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

. 0.	.0.0 20	Ten Guarany Corporation		Complete all entries in ac	cordance with t	the instruc	tions to the Form 550	<u>0-SF.</u>		
Pai	rt I	Annual Report I	de	ntification Information						
For c	alenda	r plan year 2012 or fis	cal	plan year beginning 01/01	/2012		and ending 1	2/31/	2012	
A TI	his retu	urn/report is for:	X	a single-employer plan	a multiple-e	employer pl	an (not multiemployer)		a one-partici	pant plan
Вт	his retu	urn/report is:	П	the first return/report	the final ret	urn/report			_	
		·	Ħ	an amended return/report	a short plan	year return	n/report (less than 12 m	onths)	
C 0	heck h	ox if filing under:	Ħ	Form 5558	automatic e	extension			DFVC progra	am
•	TICON D	ox ii iiiiig under.	H	special extension (enter desc	Ш				□ -1-3	
Par	4 II	Rasic Plan Info		ation—enter all requested inf	. ,					
	Name o		IIIc	ation—enter all requested in	ioimation			1h	Three-digit	
			RPC	DRATION 401 (K) PROFIT SH	IARING PLAN			10	plan number	
			•						(PN) •	001
								1c	Effective date o	f plan
									01/01	/2006
		onsor's name and add CONTRACTING CO		s; include room or suite number	er (employer, if fo	or a single-	employer plan)	2b	Employer Identi	
FEDE	KATEL	CONTRACTING CO	XFC	JRATION					(=114)	009058
								2c	Sponsor's telep	
1177 (BRON		ELL PLACE 10474						24		
	,,,,,,,							Zu	23829	(see instructions)
3a F	Dlan ac	Iministrator's name an	d ac	ddress X Same as Plan Spons	sor Name Sai	ma as Plan	Sponsor Address	3h	Administrator's	
ou i	iaii ac		ı ac	laress Moanie as i lan opon	sor Name	inc as i lan	Oponsor Address	0.0	Administrator 3	LIIN
								3c	Administrator's	telephone number
				n sponsor has changed since r from the last return/report.	the last return/re	port filed fo	or this plan, enter the	4b	EIN	
		or's name	ibei	nom the last return/report.				4c	PN	
	•		at th	ne beginning of the plan year				5a		11
				ne end of the plan year				5b		0
		·		ount balances as of the end of				30		0
							•	5c		0
6a	Were	all of the plan's assets	dur	ring the plan year invested in e	eligible assets? (\$	See instruc	tions.)			X Yes No
				annual examination and repor						
				ee instructions on waiver eligib	-					X Yes No
	lf you	answered "No" to eit	her	line 6a or line 6b, the plan o	cannot use Forn	n 5500-SF	and must instead use	Form	5500.	
				complete filing of this return	•					
				penalties set forth in the instruction gned by an enrolled actuary, a						
		rue, correct, and comp			as well as the ele	ctionic vers	sion of this return/report	, and	to the best of my	Knowledge and
		<u> </u>			<u> </u>		I			
SIGN		Filed with authorized/\	alid	electronic signature.	04/18/2	013	BRUCE KELLEY			
HERI	Ē	Signature of plan ac	<u>lmi</u> ı	nistrator	Date		Enter name of individ	ual si	gning as plan adr	ministrator
SIGN	ı									
HERI	E	Signature of employ	/er/	plan sponsor	Date		Enter name of individ	ual sid	ning as employe	er or plan sponsor
Prepa	arer's r			e, if applicable) and address; ir		uite numbei				number (optional)
-		-							-	. ,

Form 5500-SF 2012 Page **2**

Do	rt III Financial Information										
_ <u>Pa</u>			(a) De alamia a c Ven				/I- \ F	.1 . ()	7		
	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year					
_ <u>a</u>	Total plan assets	7a	39858						106		
	Total plan liabilities	7b	20050	0							
	Net plan assets (subtract line 7b from line 7a)	7c	39858	31	+				106		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota			
а	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)		0								
b	Other income (loss)	8a(3) 8b	4531	0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							45310)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	44283	80							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							44283	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i							39752		
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics	, oj									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	les in t	he instru	ctions			
Dor	Part V Compliance Questions										
10					Yes	No		A			
a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	tione withi	n the time period described in		162	NO		AII	ount		
a	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					100	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				100	000
	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			_					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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							
Par	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11:	,					11a		· 1 L	1		
12											
	· · · · · ·	•		oi 50	UIIUI I	JUZ UI	LNISA!	_	103	^	110
a	(If "Yes," complete line 12a or lines 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 ruling										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		<u>Ye</u>	al		
	Enter the minimum required contribution for this plan year	•				12b					
. L	Enter the minimum required contribution for this plant year										

	Form 5500-SF 2012	Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	120	d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
				Tru	ıst's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 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

