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).

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

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	art I	Annual Report I	lder	ntification Information								
For	calenda	ar plan year 2009 or fis			09	and ending	12/31/	2009				
Α .	This ret	urn/report is for:	X s	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
		urn/report is for:	П	irst return/report	final retu	rn/report						
		,	Ħ,	an amended return/report	short pla	n year return/report (less than 12 mo	onths)					
_	Chack h	oox if filing under:	블	Form 5558	╡ :	c extension	,	DFVC program				
	CHECK	oox ii iiiing under.	H	special extension (enter descrip		CALCITATION		Bi vo program				
Da	4 II	Dania Dian Info	Щ.									
	art II		rma	tion—enter all requested infor	mation		1h	Throo digit				
	Name		INC	401 (K) PROFIT SHARING PL	ΔΝ		ו ו	Three-digit plan number				
17101	_ 101101 11	ALL CONTINO		401 (R) 1 ROTH OFFICE				(PN) • 001				
							1c	Effective date of plan				
								01/01/2000				
		ponsor's name and add AEL CONTRACTING,		(employer, if for single-employer	er plan)		2b Employer Identification Numb					
PAUI		AEL CONTRACTING,	IIVC.				20	(EIN) 11-3145445 Plan sponsor's telephone number				
12A -	TIFFAN	IY LANE					-0	631-724-0354				
SMIT	HTOW	N, NY 11787-4706					2d	Business code (see instructions)				
2-					. "0	10	O.L.	561790				
		dministrator's name and AEL CONTRACTING,		dress (if same as Plan sponsor, 12A TIFFA		e")	30	Administrator's EIN 11-3145445				
		,		SMITHTOV		87-4706	3с	Administrator's telephone number				
								631-724-0354				
						eport filed for this plan, enter the	4b	EIN				
	name, c	in, and the plan humb	ber ii	om the last return/report. Spons	sor s name		4c	PN				
5a	5a Total number of participants at the beginning of the plan year					5a	6					
b	•						5b	6				
С	Total r	number of participants v	with	account balances as of the end	of the plan	year (defined benefit plans do not	0.0					
		· ·					5c	6				
6a	Were	all of the plan's assets	duri	ng the plan year invested in elig	ible assets	(See instructions.)		X Yes No				
b						ndent qualified public accountant (IC		X Yes □ No				
			•	•		tions.) -SF and must instead use Form 55						
Pa	rt III	Financial Inform				or and made motiona add r orm of	,,,,,					
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total p	olan assets			7a	486	3	5095				
b	Total p	olan liabilities			7b							
С	Net pla	an assets (subtract line	e 7b f	rom line 7a)	7с	486	3	509				
8	Incom	e, Expenses, and Trans	nsfers	for this Plan Year		(a) Amount		(b) Total				
а	Contril	butions received or rec	eival	ole from:								
	` '	. ,					0					
	(2) Participants					0						
	(3) Others (including rollovers)					0						
b		Other income (loss)				24	7					
C				(2), 8a(3), and 8b)	8c			247				
d				overs and insurance premiums	8d		0					
е	•	o provide benefits) Certain deemed and/or corrective distributions (see instructions)				<u> </u>	0					
f				salaries, fees, commissions)			5					
g		·	,									
h		•		8f, and 8g)				15				
i				n from line 8c)				232				
i		` , `		nstructions)								
		, , , , ,	•	•	1 01	1						

Part IV Blan Characta	.!	

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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

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

	in the plan provides wellare benefits, enter the applicable wellare feature codes from the List of Flan Chara							
art			1	1				
0	During the plan year:		Yes	No		Amo	unt	
а	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				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	<u> </u>			
С	Was the plan covered by a fidelity bond?	10c		X	ı			
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					5
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	i			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ	1			
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	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
_	5500))							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of 1	ERISA?	Ш	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 instruction granting the waiver							ng
lf v	vou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day.		rca		
	Enter the minimum required contribution for this plan year			12b				
	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		-					
_	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		lo	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol				
_	of the PBGC?					Ш	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.)	ne plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)		13c(3)	PN(s)
		1						
	A manality fav the late as incomplete filling of this sections from all this sections.	lo car	!-	t-l-'	laha-l			
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					abla	a Saha	dulc
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/, it is true, correct, and complete.		,		<i>-</i> 11			
SICI	Filed with authorized/valid electronic signature. 10/12/2010 PATRICIA AMOR	ROSO						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2009

