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 6058(a) of the Internal Revenue Code (the Code).

2009

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

Pa	art I	Annual Report	Identification Inform	ation					
For	calenda	ar plan year 2009 or fis	scal plan year beginning	01/01/200	9	and ending	12/31/	2009	
Α -	This retu	urn/report is for:	X single-employer plan	П	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
						n/report			
		a,	an amended return/rep	ort \Box	short plan	year return/report (less than 12 m	onths)		
C	hock h	oov if filing under:	Form 5558		•	extension	,	DFVC progra	ım
•	Check box if filing under: Special extension (enter description)					CACCIOION		☐ Di vo piogio	
	mt 11	Dania Dian Infa	<u> </u>	•	,				
	rt II		rmation—enter all reque	sted inform	ation		1h	Throo digit	
	Name o		/ING CORPORATION PRO	FIT SHAR	ING 401K	PI AN	10	Three-digit plan number	
• • • •	izit oo							(PN) ▶	001
							1c	Effective date o	
								01/01/1	
			dress (employer, if for single /ING CORPORATION	e-employer	plan)		2b	Employer Identi	
SIFI	IER CO	INSTRUCTION & PAV	AING CORPORATION				2c	(=:/	elephone number
		AVENUE						631-92	
MAN	ORVILL	E, NY 11949					2d	Business code (
20	Diaman	lastatata ta da a a a a a a a a	deddaes (for each an Disc			11)	2 h	237990	
			id address (if same as Plan /ING CORPORATION 62	sponsor, e 2 WEEKS A		;)	30	Administrator's	
				ANORVILL	E, NY 119	49	3с	Administrator's	telephone number
								631-92	4-1073
			plan sponsor has changed s per from the last return/repo			port filed for this plan, enter the	4b	EIN	
'	iaiiie, L	in, and the plan numb	ber nom the last return/repo	лт. Эропас	n s name		4c	PN	
5a	Total n	number of participants	at the beginning of the plan	year			. 5a		16
b	Total n	number of participants	at the end of the plan year.				. 5b		12
С	Total n	number of participants	with account balances as o	f the end of	f the plan y	ear (defined benefit plans do not			
	comple	ete this item)					5c		9
				-		(See instructions.)			X Yes No
b						dent qualified public accountant (loos.)			X Yes ☐ No
			•	0,		SF and must instead use Form 5			☐ .ee ☐e
Pa	rt III	Financial Inforn							
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year
а	Total p	olan assets			. 7a	913	94	•	74846
b	Total p	lan liabilities			. 7b		0		0
С	Net pla	an assets (subtract line	e 7b from line 7a)		. 7c	913	94		74846
8	Income	e, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) 1	Total .
а	Contrib	outions received or rec	ceivable from:						
	` ,	. ,			` '		0		
	` ,	•			` '	11			
	` '	, ,	rs)		, ,		0		
b		` '				78	01		
C		` '), 8a(2), 8a(3), and 8b)		. 8c				8941
d			ct rollovers and insurance p		. 8d	254	89		
е	•	,	ective distributions (see inst				0		
f			lers (salaries, fees, commis	,			0		
g		•		,			0		
h		•	I, 8e, 8f, and 8g)						25489
i			ne 8h from line 8c)						-16548
j		` , `	(see instructions)				0		
-		. , , ,	•				-		

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Part IV	Plan	Characteristics

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

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

	11 1110		iotorio	110 000	200 111	ino motra	Clions.		
art	٧	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					2208
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				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
İ		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
12	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection 3	302 of	ERISA?.		Yes	X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						ing
lf y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				I			
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought be PBGC?			ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	13c(1) Name of plan(s):					13c(2) EIN(s)		13c(3) PN	
Cauti	on.	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estahl	ished			
Jnde SB or	r pen	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the MB completed and signed by an enrolled actuary, as well as the electronic version of this returnet true, correct, and complete.	urn/re	port, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	09/10/2010	MARK SYPHER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/10/2010	MARK SYPHER				
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

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

2009

This Form is Open to Public Inspection.

