## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

This form is required to be filed under sections 104 and 4065 of the Employee

Department of Labor
Benefits Security Administration
EBenefits Security Administration

Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		
Pa	art I Annual Report Id	lentification Information					
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010	_
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	first return/report	final retur	n/report		_	
	Ţ	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	
		special extension (enter description					
Do	rt II   Pacia Plan Inform	<u> </u>					_
	•	nation—enter all requested information	ation		1h	Three-digit	_
	Name of plan RROW CONSTRUCTION CORI	PORATION 401(K) PLAN			10	plan number	
<b>U</b> . 7						(PN) • 001	
					1c	Effective date of plan	
						07/01/1995	_
	Plan sponsor's name and address RROW CONSTRUCTION COR	ess (employer, if for single-employer	plan)		2b	Employer Identification Number	
SPAI	RROW CONSTRUCTION CORI	PORATION			20	(EIN) 11-2595273 Plan sponsor's telephone number	_
	WHITE PLAINS ROAD				20	718-519-6600	
BRO	NX, NY 10467				2d	Business code (see instructions)	
						236200	
	Plan administrator's name and RROW CONSTRUCTION CORI	address (if same as Plan sponsor, electric and address (if same as Plan sponsor) and address (if same as Plan sp			3b	Administrator's EIN 11-2595273	
		BRONX, NY			3c	Administrator's telephone number	 r
					•	718-519-6600	
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
- 1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN	
5a	Total number of participants at	the beginning of the plan year			<del>тс</del> 5а	18	<u> </u>
_	• •					1	
		the end of the plan year		:	5b	'	_
С	• • •	ith account balances as of the end of	. ,	•	5c		7
6a	,			(See instructions.)		Yes N	10
	•			ndent qualified public accountant (IQI			
	,	9 ,		ons.)		Yes L N	10
D-			orm 5500-	SF and must instead use Form 550	00.		_
	rt III   Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year 165301		(b) End of Year 11365	2
	Total plan assets		7a		_		0
b	•		7b	165301		11365	_
<u>C</u>		'b from line 7a)	7c				_
8	Income, Expenses, and Transf			(a) Amount		(b) Total	
а	Contributions received or received (1) Employers	vable from:	8a(1)	C	)		
			8a(2)	2100	)		
		)		0	)		
b	, ,	,	, ,	12547	,		
C	` '	8a(2), 8a(3), and 8b)				1464	7
d		rollovers and insurance premiums	. 00				
-	to provide benefits)		. 8d	65421			
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	C	)		
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	875	5		
g	Other expenses		. 8g	C	)		
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			6629	6
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			-5164	9
j		ee instructions)		C	)		ſ

Short Form Annual Return/Report of Small Employee

**Benefit Plan** 

F	orm 5500-SF 2010	Page <b>2-</b>
Part IV	Plan Characteristics	
	plan provides pension benefits, enter the applicable pension feature codes from $^2\text{C}$ $^2\text{C}$ $^2\text{C}$ $^2\text{C}$	m the List of Plan Characteristic Codes in the instructions:

	٧	Compliance Questions						
10		ng the plan year:		Yes	No		Amount	•
а		there a failure to transmit to the plan any participant contributions within the time period described in			X		7	•
		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		^			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X			
•		the plan covered by a fidelity bond?	10c	X				25000
C			100					2300
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X				1493
h	If this	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Х			
		.101-3.)	10h					
'		ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					\ \ Ye	s X No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						-
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00				· <u></u>	
а	If a w	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.						
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			
b	Ente	the minimum required contribution for this plan year			12b			
С	Ente	the amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
_	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ No	N/A
Part		Plan Terminations and Transfers of Assets				. 00		
							☐ Ye	s X No
13a		a resolution to terminate the plan been adopted during the plan year or any prior year?		Γ	 13a		re	is A INC
h		<ul> <li>s," enter the amount of any plan assets that reverted to the employer this year</li> <li>all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought</li> </ul>						
b		e PBGC?	under				Ye	s 🛚 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(	( <b>3)</b> PN(s)
			1					
Cauti	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.		_