Employee Benefits Security A	Administration	the interna	at trevetine code fine co	GC).	İ	Inspection
Pension Benefit Guaranty	Corporation	Complete all entries in accor	dance with the Instruct	ions to the Form 5500	-SF.	
Part I Annual	Report Ic	dentification Information				
For calendar plan year			1/01/2012	and ending	1	.2/31/2012
		X a single-employer plan	a multiple-employer pla	in (not multiemployer)	٢	a one-participant plan
A This return/report i				(,,	L	
B This return/report i	s:	the first return/report	the final return/report			
	Į	an amended return/report	a short plan year return	report (less than 12 mo	onths)_	_
C Check box if filing	under:	Form 5558	automatic extension			DFVC program
o one on one in particular		special extension (enter descripti	ion)			
D + 11 D = -1- 1	21 1					
	Plan Inton	mation—enter all requested inform	nation		1b	Three-digit
1a Name of plan	יים א מחדאו	G CORPORATION 401 (K)	DDOGIT SHARING	DI.AN	1	plan number
FEDERATED CO	NTRACTIN	G CORPORATION 401 (K)	PROFIL SHARING	LDUM		(PN) • 001
					1c	Effective date of plan
					(01/01/2006
2a Plan sponsor's na	ame and add	ress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identification Number
FEDERATED CON	NTRACTIN	G CORPORATION				(EIN) 13-4009058
					2c	Sponsor's telephone number
1177 GRINNELI	L PLACE					718-378-3400
					2d	Business code (see instructions)
BRONX		NY 10474				238290
	or's name and	d address XSame as Plan Sponsor	Name XISame as Plan	Sponsor Address	3b	Administrator's EIN
Od 1 jan acministrate	a maine and	s address prounts do t les operaes			Ĺ	
					3c	Administrator's telephone number
4 If the name and/	or EIN of the	plan sponsor has changed since the	last return/report filed for	r this plan, enter the	4b	EIN
name, EIN, and	the plan num	nber from the last return/report.				
a Sponsor's name					4c	PN
5a Total number of	participants a	at the beginning of the plan year			5a	11
b Total number of	participants a	at the end of the plan year			5b	0
C Number of partic	cipants with a	account balances as of the end of the	plan year (defined bene	fit plans do not		
					5c	0
6a Were all of the	plan's assets	during the plan year invested in elig	ible assets? (See instruc	tions.)		X Yes No
b Are you claiming	a waiver of	the annual examination and report of	of an independent qualifie	d public accountant (IC	PA)	
under 29 CFR 2	520.104-46?	(See instructions on waiver eligibility	y and conditions.)			X Yes No
		ther line 6a or line 6b, the plan car				
Caution: A penalty i	or the late o	r incomplete filing of this return/r	eport will be assessed	uniess reasonable car	use is o	established,
Under penalties of pe	erjury and oth	er penalties set forth in the instruction	ons, I declare that I have	examined this return/re	port, in	cluding, if applicable, a Schedule
		d signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and t	o the best of my knowledge and
belief, it is true, corre	A	lete.				
SIGN X		4	1x4/10/13	BRUCE KELLEY		
HERE	06 2122 2	designation of	Data	Color some of individ	lual aia	ning on alon administrator
	re of plan ac	dministrator	Date	Enter name of individ	iuai sig	ning as plan administrator
SIGN						
HERE Signatu	re of employ	yer/plan sponsor	Date			ning as employer or plan sponsor
Preparer's name (inc	luding firm na	ame, if applicable) and address; incli	ude room or suite numbe	r (optional)	Prep	arer's telephone number (optional)
					-	
					1	

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	<u> </u>		(b) End	ofYe	ar	
a	Total plan assets	7a	3.9	8581	<u> </u>					1061
b	Total plan liabilities	7b		(0
С	Net plan assets (subtract line 7b from line 7a)	7c	3.9	8581	<u> </u>					1061
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) `	otal		
а	Contributions received or receivable from:	0-14)		(
	(1) Employers	8a(1)								
	(2) Participants	8a(2) 8a(3)								
	(3) Others (including rollovers)	- 8b		45310						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	+-					45310
-	Benefits paid (including direct rollovers and insurance premiums				+					
	to provide benefits)	8d	4.	4283	-					
e	Certain deemed and/or corrective distributions (see instructions)	80			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	. 8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			_					442830
i	Net income (loss) (subtract line 8h from line 8c)	8i			-					397520
<u>, j</u>	Transfers to (from) the plan (see instructions)	8j			0					
9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acterist	ic Co	des in	the instru	ctions	:	
p	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristic	Cod	es in t	he instruc	lions:		
Par					7/					
10	During the plan year:		to the state of th		Yes	No		Am	ount	
č	Was there a failure to transmit to the plan any participant contributions of CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide.			10a		х				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	17 (Do not	include transactions reported	10b		х				
	Was the plan covered by a fidelity bond?			10c	Х			_		100000
(Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		х				
6	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	ner person of the ben	ns by an insurance carrier, efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		x				
	If this is an individual account plan, was there a blackout period? 2520,101-3.)	(See instr	uctions and 29 CFR	10g		х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
Par	t VI Pension Funding Compliance									
11		ents? (If "	Yes," see instructions and com	plete S	Sched	luie SE	(Form		Yes	∏ No
11:	Enter the amount from Schedule SB line 39					11a				
12									X No	
	(If "Yes," complete line 12a or lines 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 ruling granting the waiver							ıling		
	f you completed line 12a, complete lines 3, 9, and 10 of Schedul						r			
t	Enter the minimum required contribution for this plan year				<u></u>	12b				

	Form 5500-SF 2012	Page 3 -				
	Enter the amount contributed by the employer to t	he plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in negative amount)	n line 12b. Enter the result (enter a minus si	gn 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
Part	VII Plan Terminations and Transfers	s of Assets				
13a	Has a resolution to terminate the plan been adopted	in any plan year?		XY	es No	
	If "Yes," enter the amount of any plan assets that	reverted to the employer this year		13a		C
b	Were all the plan assets distributed to participants of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See it		n(s), identify the plan(s) t	0		
	13c(1) Name of plan(s):		13	sc(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					
	Name of trust			14b T	ust's EIN	