            | plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha  | aracteris  | tic Cod  | des in t  | he instru  | ction  | s.       |         |   |
|      |            | plan provided worlding sortolite, since the appropriate realities could world the List of Figure 2.   | ar actoric |          | 200 111 0 | no mond    | 011011 | <b>.</b> |         |   |
| art  | : <b>V</b> | Compliance Questions  |            |          |           |            |        |          |         |   |
| 0    | Durir      | ng the plan year:   |            | Yes      | No        |            | An     | nount    |         |   |
| а    |            | there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  | n<br>10a   |          | X         |            |        |          |         |   |
| b    |            | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)  | 10b        |          | X         |            |        |          |         |   |
| C    | Was        | s the plan covered by a fidelity bond?  | 10c        | X        |           |            |        |          | 1000    | ) |
| d    |            | the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau-<br>shonesty?  | 10d        |          | X         |            |        |          |         | _ |
| е    | insur      | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)   | 10e        |          | X         |            |        |          |         |   |
| f    |            | the plan failed to provide any benefit when due under the plan?   | 10f        |          | X         |            |        |          |         | _ |
| q    |            | the plan have any participant loans? (If "Yes," enter amount as of year end.)   | 10g        |          | X         |            |        |          |         | _ |
|      | If this    | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)  | 10g        |          | X         |            |        |          |         |   |
| i    | If 10      | h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3  | 10i        |          |           |            |        |          |         |   |
| art  | VI         | Pension Funding Compliance  |            |          |           |            |        |          |         |   |
| 11   |            | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and contractions and contractions are contracted by the contraction of |            |          |           |            |        | Yes      | No      |   |
| 2    | Is th      | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co   | de or se   | ection 3 | 302 of E  | ERISA?     | . [    | Yes      | X<br>No |   |
|      | ,          | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |            |          |           |            |        |          |         |   |
| а    |            | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst<br>ting the waiver   |            |          |           |            |        |          |         |   |
| lf : | -          | completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1  |            |          |           |            |        |          |         |   |
| b    | Ente       | r the minimum required contribution for this plan year  |            |          | 12b       |            |        |          |         |   |
| С    | Ente       | r the amount contributed by the employer to the plan for this plan year   |            |          | 12c       |            |        |          |         |   |
| d    |            | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le<br>tive amount)   |            | L        | 12d       |            |        | -        |         | _ |
| е    | Will t     | he minimum funding amount reported on line 12d be met by the funding deadline?  |            |          |           | Yes        |        | No       | N/A     | _ |
| art  | VII        | Plan Terminations and Transfers of Assets   |            |          |           |            |        |          |         | _ |
| 3а   | Has a      | 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.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

## 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. | 07/27/2011 | GUY BLACHMAN   |  |  |  |  |  |
|------|---|------------|--|--|--|--|--|--|
| 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 |  |  |  |  |  |

325917F4RF0 OMB Nos. 1210-0110 1210-0089 Short Form Annual Return/Report of Small Employee Form 5500-SF **Benefit Plan** Department of the Treasury Internal Revenue Service 2010 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Lebor Employee Benefits Security Admini Internal Revenue Code (the Code). This Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 12/31/2010 x single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report B This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested Information 1b Three-digit 1a Name of plan plan number MY BUILDING INC 401K (PN) • 001 1c Effective date of plan 01/01/2010 2a Plan sponsor's game and address (employer, if for single-employer plan)
MY BUILDING TNC 2b Employer Identification Number (EIN) 26-1458153 2c Plan sponsor's telephone number (212) 595-3075 130 WEST 25TH STREET **2d** Business code (see instructions) 511210 SUITE 4C NY 10001 NEW YORK 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAME 3b Administrator's ElN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year... 5a 5b b Total number of participants at the end of the plan year.... C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not <u>5c</u> complete this item). X Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-467 (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. Part III Financial Information (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 23,650 7a a Total plan assets....... b Total plan liabilities...... 7b 23,650 C Net plan assets (subtract line 7b from line 7a)... 7c (b) Total (a) Amount 8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 2,178 8a(1) (1) Employers ..... 12,686 (2) Participants ..... 8a(2) 6,323 (3) Others (including rollovers)..... 8a(3) 2,465 8b b Other income (loss)..... 23,650 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ........ 8c d Benefits paid (including direct rollovers and insurance premiums 8d to provide benefits).. Certain deemed and/or corrective distributions (see instructions)... 8e f Administrative service providers (salaries, fees, commissions)... 8f g Other expenses...... 8g