SIGN	Filed with authorized/valid electronic signature.	07/27/2011	RANDOLPH J. SILVERSTEIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	n/report		
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: X Form 5558		extension	,	DFVC program
٠	special extension (enter description	l	o Alcholdii		I s. to brogiam
n		<del> </del>	<del> </del>		
	art II Basic Plan Information—enter all requested inform	ation		46	The dist
Id	Name of plan UPPER EAST SIDE PAIN MEDICINE, P.C			10	Three-digit plan number
	PROFIT SHARING PLAN				(PN) D 001
	FROETI SHARING FLAN			1c	Effective date of plan
					01/01/2005
2a	Plan sponsor's name and address (employer if for single-employer UPPER EAST SIDE PAIN MEDICINE	· plan)		2b	Employer Identification Number
				20	(EIN) 16-1677485 Plan sponsor's telephone number
	1540 YORK AVENUE			20	(212) 288-2180
	1040 TORK AVENUE			2d	Business code (see instructions)
	NEW YORK		NY 10028-5962		621111
3a	$\mathop{\hbox{Plan}}$ administrator's name and address (if same as $\mathop{\hbox{Plan}}$ sponsor, each	enter "Sam	e")	3b	Administrator's EIN
				3c	Administrator's telephone number
					(212)288-2180
	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN
<u>5a</u>	Total number of participants at the beginning of the plan year			5a	
b					
0				5b	
C	Total number of participants with account balances as of the end of	i ine bian v			
	complete this item)			5c	•
6a	complete this item)				X Yes
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	le assets?	(See instructions.)	PA)	∑ Yes ☐ No
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ole assets? an indepe and condit	(See instructions.)	PA)	∑ Yes ☐ No
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	ole assets? an indepe and condit	(See instructions.)	PA)	∑ Yes ☐ No
b Pá	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	ole assets? an indepe and condit	(See instructions.)  Indent qualified public accountant (IQuions.)  SF and must instead use Form 55	PA)	
b Pa	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities	ole assets? an indepe and condit orm 5500-	(See instructions.)  Indent qualified public accountant (IQ  IONS.)  SF and must instead use Form 55  (a) Beginning of Year	PA)	X Yes
Pá 7 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indepe and condit orm 5500-	(See instructions.)	PA) <b>00.</b>	X Yes No
Pa 7 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information  Plan Assets and Liabilities  Total plan liabilities	ole assets? an indepe and condit orm 5500-	(See instructions.)	PA)  2 0	(b) End of Year  (83,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	ole assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IQ ions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05	PA)  2 0	(b) End of Year  683,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan assets	ole assets? an indepe and condit orm 5500-	(See instructions.)	PA)  2 0	(b) End of Year  (83,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	ole assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IQ ions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05	PA)  2 0 2	(b) End of Year  683,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan assets	ole assets? an indepe and condit orm 5500-	(See instructions.) Indent qualified public accountant (IQuions.) SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount	PA)  2 0 2	(b) End of Year  683,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	ole assets? an indepe and condit orm 5500 7a . 7b . 7c	(See instructions.) Indent qualified public accountant (IQuions.) SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount	PA)  2 0 2	(b) End of Year  683,370
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	ole assets? an indepe and condit orm 5500 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(See instructions.) Indent qualified public accountant (IQuions.) SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount	PA)	(b) End of Year  683,370
Part Part Part Part Part Part Part Part	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)	ole assets? an indepe and condit orm 5500 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount	PA)	(b) End of Year  683,370
Pa 7 a b c 8 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan assets	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (83, 37)  (b) Total
Para b c s a b c c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (83, 37)  (b) Total
Para b c s a b c c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (83, 37)  (b) Total
Part Part Part Part Part Part Part Part	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (83, 37)  (b) Total
Para b c 8 a b c d e e	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (883, 37)  (b) Total
Para Para Para Para Para Para Para Para	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	ole assets? an indepe and condition 5500-  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  683,370  (b) Total
Part 7 a b c c 8 a b c c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  art III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	ole assets? an indepe and condit orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g . 8h	(See instructions.) Indent qualified public accountant (IQuions.)  SF and must instead use Form 55  (a) Beginning of Year  512,05  (a) Amount  121,60	PA)  2 0 2 2 8 8 0 0 0 8 8	(b) End of Year  (883, 37)  (b) Total

