## Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection				
Part I	Part I Annual Report Identification Information								
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011									
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or					
	·	x a single-employer plan;	a DFE (s	pecify)					
<b>B</b> This	return/report is:	the first return/report;		return/report;					
		X an amended return/report;	a short p	an year return/report (less that	an 12 months).				
C If the	plan is a collectively-bargaine	d plan, check here							
<b>D</b> Chec	k box if filing under:	Form 5558;	automati	atic extension; the DFVC program					
		special extension (enter des	cription)						
Part	II Basic Plan Inform	nation—enter all requested informa	ation						
	ne of plan R MANAGEMENT & REALTY	•			<b>1b</b> Three-digit plan number (PN) ▶ 001				
					<b>1c</b> Effective date of plan 01/01/1995				
2a Plan	2b Employer Identification Number (EIN) 11-2987919								
COUGAR MANAGEMENT & REALTY SERVICES, INC.					2c Sponsor's telephone number 516-796-6300				
			IPSTEAD TURNPIK WN, NY 11536	E, SUITE 104	2d Business code (see instructions) 531120				
Caution	: A penalty for the late or inc	complete filing of this return/repor	t will be assessed	unless reasonable cause is	established.				
Under pe	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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	Filed with authorized/valid ele	ctronic signature.	10/14/2013	RUSS GOLD					
HERE	Signature of plan administ	rator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual sig	gning as employer or plan sponsor				
SIGN									

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "Sam UGAR MANAGEMENT & REALTY SERVICES, INC.	ne")	<b>3b</b> Administrator's EIN 11-2987919				
	00 HEMPSTEAD TURNPIKE, SUITE 104 VITTOWN, NY 11536			ministrator's telephone mber 516-796-6300			
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:  Sponsor's name	/report filed for this plan, enter the name, EIN	and	4b EIN 4c PN			
	Sponsor s name			TO FIN			
5	Total number of participants at the beginning of the plan year		5	2			
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).					
а	Active participants		. 6a	3			
b	Retired or separated participants receiving benefits		6b				
С	Other retired or separated participants entitled to future benefits		. 6c				
d	Subtotal. Add lines 6a, 6b, and 6c		6d	3			
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits	. 6e				
f	Total. Add lines <b>6d</b> and <b>6e</b>	6f	3				
g	Number of participants with account balances as of the end of the plan year complete this item)	6g	2				
L							
	Number of participants that terminated employment during the plan year with less than 100% vested	6h					
7	Enter the total number of employers obligated to contribute to the plan (only	7					
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 3D						
b							
9a	Plan funding arrangement (check all that apply)  (1) Insurance	9b Plan benefit arrangement (check all that (1) Insurance	at apply)				
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)		e contracts			
	(3) X Trust	(3) X Trust					
10	(4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and, where indicated, enter the number		ned. (See instructions)			
а	Pension Schedules	b General Schedules		,			
_	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)				
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) X I (Financial Inform	,	Small Plan)			
	Purchase Plan Actuarial Information) - signed by the plan	(3) A (Insurance Infor		,			
	actuary	(4) C (Service Provide					
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participation G) G (Financial Trans	-				

## SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	,		Inspection
For calendar plan year 2011 or fiscal pla	n year beginning 01/01/2011	and ending 12	/31/2011
A Name of plan COUGAR MANAGEMENT & REALTY SE	ERVICES, INC.	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on lir COUGAR MANAGEMENT & REALTY SE		D Employer Identificat 11-2987919	ion Number (EIN)
Complete Schedule I if the plan covered to	ewer than 100 participants as of the beginning	g of the plan year. You may also com	plete Schedule I if you are filing as a

complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

#### Part I | Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	504314	561903
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	504314	561903
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	0	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		0
е	Benefits paid (including direct rollovers)	. 2e		
f	Corrective distributions (see instructions)	. 2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		
k	Net income (loss) (subtract line 2j from line 2d)	2k		0
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
	Real estate (other than employer real property)			X	
d	Employer securities	3d		X	
	Participant loans			X	

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Schedule I (Form 5500) 2011

			Yes	No		Amount	
3f	Loans (other than to participants)	3f		X			
g	Tangible personal property	3g		X			
Pa	rt II Compliance Questions						
4	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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X			
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X			
е	Was the plan covered by a fidelity bond?	4e	X				50000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		Х			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X			
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X			
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X			
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X				
ı	Has the plan failed to provide any benefit when due under the plan?	41		X			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n					
5a 5b	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year  If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide		es 🛚 N		Amount:	or liabilities	s were
	transferred. (See instructions.)						
	<b>b(1)</b> Name of plan(s)		<b>5b(2)</b> EIN(s)				<b>5b(3)</b> PN(s)