8h

8i

h Total expenses (add lines 8d, 8e, 8f, and 8g)....

i Net income (loss) (subtract line 8h from line 8c)....

23,650

## 325917F4RF0

|              |  | Form 5500-SF 2010   | Pi                    | age <b>2-</b>       |   |         |           |              |               |                 |              |  |  |
|--------------|--|---|-----------------------|---------------------|---|---------|-----------|--------------|---------------|-----------------|--------------|--|--|
| Pai          | t IV   | Plan Characteristics  |                       |                     |   |         |           |              |               |                 |              |  |  |
| 9a           | If the   | plan provides pension benefits, enter the applicable pension fea  | ature codes from the  | List of Plan Char   | acteris   | stic Co | des in    | the instru   | ictions       | 3;              |              |  |  |
| b            | 2E 2F 2G 2J 2K 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |   |                       |                     |   |         |           |              |               |                 |              |  |  |
|              | 17 414   | , plan provides wellare perfectly, offer the applicable wellare for   | ture codes from the   | Clot Of Fran Cripic | *C4C113   | 110 001 | 169 III I | ule ilibuut  | SOCI IR       | •               |              |  |  |
| Part         | ١V   | Compliance Questions  |                       | -0.0                |   |         |           |              |               |                 |              |  |  |
| 10           | Dun  | ing the plan year:  |                       |                     |   | Yes     | No        |              | Ame           | ount            |              |  |  |
| а            | a Was there a failure to transmit to the plan any participant contributions within the time period described in  |   |                       |                     |   |         |           |              |               |                 |              |  |  |
| ь            |  | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial there any nonexempt transactions with any party-in-interest? (   | •                     | •                   | 10a   |         | Х         |              |               |                 |              |  |  |
| ~            | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  |   |                       |                     | 10b   |         | х         |              |               |                 |              |  |  |
| C            | Wa   | s the plan covered by a fidelity bond?  |                       |                     | 10c   | Х       |           |              |               |                 | 1,000        |  |  |
| d            |  | the plan have a loss, whether or not reimbursed by the pian's fidi  | • .                   | •                   | 10đ   |         | х         |              |               |                 |              |  |  |
| 6            | insu   | re any fees or commissions paid to any brokers, agents, or other<br>rrance service or other organization that provides some or all of tr<br>ructions.)                    | he benefits under the | e plan? (See        | 10e   |         | х         |              |               |                 |              |  |  |
| f            |  | Has the plan failed to provide any benefit when due under the plan?   |                       |                     |   |         | х         |              |               |                 |              |  |  |
|              |  | the plan have any participant loans? (If "Yes," enter amount as o   |                       |                     | 10f   |         | Х         |              |               |                 |              |  |  |
| h            |  | is is an individual account plan, was there a blackout period? (Se  |                       |                     | 10g   |         | ^         |              |               |                 |              |  |  |
|              |  | 0.101-3.)   |                       |                     | 10h   |         | Х         |              |               |                 |              |  |  |
| i<br>        |  | th was answered "Yes," check the box if you either provided the repriors to providing the notice applied under 29 CFR 2520.101-3  |                       |                     | 101   |         |           |              |               |                 |              |  |  |
| Part         |  | Pension Funding Compliance  |                       |                     |   |         |           |              |               |                 |              |  |  |
| 11           |  | is a defined benefit plan subject to minimum funding requirement  |                       |                     |   |         |           |              | П             | Yes             | П №          |  |  |
| 12           |  | ls a defined contribution plan subject to the minimum funding rec   |                       |                     |   |         |           |              | T             | Yes             | X No         |  |  |
