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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informat	ion								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
Α	This ret	turn/report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)	multiemployer) one-participant plan					
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report						
			an amended return/repor	t 🗀	short plan	year return/report (less than 12 m	onths)					
C	Chack I	box if filing under:	Form 5558	=		extension	,	DFVC program				
J	CHECK	box ii iiiiig dilder.	special extension (enter of	L description	ı	, exteriorer						
D	ort II	Pacia Plan Infor	<u> </u>									
	art II Name		mation—enter all requeste	ea intorm	ation		1h	Three-digit				
		- I	INC. 401 (K) PROFIT SHARI	NG PLA	N		10	nlan number				
. , , ,	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			`			(PN) • 001				
							1c	Effective date of plan				
							_	01/01/2000				
		ponsor's name and add IAEL CONTRACTING, I	ress (employer, if for single-e	employer	plan)		26	Employer Identification Number (EIN) 11-3145445				
1 AU	LIVIIOII	IALL CONTINO, I	iivo.				2c	Plan sponsor's telephone number				
		IY LANE						631-724-0354				
SIVII	IHIOW	/N, NY 11787-4706					2d	Business code (see instructions) 561790				
32	Dlana	dministrator's name and	d address (if same as Plan sp		ntor "Come	\n\ \n\	2 h	Administrator's EIN				
		IAEL CONTRACTING, I	INC. 12A	TIFFAN	Y LANE	,	30	11-3145445				
			SMI	IHIOW	N, NY 1178	37-4706	3с	Administrator's telephone number				
							+	631-724-0354				
			lan sponsor has changed sin er from the last return/report.			port filed for this plan, enter the	4b	EIN				
	namo, i	Lin, and the plan numb	or nom the last return report.	Оронас	or 3 marrie		4c	PN				
5a	Total number of participants at the beginning of the plan year				. 5a	6						
b	b Total number of participants at the end of the plan year			. 5b	6							
С	Total r	number of participants v	with account balances as of the	ne end o	f the plan y	ear (defined benefit plans do not						
	compl	lete this item)					. 5c	6				
6a		•	. ,	•		(See instructions.)		^ Yes No				
b						ndent qualified public accountant (Idions.)		X Yes ☐ No				
						SF and must instead use Form 5						
Pa	art III	Financial Inform										
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total p	plan assets			7a	509	95	5224				
b	Total	plan liabilities			. 7b			0				
С	Net pla	an assets (subtract line	7b from line 7a)		. 7с	509	95	5 522				
8	Incom	e, Expenses, and Trans	sfers for this Plan Year			(a) Amount	(b) Total					
а		butions received or received					0					
					. 8a(1)		0					
	. ,	•			` `		0					
L	(3) Others (including rollovers)			, ,	1.	14						
b		,				1.	***					
۲ C		, , ,	, 8a(2), 8a(3), and 8b) trollovers and insurance prer		. 8c			144				
d		. \	rollovers and insurance prer		. 8d	C						
е			ctive distributions (see instruc		8e		0					
f	Admin	nistrative service provide	ers (salaries, fees, commissio	ns)			15					
g		·		,			0					
h		•	, 8e, 8f, and 8g)					15				
i			ne 8h from line 8c)									
i		` , `	see instructions)									
•												

F	Form 5500-SF 2010	Page 2-	
Part IV	Plan Characteristics		
	plan provides pension benefits, enter the applicable pension feature 2E $$ 2G $$ 2J $$ 2K	e codes from the List of Plan Characteristic Codes in	n the instructions:

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-			200 111	une mourdou	0110.	
Part	V Compliance Questions						
10	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? (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			
С	Was the plan covered by a fidelity bond?	10c		X			
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				Ę
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	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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	ule SE	3 (Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth					
If y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year			12b			
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 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	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	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			13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under		ntrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to				
13c(1) Name of plan(s):			13c(2) EIN(N(s)	13c(3) PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return i, it is true, correct, and complete.						
	Filed with authorized/valid electronic signature 10/05/2011 TDACV SCHNE	DED					

SIGN	Filed with authorized/valid electronic signature.	10/05/2011 TRACY SCHNEIDER			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
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

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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 12/31/2010 and ending X single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report This return/report is for: an amended return/report short plan year return/report (less than 12 months) Form 5558 automatic extension | DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit PAUL MICHAEL CONTRACTING, INC. plan number 001 (PN) • 401 (K) PROFIT SHARING PLAN 1C Effective date of plan 01/01/2000 Plan sponsor's name and address (employer, if for single-employer plan) PAUL MICHAEL CONTRACTING, INC. 2b Employer Identification Number (EIN) 11-3145445 Plan sponsor's telephone number (631)724-035412A TIFFANY LANE Business code (see instructions) 561790 NY 11787-4706 Plan administrator's name and address (if same as Plan sponsor, enter "Same") 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 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 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..... 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.) X Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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..... 5,095 7a Total plan liabilities..... 7b Net plan assets (subtract line 7b from line 7a)..... 7с 5,095 5,224 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) b Other income (loss)..... 144 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 144 Benefits paid (including direct rollovers and insurance premiums n to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions)... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... Net income (loss) (subtract line 8h from line 8c)..... 129 Transfers to (from) the plan (see instructions)

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Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
h	2A 2E 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cteris	tic Coc	les in tl	he instructio	ns:			
D	if the plant provided from the deficiency street the approximation for the first the deficiency street the def								
ari	V Compliance Questions								
0	During the plan year:		Yes	No	ı	mount			
	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		х	4				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х					
C	Was the plan covered by a fidelity bond?	10c		х					
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		х	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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	Х				5		
f	Has the plan failed to provide any benefit when due under the plan?	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х					
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 5500))					Yes	s 🛛 No		
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 E	ERISA?	Yes	s ⊠ No		
а	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monitoria	tions	, and e	enter the Day	e date of th	e letter n Year	uling		
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	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					
d	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	No	N/A		
art	VII Plan Terminations and Transfers of Assets								
3 a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	s No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		• • • • • • • • • • • • • • • • • • • •	•••••		Yes	s 🛛 No		
C	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 pla	n(s) to	1		7			
13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3			3) PN(s)			
aut	aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
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.	ırn/re repor	port, ir t, and	ncluding to the b	g, if applica best of my k	ole, a Sc nowledg	hedule e and		
	1/0/2/16 TPACY SCHW	EID	ER						
SIGI	1/			ning 29	s nlan admir	nistrator			
	Synature of plan administrator Date Line name of the	of individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor