#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0044

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	dance with	the instructions to the Form 55	00-5F.				
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/02/20	)11			
Α .	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)	)	a one-participant plan			
В	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)				
C	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter descriptio	n)						
Pa	Irt II Basic Plan Information—enter all requested information	ation						
1a	Name of plan				Γhree-digit			
ASSC	OCIATED BUILDERS & OWNERS OF GREATER NEW YORK, INC.	PENSION	I PLAN		olan number			
					PN) 001			
				10 1	Effective date of plan 01/01/1983			
	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b E	Employer Identification Num	ber		
ASS	OCIATED BUILDERS & OWNERS OF GREATER NEW YORK				EIN) 11-1622902			
				2c 3	Sponsor's telephone number 212-385-4949	er		
80 M. NFW	AIDEN LANE STE. 1503 YORK, NY 10038			2d F	Business code (see instructi	ione)		
	75/44,177 15555				561900	10113)		
	Plan administrator's name and address (if same as plan sponsor, er			<b>3b</b> Administrator's EIN				
	OCIATED BUILDERS & OWNERS OF GREATER 80 MAIDEN L YORK 80 MAIDEN L NEW YORK, 1		1503	11-1622902 <b>3c</b> Administrator's telephone numbe				
				30 /	212-385-4949			
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	4b EIN					
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year							
b	Total number of participants at the end of the plan year			- Ou				
C	Number of participants with account balances as of the end of the p			. 20				
	complete this item)		·	. 5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes	No		
b	Are you claiming a waiver of the annual examination and report of a				X Yes	П No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Information	31111 0000	or and must moteur use roim o	000.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	95792		(0) = 0	0		
b	Total plan liabilities	7b	0			0		
С	Net plan assets (subtract line 7b from line 7a)	. 7c	95792			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	0 (1)	0					
	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
h	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)		0			0		
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
u	to provide benefits)	8d	92421					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	0					
g	Other expenses	. 8g	3371					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			957			
į	Net income (loss) (subtract line 8h from line 8c)				-957	92		
j	Transfers to (from) the plan (see instructions)	8j	0					

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Form	<b>カカロロ</b>	->-	ンロコ	-

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Part IV	Plan	(`hara	cto	rictice

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

Part	V Compliance Qu	octions						
0	•	estions		Yes	No		<b>A</b>	
	During the plan year:	smit to the plan any participant contributions within the time period described in		162			Amoun	
u		e instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		ot transactions with any party-in-interest? (Do not include transactions reported			V			
	on line 10a.)		10b		X			
С	Was the plan covered by	a fidelity bond?	10c	X				50000
d		whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X			
е	Were any fees or commis insurance service or othe	sions paid to any brokers, agents, or other persons by an insurance carrier, organization that provides some or all of the benefits under the plan? (See	10e		х			
f	Has the plan failed to pro	ride any benefit when due under the plan?	10f		X			
g	Did the plan have any pa	ticipant loans? (If "Yes," enter amount as of year end.)	10g		X			
_		ount plan, was there a blackout period? (See instructions and 29 CFR	iug					
			10h					
i		e," check the box if you either provided the required notice or one of the enotice applied under 29 CFR 2520.101-3	10i					
art		• • • • • • • • • • • • • • • • • • • •		l				
<u>агт</u> 11		•	nloto	Cabaa	lula CD /	/Farm		
		an subject to minimum funding requirements? (If "Yes," see instructions and com					ΠYe	es X No
12		on plan subject to the minimum funding requirements of section 412 of the Code					ΠYe	es X No
-		12b, 12c, 12d, and 12e below, as applicable.)	01 00	.0110111	302 OI L	110/11	ш	- Ц
а		funding standard for a prior year is being amortized in this plan year, see instruc	ctions.	and e	enter the	date of th	e letter	rulina
		Mon						
lf y	ou completed line 12a, o	omplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum requir	ed contribution for this plan year			12b			
С	Enter the amount contribu	ted by the employer to the plan for this plan year			12c			
	Subtract the amount in lin	e 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d			
е	Will the minimum funding	amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art		ons and Transfers of Assets			<u> </u>			<u> </u>
		e the plan been adopted in any plan year?			X Ye	es No	`	
Ja					^ 16	,3INC	,	
		of any plan assets that reverted to the employer this year						
b	Were all the plan assets of the PBGC?	istributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol 		X Ye	es 🗌 No
С	. , ,	y assets or liabilities were transferred from this plan to another plan(s), identify the were transferred. (See instructions.)	ne pla	n(s) to	)			
1	3c(1) Name of plan(s):			13	c(2) EIN	l(s)	13c	(3) PN(s)
`auti	ion: Δ nenalty for the late	or incomplete filing of this return/report will be assessed unless reasonab	ام دء،	iso is	ostablic	shad		
	· · ·	·					blo o C	ob o de de
	, ,	ther penalties set forth in the instructions, I declare that I have examined this return signed by an enrolled actuary, as well as the electronic version of this return.			0,			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/20/2012	DAN MARGULIES				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	06/20/2012	DAN MARGULIES				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

the Internal Revenue Code (the Code). plate all entrine in accordance with the instructions to the Form FEON SE OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

80.7 (22.7		Complete all entries in acco	ordance with	the instructi	ons to the Form 550	U-3F.	
-		rt Identification Information	04 /04	/0011			100 1001
For	the calendar plan year 2011	r—1	01/01		and ending	12,	/02/2011
Α	This return/report is for:	x a single-employer plan	a multiple-e	employer plan	(not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	x the final ret	urn/report			
		an amended return/report	x a short plar	n year return/r	eport (less than 12 mo	nths)	
С	Check box if filing under:	Form 5558	automatic e	extension			DFVC program
		special extension (enter description	on)				_
P	art II Basic Plan In	formation enter all requested inf	formation	······································			
	Name of plan	Ciner an requested in	omation.			1b T	hree-digit
	·	S & OWNERS OF GREATER NEW Y	ODE THE	DENCTON I	NT 75.5T	,	olan number
	ASSOCIATED BUILDER	5 & OWNERS OF GREATER NEW I	ORK, INC.	PENSION I	TIMIN	<del> </del>	PN) ► 001 Effective date of plan
						1	01/01/1983
2a		address; include room or suite number (e		single-employ	/er plan)	2b E	Employer Identification Number
	ASSOCIATED BUILDER	S & OWNERS OF GREATER NEW Y	ORK				EIN) 11-1622902
						2c F	Plan sponsor's telephone number
	80 MAIDEN LANE STE	. 1503					(212) 385-4949
							Business code (see instructions)
	NEW YORK	NY 10038	. 110 111				
3a	Plan administrator's name a	and address (If same as plan sponsor, e	nter "Same")			3D A	Administrator's EIN
						3C A	Administrator's telephone number
4		ne plan sponsor has changed since the l	ast return/repo	ort filed for this	plan, enter the	4b E	EIN
а	Sponsor's Name	umber from the last return/report.				4c F	PN
-	1	s at the beginning of the plan year				5a	1
b		s at the end of the plan year				5b	0
С	. ,	account balances as of the end of the p	,	•		P** -	
60		s during the plan year invested in eligible				5c	X Yes No
b		of the annual examination and report of a					X Yes No
		67 (See instructions on waiver eligibility a			• • • • • •		XYes No
	If you answered "No" to e	ither 6a or 6b, the plan cannot use Fo	rm 5500-SF a	nd must inste	ad use Form 5500.		
Pa	ert III Financial Info	ormation		, 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
7	Plan Assets and Liabilities			(a) B	eginning of Year		(b) End of Year
а	Total plan assets		. 7a		95,792		0
b	Total plan liabilities .		. 7b		0		0
С	Net plan assets (subtract lin	ne 7b from line 7a)	. 7c		95,792		0
8	Income, Expenses, and Tra				a) Amount		(b) Total
а	Contributions received or re (1) Employers		. 8a(1)		0		
	(2) Participants		. 8a(2)	· · · · · · · · · · · · · · · · · · ·	0		
		ers)	<u> </u>		0	-	
b	, ,		<del> </del>		0		
C	,	1), 8a(2), 8a(3), and 8b)					0
d	,	ect rollovers and insurance premiums			normal control control of 2 Control No. 3 May 1898 1998 19		<b>-</b>
	to provide benefits)		. 8d		92,421	_	
е		rective distributions (see instructions) .			0	_	
f	Administrative service prov	iders (salaries, fees, commissions)	. 8f		0	_	
g	,	• • • • • • • • • • • • • • • • • • • •			3,371		
h	, ,	3d, 8e, 8f, and 8g)					95,792
İ	, , ,	line 8h from line 8c)					(95,792)
1	Transfers to (from) the plan	(see instructions)	. 8i		0		

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	- O - Immunument

### Part IV Plan Characteristics

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

1A 1H 1I

**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	Secretary of the second state of the second st							***************************************
10		· · · · · · · · · · · · · · · · · · ·	<del></del>		Yes	No	Δn	nount	***************************************
а	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a	100	х			
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	o not include transac	tions reported	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	lity bond, that was ca	used by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other peinsurance services or other organization that provides some or all of the instructions.)	ne benefits under the	plan? (See	10e		x			
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					T <sub>x</sub>			
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10g 10h					
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	<del></del>	<u> </u>		<u></u>	<u> </u>			X No
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		412 of the Code or	section	on 302	of ER	ISA?	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Mon						
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and s	kip to line 13.		_				
b	Enter the minimum required contribution for this plan year					12b			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minu	s sign to the left of	а		12c 12d	•		
^					L		□Yes □	¬No	N/A
e Part	Will the minimum funding amount reported on line 12d be met by the t	runding deadline? .			• •	· · ·			
<u> </u>		***************************************						TTE IVee	ПМо
13a	Has a resolution to terminate the plan been adopted in any prior year?							X Yes	h
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year		<u>.</u>	<u>· · ·                                  </u>	13a			0
b		. <b></b>				rol • •		X Yes	□No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis pian to another p	ian(s), identify the p	nan(s					
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
									′
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill be assessed unle	ess reasonable ca	use is	s esta	blishe	d.		
SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.								
		7/24/11		Ro			, <		
SIGI		-4/27/12	J 81	11	515		<u> </u>		
HER	E Signature of plan administrator	Daté /	Enter name of ind	es		7.	plan administ ⁄	rator	
SIGI		2/24/12	1261/	155	50	1.05			
HER	HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons						employer or p	lan spons	sor