OMB Nos. 1210-0110

1210-0089

This form is required to be filed under sections 104 and 4065 of the Employee

P	art I Annual Report	t Identification Information	n							
		or fiscal plan year beginning		-01-01	and ending	2009-12-31				
	This return/report is for:	x single-employer plan		molover plan (r	not multiemployer)	one-participal	nt nlan			
	·		=		tot makiempioyer;	U one-participal	ni pian			
D	This return/report is for:	first return/report	final return	•		-1				
		an amended return/report	H	•	oort (less than 12 month	· —				
С	Check box if filing under:	x Form 5558	automatic	extension		DFVC progra	m			
		special extension (enter descri	ption)							
		ormation enter all requested	information.				·			
1a	Name of plan					1b Three-digit				
	SYPHER CONSTRUCTION	& PAVING CORPORATION PR	OFIT SHARI	NG 401K PL	an	plan number (PN) ▶	001			
					ľ	1c Effective date of	f plan			
						1999-01-01				
2a		dress (employer, if for single-employ	yer plan)			2b Employer Identi				
	SYPHER CONSTRUCTION	& PAVING CORPORATION			-	(EiN) 11-310 2c Plan sponsor's t				
	62 WEEKS AVENUE					(631) 924-1	•			
пс	MANORVILLE	NY 11949				2d Business code (see instructions)			
3a		nd address (If same as plan employe	er enter "Same	II\		237990 3b Administrator's I	=INI			
ou	Same	id address (ii suine as plan employe	or, critical contric	,		Administrators i	_!!•			
					}	3c Administratoris	olonbano numbor			
						3c Administrator's telephone number				
_			·			41				
4		e plan sponsor has changed since the ber from the last return. Sponsor's N		oort filed for this	plan, enter the	4b EIN				
	, <u> </u>				:	4c PN				
5a	Total number of participants	at the beginning of the plan year .			· · · · · ·	5a	16			
b	•	at the end of the plan year			Г	5b	12			
С		with account balances as of the end				5c	9			
6a										
b		the annual examination and report of			olic accountant (IQPA)					
		(See instructions on waiver eligibilit	•	-			x Yes No			
_		her 6a or 6b, the plan cannot use	Form 5500-SF	and must inste	ead use Form 5500.					
Pa	rt III Financial Infor	mation	115,315,000	1						
<i>'</i>	Plan Assets and Liabilities			(a) B	eginning of Year	(b) End				
	Total plan assets Total plan liabilities		· . 7a		91,394		74,846			
	• •		· . 7b		0		0			
C	Net plan assets (subtract line		7c		91,394		74,846			
8	Income, Expenses, and Trans				(a) Amount	(b) T	Fotal Satistica de la companya de la comp			
а	Contributions received or received (1) Employers	eivable from;	8a(1)		0					
	(2) Participants		8a(2)		1,140					
	(3) Others (including rollover	rs)	8a(3)		0					
b	Other income (loss)		. 8b		7,801					
С	Total income(add lines 8a(1),	, 8a(2), 8a(3), and 8b)	8c				8,941			
d	Benefits paid (including direct	t rollovers and insurance premiums				表为:300mm 表现的				
	to provide benefits)		• • 8d		25,489					
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e		0					
f	▼	ers (salaries, fees, commissions) .	8f		. 0					
g	Other expenses	• • • • • • • • • • • •	8g	La La Victoria	0					
h	Total expenses (add lines 8d,		Ī	 Instruction and Physics 	化双氯化二甲二氯 化二氯二氯甲基 经存货帐户	.1				
	Total expenses (and lines ou,	, 8e, 8f, and 8g)	8h)	25,489			
ĵ	Net income (loss) (subject line		8h			er Service	(16,548)			

	Form 5500-SF (2009)	** ·	Paga 2-]					
Pai	t IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension fe	eature codes from the	list of Plan Cha	racteriatic	Code	s in the	Instruction	8:	7
b	2월 3D 2J 2G If the plan provides welfare benefits, enter the applicable welfare fea	iture codes from the L	st of Plan Char	acteristic (Codes	in the	Instructions	:	
Pa	rt V: Compliance Questions								
10	During the plan year:				Yes	No	1	Amount	
a	Was there a failure to transmit to the plan any participant contributi	lon within the time per	lod deacribed ir			x			
b	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduct Were there any nonexempt transactions with any party-in-interest? on line 10a.)	Oo not include trans	actions reported			x			
				- F	 	+			
c d	, and the second of the second				X	╀—			10,000
	or dishonesty?			• • 10d		ж			
e	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all cinstructions.)	of the benefits under th	ne plan? (See	, 10e	у				2,208
f	Has the plan failed to provide any benefit when due under the plan			101		x		-	
g	Did the plan have any participant loans? (if "Yes," enter amount as	of year end.)			\vdash	x			
h		See Instructions and 2	9 CFR			x	XXXX		and the
i	if 10h was answered "Yes," check the box if you either provided the	e required notice or on	e of the	. , 10h		 	SA SE	生物的	
Ďán	exceptions to providing the notice applied under 29 CFR 2520,101-	-3		101	<u>L</u> .		and Missign	MICHAEL STATE	學器疾為
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement	ente? /if #Ves # see inc	tarellara and a	onaleta O		- OD /	F	-	
	5500))	111157 (II 165, 566 IIIS		inpiete St	neour	e 56 (rom	Yes	x No
	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being granting the waiver	able.) g amortized in this plat	ı year, see instr	ucilons, a Monin	nd ant	et line	date of the	etter nulina	<u>⊠</u> No
ь	Enter the minimum required contribution for this plan year				. Г	12b			
c	Enter the amount contributed by the employer to the plan for this plan	an year				12c		···	~
ď	Subtract the amount in line 12c from the amount in line 12b, Enter to negative amount)	ihe result (enter a mini	ıs sign to the le	ltofa •••		12d			•
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		<u>.</u>		<u> </u>	Yes	□No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	ı year or any prior yea:	7		•	.,	, , ,	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the en					13a			
b c	Were all the plan assets distributed to participants or beneficiaries, if of the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)					ol • •		Yes	X No
	3c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3)	PN(s)
								1	
				-				 	
	n: A penalty for the late or incomplete filling of this return/report								
ag or :	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a It is true, correct, and complete.	declare that I have ex is the electronic versio	amined this return/ of this return/	rn/report, report, and	includ i to the	ing, if a	epplicable, of my know	a Schadule fedge and	
SIGN	Melet		MARK SYPH	er					_
HER		Date & -23-10	Enter name o		l sioni:	10 BS r	ian sambi	strator	· · · · · · · · · · · · · · · · · · ·
SIGN	Melel		MARK SYPH					- -	·
HER		Date 8-23-10	Enter name o		l slani:	70 88 F	mplover or	pian sonos	or