	Form 5500-SF 2010 Page <b>2-</b>						
Da	rt IV Plan Characteristics				<u> </u>		
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	ndes ir	the instruct	ions:	
	2A 2E 2F 2G 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	stic Co	des in	the instructi	ons:	
Par	t V Compliance Questions						·
10	During the plan year:		Yes	No		Amount	
а	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			
С	Was the plan covered by a fidelity bond?	10c	х			9(	0,000
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		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			
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		- <del>L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions are used to be subject to minimum funding requirements?	nplete	Sched	lule SI	3 (Form	☐ Yes [	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					_ <u></u>	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	C 01 3C	CHOIL	JUZ UI	LNIOA!	□ ,00 [	110
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ictions, nth	and e	nter ti Day	ne date of th	e letter rulir Year	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13/						<del></del>
b	Enter the minimum required contribution for this plan year		L	12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	of a	[	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						
	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			13a			
	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 which assets or liabilities were transferred. (See instructions.)	he plar	1(s) to				_
1	3c(1) Name of plan(s):		130	(2) El	N(s)	13c(3) F	PN(s)
		1					
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	se is 4	establ	ished	<u> </u>	
Under	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	urn/ren	ort. in	cludin	a. if applicat	ole, a Sched	dule
belief,	it is true, correct, and complete.	u choi i	anu t	o me i	corounity K	iowieuge a	HU

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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **Short Form Annual Return/Report of Small Employee Benefit Plan**

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information	4 704 70	~		10/01/0010	
For		1/01/2			12/31/2010	
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	year return/report (less than 12 mo	nths)	_	
С	Check box if filing under: X Form 5558	automatio	extension		DFVC program	
	special extension (enter description	on)				
P	art II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan	DI 70.1		1b	Three-digit	
	SPARROW CONSTRUCTION CORPORATION 401(K)	PLAN			plan number (PN) • 001	
				1c	Effective date of plan	
					07/01/1995	
2a	Plan sponsor's name and address (employer, if for single-employer SPARROW CONSTRUCTION CORPORATION	plan)		2b	Employer Identification Number	
	Difficient Condition Controllation			20	(EIN) 11-2595273 Plan sponsor's telephone number	
	3743 WHITE PLAINS ROAD			20	(718) 519-6600	51
	5/45 WILL LEMING ROLL			2d	Business code (see instructions)	)
-20	BRONX	ntor "Com	NY 10467	2h	236200 Administrator's EIN	
Ja	Plan administrator's name and address (if same as Plan sponsor, e SAME	nier Sam	<b>;</b> )	30	Administrator's EIN	
				3c	Administrator's telephone number	er
	The file of the second	-11 /		41-	(718) 519-6600	
4	If the name and/or EIN of the plan sponsor has changed since the la- name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN	
	, ,			4c	PN	
5a	Total number of participants at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •		5a		18
b	Total number of participants at the end of the plan year			5b		19
С	Total number of participants with account balances as of the end of	tha nlan i				
•				50		7
	complete this item)	***********		5c	V Vac III	7 No.
6a	complete this item)	le assets?	(See instructions.)		X Yes []	7 No
6a	complete this item)	le assets?	(See instructions.)ndent qualified public accountant (IC	 QPA)		
6a b	complete this item)	le assets? an indepe and condit	(See instructions.)ndent qualified public accountant (IGions.)	) (PA)		No
6a b	complete this item)	le assets? an indepe and condit	(See instructions.)ndent qualified public accountant (ICions.)SF and must instead use Form 55	) (PA)	∑ Yes ☐ □	No
6a b Pa	Complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.)	QPA) 600.	(b) End of Year	No No
6a b	Complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.)ndent qualified public accountant (ICions.)SF and must instead use Form 55	QPA) 600.	∑ Yes ☐ □	No No
6a b Pa 7 a b	complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.)	QPA) 600.	(b) End of Year	No No
6a b 7 a b	Complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.)	QPA) 600.	(b) End of Year  113, 6	No No
6a b 7 a b c	Complete this item)  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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? an indepe and condit orm 5500-	(See instructions.)	QPA) 600.	(b) End of Year	No No
6a b 7 a b	Complete this item)	le assets? an indepe and condit orm 5500-	(See instructions.)	QPA) 600.	(b) End of Year  113, 6	No No
6a b 7 a b c	complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	le assets? an indepe and condit orm 5500-  7a 7b 7c	(See instructions.)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6	No No
6a b 7 a b c	Complete this item)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1)	(See instructions.)	QPA) 600. 01 0 01 0 00 00 00 00 00 00 00 00 00 00	(b) End of Year  113, 6	No No
6a b 7 a b c	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)	QPA) 600. 01 0 01 0 00 00 00 00 00 00 00 00 00 00	(b) End of Year  113, 6  (b) Total	No No 5552
6a b 7 a b c 8 a	complete this item)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)	QPA) 600. 01 0 01 0 00 00 00 00 00 00 00 00 00 00	(b) End of Year  113, 6	No No 5552
6a b 7 a b c 8 a	complete this item)	7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.)	0 0 0 0 0 0 1 1 7 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year  113, 6  (b) Total	No No 5552
6a b 7 a b c c 8 a b	Complete this item)  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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c  8d	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2,10	0 0 0 0 0 0 1 1 7 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year  113, 6  (b) Total	No No 5552
6a b 7 a b c 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(See instructions.) Indent qualified public accountant (IC ions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2,10	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6  (b) Total	No No 5552
6a b 7 a b c c 8 a b	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f	(See instructions.) Indent qualified public accountant (ICoions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2, 10  12, 54	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6  (b) Total	No No 5552
6a b 7 a b c c 8 a b	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) Indent qualified public accountant (ICoions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2, 10  12, 54	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6  (b) Total	No No 5552 05552
6a b 7 a b c c 8 a b c d e f	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) Indent qualified public accountant (ICoions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2, 10  12, 54	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6  (b) Total	No No 552 0 552 296
6a b 7 a b c c 8 a b c d e f	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	le assets? an indepe and condit orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) Indent qualified public accountant (ICoions.)  SF and must instead use Form 55  (a) Beginning of Year  165, 30  (a) Amount  2, 10  12, 54	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year  113, 6  (b) Total	No No 552 0 552 296

