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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	•			
	Part I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α.	his return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	his return/report is for:	first return/report	final return/report						
		nths)							
C	Check box if filing under:	Form 5558	automatio	extension	DFVC program				
				_					
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan	Tation an requested milen	iation		1b	Three-digit			
	TOWER SALARY DEFERRAL	. PLAN				plan number 001			
						(PN) •			
					1c	Effective date of plan			
	DI				26	12/01/1985			
	Plan sponsor's name and addre (TOWER REALTY CORPORAT	ess (employer, if for single-employer	r plan)		2D	Employer Identification Number (EIN) 11-2470405			
					2c	Plan sponsor's telephone number			
	MADISON AVENUE, 35TH FLOO YORK, NY 10022	OR				212-310-9793			
IVEVV	10KK, W1 10022				2d	Business code (see instructions) 531110			
32	Plan administrator's name and	address (if same as Plan sponsor, e	ontor "Same	5"\	3h	Administrator's EIN			
PARI	TOWER REALTY CORPORAT	TION 535 MADISO	ON AVENU	E. 35TH FLOOR	35	11-2470405			
		NEW YORK	, NY 10022	!	3с	Administrator's telephone number			
						212-310-9793			
		n sponsor has changed since the la r from the last return/report. Sponse		port filed for this plan, enter the	4b EIN				
	and, Ent, and the plan number	Them the last retain, report. Opens.	or o marrie		4c	PN			
5a	Total number of participants at		5a	68					
b	Total number of participants at	the end of the plan year			5b	65			
С	Total number of participants wit	th account balances as of the end c	of the plan y	vear (defined benefit plans do not					
	complete this item)				5c	49			
	· ·			(See instructions.)		Yes No			
b				ndent qualified public accountant (IQ		X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	rt III Financial Informa								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	5671520)	5737416			
b	Total plan liabilities								
С		b from line 7a)		5671520)	5737416			
8	Income, Expenses, and Transfe			(a) Amount		(b) Total			
а	Contributions received or received			(a) i mie ami		(a) resur			
	(1) Employers		. 8a(1)		_				
	(2) Participants		. 8a(2)	239937					
	(3) Others (including rollovers)		. 8a(3)						
b	Other income (loss)		8b	570433	3				
С	Total income (add lines 8a(1), 8	3a(2), 8a(3), and 8b)	. 8c			810370			
d		ollovers and insurance premiums	8d	744223	3				
е		ve distributions (see instructions)	8e						
f	Administrative service providers	s (salaries, fees, commissions)	8f						
g	Other expenses		8g	251					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)				744474			
i		8h from line 8c)				65896			
i		e instructions)							

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2E 2F 2G 2J 2K 3D 3H				the Continue Cons
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Coc	ies in t	the instructions:
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		5000000
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		Χ	
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		Χ	
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		50216
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			
ırt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA? Yes 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 amortized in this plan year, see instruction granting the waiver				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		
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			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d	

Part VII | Plan Terminations and Transfers of Assets

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.)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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

N/A

No

Yes X No

No

Yes

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.	08/08/2011	RAYMOND TOCCI
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

