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

2012

This Form is Open to Public Inspection

	enefit Guaranty Corporation	 Complete all entries in 	n accordance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	l Identification Information	on				
For calenda	ar plan year 2012 or f	iscal plan year beginning 01	/01/2012	and ending 1	2/31/2	2012	
	urn/report is for:	a single-employer plan		r plan (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report	the final return/repo				
		an amended return/report	a short plan year re	turn/report (less than 12 mo	onths)	_	
C Check b	box if filing under:	Form 5558	automatic extensio	า		DFVC progra	ım
		special extension (enter de	escription)				
Part II	Basic Plan Info	ormation—enter all requested	d information				
1a Name					1b	Three-digit	
ALHAMBRA	BUILDING COMPAN	IY, INC. 401(K)PROFIT SHARIN	NG PLAN			plan number	
						(PN) ▶	001
					1c	Effective date o	
0						01/01	
	ponsor's name and ac BUILDING COMPAN	ddress; include room or suite nu NY, INC.	mber (employer, if for a sing	le-employer plan)	2b	Employer Identification (EIN) 05-04	
					20	(=114)	
2077 EL M/M	OOD AVENUE				20	Sponsor's telep	
	RI 02888-2405				2d	Business code (see instructions)
						23611	,
3a Plan a	dministrator's name a	and address Same as Plan Sp	oonsor Name Same as F	lan Sponsor Address	3b	Administrator's	EIN
LHAMBRA B	BUILDING COMPANY	/, INC. 2077 E	LMWOOD AVENUE	·		05-04	38651
		WARW	/ICK, RI 02888-2405		3с		telephone number
						401-461	1-2090
4 If the r	nama and/ar FINI of th	an alon ananor has abangad sir	and the leat return/renert file	d for this plan anter the	415		
		ne plan sponsor has changed sir umber from the last return/report		o for this plan, enter the	40	EIN	
	or's name				4c	PN	
5a Total r	number of participants	s at the heginning of the plan ve					
		s at the beginning of the plan ye.	ar		5a		16
b Total r	number of participants	,			5a		
		s at the end of the plan year			5a 5b		
C Numb	er of participants with	,	of the plan year (defined be	enefit plans do not			
C Number	er of participants with ete this item)	s at the end of the plan year	l of the plan year (defined be	enefit plans do not	5b 5c		11
C Number complete Com	er of participants with ete this item)all of the plan's asset	s at the end of the plan year	I of the plan year (defined be	enefit plans do not	5b 5c		11 11 X Yes No
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Form 5500-SF 2012 Page **2**

Do	rt III Financial Information						
7	rt III Financial Information Plan Assets and Liabilities		(a) Baginning of Vac				(h) End of Voor
	Total plan assets	7a	(a) Beginning of Yea		+		(b) End of Year 504443
	Total plan liabilities	7a 7b	4303	10	+		304443
	Net plan assets (subtract line 7b from line 7a)	7c	43831	16			504443
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+		(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	4272	20			
	(2) Participants	8a(2)	2443	32			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	4224	19			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					109401
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4097	' 8			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	229	96			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					43274
i_	Net income (loss) (subtract line 8h from line 8c)	8i					66127
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:
_							
Par	•				ı	I	
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X	
е							
	insurance service or other organization that provides some or all o			100	Χ		0455
	instructions.)			10e		X	2155
f	Has the plan failed to provide any benefit when due under the plan			10f			
<u>g</u>		•	·	10g		X	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	1 1 1					!	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)				
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			, and 6	enter th Day	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year					12b	