OMB Nos. 1210-0110

1210.0000

Department of Labor Employen Benefits Socurity Administration Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF inspection Part Annual Report Identification Information For calendar plan year 2009 or ilscal plan year beginning 01/01/2009 and ending 12/31/2009 single-employer plan A This return/report is for: muitiple-employer plan (not multiemployer) one-participant plan This return/report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 18 Name of plan PAUL MICHAEL CONTRACTING, INC. Three-digit plan number 401 (K) PROFIT SHARING PLAN (PN) 🕨 001 Effective date of plan 01/01/2000 Plan sponsor's name and address (employer if for single-employer plan) 2b Employer identification Number (EIN) 11-3145445 2c Plan sponsor's telephone number (631) 724-0354 12A TIFFANY LANE Business code (see instructions) SMITHTOWN NY 11787-4706 561790 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN 3C Administrator's telephone number if the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4b EIN 4C PN 5a Total number of participants at the beginning of the plan year..... 5a b Total number of participants at the end of the plan year..... 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520,104-46? (See Instructions on waiver eligibility and conditions.)..... X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets..... 79 4,863 5,095 Total plan liabilities.... 7b Net plan assets (subtract line 7b from line 7a)..... 7c 4,863 5,095 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers..... 82(1) (2) Participants 8a(2) n (3) Others (Including rollovers)..... 8a(3) Other income (loss)..... 8ь 247 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8¢ 24 Benefits paid (including direct rollovers and insurance premiums to provide benefits).... 8d Certain deemed and/or corrective distributions (see instructions)... **8e** 0 Administrative service providers (salaries, fees, commissions)...... ΩŤ Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... Net income (loss) (subtract line 8h from line 8c)..... 8 232 Transfers to (from) the plan (see instructions)...... For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 55	JU-SF 2009							
TO STATE OF THE PARTY OF THE PA	Page 2-							
Pert IV Plan	Characteristics							
ya if the plan prov	des pension benefits, enter the applicable pension feature codes from the List of Plan Che 2E 2G 2J 2K		. 11					
b If the plan prov	ZE ZG ZJ ZK	racter	istic Ç	odes i	n the insi	ruction) :	
	des welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteri	stic Co	dea ir	the instr	uctions	:	
Part V Compl	ance Questions	-						
10 During the pla	year:	44.	,					
A Was there a fa	lure to transmit to the plan any participant contributions within the time period described in 3-1027 (See instructions and DOI 's Volument Educations within the		Yes	No		Am	ount	
b Were thorn on	3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x				
on line 10a.)	nonexempt transactions with any party-in-interest? (Do not include transactions reported	100	 	<u></u>	 			
	overed by a fidelity bond?	10b		X				
		10c		х				
or dishonesty?	of completions paid to pay hallow							
e Were any fees	or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d		<u> </u>				
instructions.)	e or other organization that provides some or all of the benefits under the plan? (See	l ,						
	ed to provide any benefit when due under the plan?	10e	X	-				
g Did the plan has	Their and reprint the state of	10f		×				
	e any participant loans? (If "Yes," enter amount as of year end.)dual account plan, was there a blackout period? (See instructions and 29 CFR	10g		X				
I If 10h was answ	ered "Yes," check the box if you either provided the required notice or one of the	10h		X				
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CHAIR SANCE LEURION	runding Compliance							3022032
5500)),	enefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp	olete S	chedu	ie SB	(Form			
12 is this a defined	contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and components of section 412 of the Code 128 or 128, 120, 124, and 128 below as a self-cultivation for section 412 of the Code				***********		Yes	
(If "Yes," comple	e 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or sec	tion 30	2 of E	RISA7.,		Yes [X N
✓ ((a wéla€i DLIU6)	Tilliming frincing planded for a	iono :	und on					
If you completed lie	e 12a, complete lines 3, 9, and 10 of Schedule MB (Form \$500), and skip to line 13.	10/15, t		Day_	date of	the lette Year	er rulla	ıg
	n required contribution for this plan year							
	CUNUIDINED BY THE CITICIONAL TO THE SAME LEVEL - 1.		. 1	2b				
d Subtract the amo	int in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of		. 1	2c				
negative amount)	intring amount mondad on the 12th. Enter the result (enter a minus sign to the left of	ľa .	1	2d				
3005000000000000000	amount reported on line 12d be met by the funding deadline?			-	Yes	No	17	N/A
	imators and transfers of Assets				1	140		(A)A
3a Has a resolution t	terminate the plan been adopted during the plan year or any prior year?							
						X Y	es	No
of the PBGC?	seets distributed to participants or beneficiaries, transferred to another plan, or brought un	der th	e confi	ol lo				
C If during this plan	est. Sity assets or liabilities were to see a few and the second second		***********] Y	es X	No
		pian(s	s) to					
13c(1) Name of plan	5):		13c(2) EIN	(s)	12.	(3) Pr	
					-/	131	19/71	4(S)
		····				1		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

SIGN

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SIGN HERIE

Signature of plan administrator

Signature of employer/plan sponsor

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

10

Date

Date

TRACY SCHNEIDER

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor