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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)	
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)		-	_
Pa	art II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b	Three-digit
	RROW CONSTRUCTION CORPORATION 401(K) PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single-employer plan)	2h	07/01/1995 Employer Identification Number
	RROW CONSTRUCTION CORPORATION	iipioyei, ii	Tor a single-employer plant		(EIN) 11-2595273
				-	Sponsor's telephone number
3743	WHITE PLAINS ROAD				718-519-6600
	NX, NY 10467			2d	Business code (see instructions)
					236200
	Plan administrator's name and address (if same as plan sponsor, er RROW CONSTRUCTION CORPORATION 3743 WHITE			3b	Administrator's EIN 11-2595273
OI AI	BRONX, NY 1		OAD	3c	Administrator's telephone number
					718-519-6600
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN
_	name, EIN, and the plan number from the last return/report.			40	DN
a 5a	Sponsor's name Total number of participants at the beginning of the plan year			4c	
				ou	19
b	Total number of participants at the end of the plan year			5b	19
С	Number of participants with account balances as of the end of the p 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	an indeper	ndent qualified public accountant (IC	QPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III Financial Information				
′_	Plan Assets and Liabilities	_	(a) Beginning of Year 113652		(b) End of Year 114455
a	Total plan assets		0		114400
b	Total plan liabilities	7b	113652		114455
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)			
	(2) Participants	8a(2)	2080		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-427		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1653
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d			
e	Certain deemed and/or corrective distributions (see instructions)	8e	050		
f	Administrative service providers (salaries, fees, commissions)	8f	850		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			850
į	Net income (loss) (subtract line 8h from line 8c)	8i			803
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500	SF	201

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Part IV	Plan	unara	cteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
	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		7		
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					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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		X				
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					10618
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						
art	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 amortized in this plan year, see instruct granting the waiver							
lf y	ou 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				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		10	N/A
art	/II Plan Terminations and Transfers of Assets							
I3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u		the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1:	Sc(1) Name of plan(s):		130	c(2) EII	V(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cluding	g, if appli			dule

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2012	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**

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	ension Benefit Guaranty Corporation Complete all entries in accord	dance with	h the instructions to the Form 5500	SF.	1000 1000 1000 100
	art I Annual Report Identification Information				
For		01/01/	2011 and ending		12/31/2011
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 final r	eturn/report		_
		a short pla	an year return/report (less than 12 mo	onths)	
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program
Ü	special extension (enter description			L	T in a breaker.
D	art II Basic Plan Information—enter all requested information	,		-	
	Name of plan	ation		1h	Three-digit
	ARROW CONSTRUCTION CORPORATION 401(K) PL	AN			plan number
					(PN) • 001
					Effective date of plan
	E			(07/01/1995
	Plan sponsor's name and address; include room or suite number (el ARROW CONSTRUCTION CORPORATION	mployer, if	for a single-employer plan)		Employer Identification Number
SP	ARROW CONSTRUCTION CORPORATION			1000	(EIN) 11-2595273
37	43 WHITE PLAINS ROAD				Sponsor's telephone number
					718-519-6600 Business code (see instructions)
BR	ONX NY 10467				236200
3a	Plan administrator's name and address (if same as plan sponsor, er ARROW CONSTRUCTION CORPORATION	nter "Same	3")		Administrator's EIN
SP	ARROW CONSTRUCTION CORPORATION		,	2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	11-2595273
	43 WHITE PLAINS ROAD				Administrator's telephone number 718-519-6600
4	ONX NY 10467 If the name and/or EIN of the plan sponsor has changed since the la	act roturn/	roport filed for this plan, enter the	4b	
7	name, EIN, and the plan number from the last return/report.	asi return	report filed for this plan, enter the	40	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	19
b	Total number of participants at the end of the plan year			5b	19
С	Number of participants with account balances as of the end of the p				
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes ∏ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		**:		<u>H</u> 165 140
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	11365	2	11445
b	Total plan liabilities	7b		0	
С	Net plan assets (subtract line 7b from line 7a)	7c	11365	2	11445
8	Income, Expenses, and Transfers for this Plan Year	1 2 2 2 2 2	(a) Amount		(b) Total
а	Contributions received or receivable from:			BEE.	
	(1) Employers	8a(1)	A Rings of the State of the Sta	_	
	(2) Participants	8a(2)	208	0	
	(3) Others (including rollovers)	8a(3)	8		
b	Other income (loss)	8b	-42	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			165
d	Benefits paid (including direct rollovers and insurance premiums				
12	to provide benefits)	8d		-	
•	Certain deemed and/or corrective distributions (see instructions)	8e	0.5		
f	Administrative service providers (salaries, fees, commissions)	8f	85	4	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	85
İ	Net income (loss) (subtract line 8h from line 8c)	8i			80
1	Transfers to (from) the plan (see instructions)	o:	l		

D-		2	
Pa	ae	4	-

S. December 1971			
Dart IV	Plan	Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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:

art		Compliance Questions				V				
0		ing the plan year:	within the time per	ind described in [Yes	No	Aı	nount	
а	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	m)	10a		Х	7		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х		10.404	
С	Was the plan covered by a fidelity bond?								2	25000
d		the plan have a loss, whether or not reimbursed by the plan's fideliishonesty?			10d		Х			
е	insu	re any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	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 y	year end.)		10g	Х			1	10618
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)		I	10h		Х			5
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements?							Yes	No
12		his a defined contribution plan subject to the minimum funding requ							Yes	X No
		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 an	nortized in this plan	year, see instruc	tions,	and e	nter th	ne date of the	letter rulir	ng
If v		nting the waivercomplete lines 3, 9, and 10 of Schedule MB			u1		Бау		zai	
		er the minimum required contribution for this plan year				Г	12b		34.	
		er the amount contributed by the employer to the plan for this plan y					12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	is sign to the left of	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?						Yes X No		
		es," enter the amount of any plan assets that reverted to the emplo								
b		re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	under	the co	ontrol		Yes	X No
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to	F			
1	13c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
		*								
Caut	ion:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	le cau	use is	estab	lished.		
Unde SB o	er pei	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e	examined this retu	ırn/re	port, ir	cludin	g, if applicab	e, a Sche owledge a	dule and
SIG	N		,	RANDOLPH J	. S	LVE	RSTE	IN		
HER		Signature of plan administrator	Date 10/11/17	Enter name of in	ndivid	ual sig	ning a	s plan admini	strator	
SIG										
HER		Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning a	s employer o	plan spo	nsor