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

Fo	Part I Annual Report Identification Information	100 10			10/01/0010		
)1/01/2	010 and ending		12/31/2010		
Α	This return/report is for:	multiple-e	ultiple-employer plan (not multiemployer)				
В	This return/report is for: first return/report	final return/report					
	an amended return/report	short plar	n year return/report (less than 12 moi	nths)			
С	Check box if filing under:	automatio	extension		DFVC program		
	special extension (enter description	on)					
P	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
	PARK TOWER SALARY DEFERRAL PLAN				plan number (PN) 001		
				10	Effective date of plan		
					12/01/1985		
2a	Plan sponsor's name and address (employer, if for single-employer PARK TOWER REALTY CORPORATION	plan)		2b	Employer Identification Number		
	PARK TOWER REALITY CORPORATION			2-	(EIN) 11-2470405		
	ESE MADICON AVENUE SEMULETOOD			2C	Plan sponsor's telephone number (212) 310-9793		
	535 MADISON AVENUE, 35TH FLOOR			2d	Business code (see instructions)		
	NEW YORK		NY 10022		531110		
зa	Plan administrator's name and address (if same as Plan sponsor, e SAME	nter "Same	e")	3b	Administrator's EIN		
				3с	Administrator's telephone number		
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. Sponsor		port filed for this plan, enter the	4b	EIN		
	Tallo, and the plan named not the last retails report.			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	6		
b	Total number of participants at the end of the plan year		5b	6			
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				4		
Go	complete this item)			5c			
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						
J	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ons.)		X Yes No		
	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	and condit	ons.)		X Yes No		
Pa	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	and condit	ons.)SF and must instead use Form 55				
P:	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	and condit orm 5500-	ons.)SF and must instead use Form 55	00.	(b) End of Year		
P: 7 a	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	and condit orm 5500-	ons.)SF and must instead use Form 55	00.			
Pa 7 a b	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	and condit orm 5500- . 7a . 7b	(a) Beginning of Year	0	(b) End of Year 5,737,41		
Pa a b c	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)	and condit orm 5500- . 7a . 7b	(a) Beginning of Year 5, 671, 52	0	(b) End of Year 5,737,41		
P: 7 a b c c 8	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)	and condit orm 5500- . 7a . 7b	(a) Beginning of Year	0	(b) End of Year 5,737,41		
Pa a b c	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)	and condit orm 5500- . 7a . 7b	(a) Beginning of Year 5, 671, 52	0	(b) End of Year 5,737,41		
P: 7 a b c c 8	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)	and condition 5500 7a . 7b . 7c . 8a(1)	(a) Beginning of Year 5, 671, 52	0	(b) End of Year 5,737,41		
P: 7 a b c c 8	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 Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	0 0	(b) End of Year 5,737,41		
P: 7 a b c c 8	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 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 5, 671, 52 (a) Amount	0 0	(b) End of Year 5,737,41 5,737,41 (b) Total		
7 a b c 8 a	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 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	0 0	(b) End of Year 5,737,41		
7 a b c 8 a	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 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	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	000.	(b) End of Year 5,737,41 5,737,41 (b) Total		
7 a b c 8 a b	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 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)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	000.	(b) End of Year 5,737,41 5,737,41 (b) Total		
7 a b c 8 a	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 Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	000.	(b) End of Year 5,737,41 5,737,41 (b) Total		
Part Part Part Part Part Part Part Part	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) 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)	and conditions 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount	00.	(b) End of Year 5,737,41 5,737,41 (b) Total		
7 a b c 8 a b	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 Net plan assets (subtract line 7b from line 7a)	and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount 239, 93 570, 43	00.	(b) End of Year 5,737,41 5,737,41 (b) Total 810,37		
7 abbc 8 a b cd	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 Net plan assets (subtract line 7b from line 7a)	and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 5, 671, 52 5, 671, 52 (a) Amount 239, 93 570, 43	00.	(b) End of Year 5,737,41 5,737,41 (b) Total		

	Form 5500-SF 2010 Page 2-							
Dar	t IV Plan Characteristics				<u> </u>			
9a	If the plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.							
Parl	V Compliance Questions							
10	During the plan year:		Yes	No		Amoun	t	
а		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			5,	000,000	
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.)			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	X				50,216	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	Λ.	Х			30,210	
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							es No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						es 🛛 No	
	(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 rugranting the waiver. Month Day Year								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	12b	1			
D	b Enter the minimum required contribution for this plan year			12b				
c d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a							
е	negative amount)		-		Yes	П No	□ N/A	
Part							<u>Lud</u>	
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Пу	es X No	
Iou			Γ	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						es 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.)	the pla	ın(s) to)				
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) F			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble car	use is	estab	lished.			

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

HERE

Signature of plan administrator

Date

Finter name of individual signing as plan administrator

SIGN ROUMAN	8/1/2011	RAYMOND TOCCI
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