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Page	2-		
raue	Z-		

Enter name of individual signing as employer or plan sponsor

Part IV	P	AL 4 1 41	
→ 2 → 3 → 288 b > 28883	Lian	Characteristics	

HERE

Signature of employer/plan sponsor

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

2E 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:

Part	V Compliance Questions									
10	During the plan year:				Yes	No	F	mount		
а	Was there a failure to transmit to the plan any participant contributions w					3.7				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Were there any nonexempt transactions with any party-in-interest? (Do	-	•	10a		X				
D	on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	37				\ F \	
				100	X				25,	JUC
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)	sons by an insur penefits under the	ance carrier, e plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		X				
a	Did the plan have any participant loans? (If "Yes," enter amount as of ye									
g h	If this is an individual account plan, was there a blackout period? (See in			10g	Х			1	4,5	937
**	2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the requ			1011						
	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? (5500))	(If "Yes," see ins	tructions and com	plete	Sched	ule SE	3 (Form	Yes	$\overline{\mathbf{x}}$	No
12	Is this a defined contribution plan subject to the minimum funding require							Yes	X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_		
а	If a waiver of the minimum funding standard for a prior year is being amo	ortized in this pla	n year, see instruc	ctions,	and e	nter th	ne date of the	e letter ru	ling	
16.	granting the waiver.			th		Day		/ear		_
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	•	-			12b	1			
b	Enter the minimum required contribution for this plan year				⊢					
	Enter the amount contributed by the employer to the plan for this plan ye					12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)					12d				
е	Will the minimum funding amount reported on line 12d be met by the fun-				<u> </u>		Yes	No	٦ <sub>N</sub>	/A
Part								LL		
<u> </u>								☐ Yes	X	NI-
ısa	Has a resolution to terminate the plan been adopted during the plan year						T	res	Δ	No
	If "Yes," enter the amount of any plan assets that reverted to the employed Were all the plan assets distributed to participants or beneficiaries, transitions.	er this year				13a				
D	of the PBGC?	terred to another	pian, or prougnt	unaer	tne co	ntroi		Yes	X	No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)			ne plai	n(s) to	••••		Ц	tJ	
1:	3c(1) Name of plan(s):				130	(2) El	N(s)	13c(3)	PN(	(s)
C4	A south forth left and south fill the fill of the left and the left an			ļ						
	on: A penalty for the late or incomplete filing of this return/report wi						***************************************			
SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	ne electronic vers	examined this return/	rn/report	ort, in , and t	cluain o the b	g, if applicab best of my kr	ie, a Scho nowledge	edule and	€
			RANDOLPH J	- CT	VE	O C.D.	TKI	· · · · · · · · · · · · · · · · · · ·		
SIGN		140	/ / /		<del>/</del>					
	Signature of plan administrator Da	118	Enter name of Ir	awiat	sigr	iing as	s pian admin	istrator		
SIGN										

Date