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	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 a negative amount)	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			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	T	Complete all entries in accorda	ance with the instru	ctions to the Form 550	0-SF.		
Part I		t Identification Information fiscal plan year beginning 01/	01/2012	and ending		12/31/201	2
			V241 75 +27	plan (not multiemployer)		a one-partici	e #2
	eturn/report is for: eturn/report is:		he final return/report			a one-partici	pant plan
D IIIIs ie	admireport is.			rn/report (less than 12 mo	onths)		
C Check	box if filing under:		automatic extension	Throport (1000 than 12 mi	ontino)	DFVC progra	am
O OHECK	box if filling drider.	special extension (enter description				☐ Bi vo progit	
Part II	Basic Plan Info	ormation—enter all requested informat	<u> </u>				
1a Name	Water and the second se	ornaria in requested informati			1b	Three-digit	
ALHAME	BRA BUILDING C	COMPANY, INC. 401(K) PROFI	T SHARING PL	AN		plan number	001
					10	(PN) Fifective date of	30,00000
					10	01/01/1997	orpian 7
2a Plan s	ponsor's name and ac	-employer plan)	104.4		ification Number		
ALHAMB	RA BUILDING C	COMPANY, INC.		* * * *		(EIN) 05-043	88651
2077 5	I MUOOD AVENUE	1				Sponsor's telep	
2077 E	LMWOOD AVENUE	•		}	200000000000000000000000000000000000000	401-461-2	
WARWIC	K	RI 02888-2405			Zu	236110	(see instructions)
CHARLEST COMMENTS	MST/4	nd address Same as Plan Sponsor Na	me Same as Plai	n Sponsor Address	3b	Administrator's	EIN
	RA BUILDING C	□	ш.			05-043865	1
							telephone number
2077 E	LMWOOD AVENUE				10	401-461-20	190
200000000000000	21						
WARWIC	K	RI 02888-2405					
		e plan sponsor has changed since the las imber from the last return/report.	st return/report filed for	or this plan, enter the	4b	EIN	
	or's name	imber from the last return report.			4c	PN	
5a Total	number of participants	at the beginning of the plan year			5a		16
b Total	number of participants	at the end of the plan year			5b		11
		account balances as of the end of the pla			22		
000 000	March 16 M. No. 100		291 X2984 XX		5c		11
		s during the plan year invested in eligible of the annual examination and report of an		17-70 cm			X Yes No
,		? (See instructions on waiver eligibility ar	Service and the service and th		,		X Yes No
If you	answered "No" to e	ither line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use l	Form	5500.	
		or incomplete filing of this return/repo					
		her penalties set forth in the instructions, nd signed by an enrolled actuary, as well					
	true, correct, and com			order or the rotal property	ana t	o tilo boot of my	Miomoago ana
SIGN	mol	11/1/	3/1/13	Donald Ihlefel	.d		
HERE	Signature of plan a	administrator	Date	Enter name of individu	Yest to	ning as nlan ado	ninistrator
SIGN	(nh/	7///////	3/11/13	Donald Ihlefel		ining as plan aun	strator
HERE	Signature of emplo	overlelan sponsor	Date	Enter name of individu	resource and	ning as employe	or or plan enoneor
Preparer's		name, if applicable) and address; include					number (optional)
				~		THE THE PERSON OF THE PERSON O	The second secon
				<u> </u>			

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	\top		(b) End	of Yea	ar	
a	Total plan assets	7a	4	3831	.6				504	443
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4	3831	.6				5044	443
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Γotal		
а	Contributions received or receivable from:	0.40		4272	20					
	(1) Employers	8a(1)		2443						-
-	(2) Participants	8a(2)		2443	0.2					
	(3) Others (including rollovers)	8a(3)		4224	19					
-	Other income (loss)	8b		122.					1094	401
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							105	101
	to provide benefits)	8d		4097	78					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		229	96					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							432	274
i	Net income (loss) (subtract line 8h from line 8c)	81							663	127
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	15.								
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	ınt	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х				500	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	f the benef	its under the plan? (See	10e	х				2:	155
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year en	ıd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)								Yes 📗	No
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the Code	or se	ction	302 of	ERISA?		Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
,	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				and o	enter th Day	ne date of	the lette Year	er ruling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year				Т	12b	I			_

-	Form 5500-SF 2012 Pa	ge 3 -				
С	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 negative amount)	r a minus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dead			Yes	No	N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		ΠY	es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	another plan, or brought under the c	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)		0			
1	3c(1) Name of plan(s):	13	c(2) El	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a N			14b Tr	ust's EIN		