|              | (If "Y   | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable  | lė.)                  |                     |   |         |           |              | _             |                 | _            |  |  |
| а            |  | waiver of the minimum funding standard for a prior year is being a<br>ting the waiver.  |                       |                     |   |         |           |              |               |                 | ling         |  |  |
| lf :         |  | ompleted line 12a, complete lines 3, 9, and 10 of Schedule M  |                       |                     |   |         | Day.      |              | 100           | '               |              |  |  |
|              |  | r the minimum required contribution for this plan year  |                       |                     |   | L       | 12b       |              |               |                 |              |  |  |
| c            | Ente   | r the amount contributed by the employer to the plan for this plan  | ı year                |                     |   | L       | 12c       |              |               |                 |              |  |  |
|              | nega   | tract the amount in line 12c from the amount in line 12b. Enter the<br>alive amount)  |                       |                     |   |         | 12d       |              |               |                 | _            |  |  |
| <u>e</u>     | Will   | the minimum funding amount reported on line 12d be met by the   | funding deadline?     |                     |   |         |           | Yes          | <u> </u>      | No              | N/A          |  |  |
| Part         | VII  | Plan Terminations and Transfers of Assets   |                       |                     |   |         |           |              |               |                 |              |  |  |
| 13a          |  | a resolution to terminate the plan been adopted during the plan y   |                       |                     |   |         | _         |              |               | Yes             | X No         |  |  |
|              | if "Y  | es," enter the amount of any plan assets that reverted to the emp   | loyer this year       |                     |   | <u></u> | 13a       |              |               |                 |              |  |  |
| b            | of th  | e all the plan assets distributed to participants or beneficiaries, tra<br>e PBGC?  |                       |                     |   |         |           |              |               | Yes             | X No         |  |  |
| C            | ir du<br>whic  | ring this plan year, any assets or liabilities were transferred from<br>th assets or liabilities were transferred. (See instructions.)                                    | ина рин из вноилег    | pane, identity t    | io bidi   | 1(a) 10 |           |              |               |                 |              |  |  |
|              | (3c(1)   | Name of plan(s):  |                       | ···                 |   | 130     | c(2) Eli  | N(s)         |               | 13c(3)          | PN(8)        |  |  |
|              |  |   |                       |                     |   |         |           |              |               |                 |              |  |  |
|              |  |   |                       |                     | -   |         |           |              | +             |                 |              |  |  |
|              |  |   |                       |                     |   |         |           |              |               |                 |              |  |  |
| Caut         | ion: /   | A penalty for the late or incomplete filling of this return/report  | t wiii be assessed (  | uniess reasonab     | le cau  | se is   | establi   | ished.       |               |                 |              |  |  |
| Unde<br>SB o | r pen<br>r Sch   | allies of perjury and other penalties set forth in the instructions, I<br>adule MB completed and aigned by an enrolled actuary, as well a<br>true, correct, and complete. | declare that I have o | examined this reti  | um/rep  | ort, in | cluding   | a, if applic | able,<br>know | a Sch<br>/ledge | edule<br>and |  |  |
|              | Ť  |   |                       | Gun                 | 13),  | 201     | ma        |              |               |                 |              |  |  |
| SIG          | _ }  |   |                       | Enter name of li    |   | _       |           |              | ninistr       | ator            |              |  |  |
|              |  | enginerate of press administrates   | - 217                 |                     |   | - 2:8:  |           |              |               |                 |              |  |  |
| SIG          | _ (  | Cinneture of ampleyer/plus species  | Date                  | Enter name of it    | ndividi   | ıal sin | nina es   | emplove      | rorn          | lan se          | onsor        |  |  |
|              | Signature of employer/plan sponsor Date Enter name of  |   |                       |                     | of individual signing as employer or plan sponsor |         |           |              |               |                 |              |  |  |