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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Benef	fit Guaranty Corporation		► Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		peotion			
Pa	art I	Annual Repor	t Ide	entification Information				•				
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010											
Δ -	This return	n/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan			
	B This return/report is for:					n/report			•			
	iiis retuii	Meport is ior.	H	an amended return/report		year return/report (less than 12 mor	nthe)					
_			出	·		, , ,	111115)	Пъти				
C	C Check box if filing under:					extension		☐ DFVC progra	ım			
			^	special extension (enter description	on) CT-20	11-40						
Pa	rt II	Basic Plan Inf	orm	ation—enter all requested inform	ation							
	Name of						1b	Three-digit				
SYPH	HER CON	ISTRUCTION & PA	AVIN	G CORPORATION PROFIT SHAR	ING 401K	PLAN		plan number	001			
							4.0	(PN) •				
							10	Effective date o				
2a	Plan enor	neor's name and a	ddros	ss (employer, if for single-employer	· nlan)		2h	Employer Identi		mher		
SYPH	HER CON	ISTRUCTION & PA	AVIN	G CORPORATION	piai i)		25	(EIN) 11-310		IIIDEI		
							2c	Plan sponsor's t	elephone	number		
	EEKS AV	'ENUE , NY 11949						631-92				
	OTT ILLE	, 111 11010					2d	Business code (ctions)		
32	Plan adm	ninistrator's name	and a	ddross (if samo as Plan sponsor, o	ntor "Same	5"\	3h					
SYPI	HER CON	ISTRUCTION & PA	AVING	ddress (if same as Plan sponsor, e G CORPORATION 62 WEEKS A	AVENUE		3b Administrator's EIN 11-3105645					
				MANORVILL	.E, NY 119	49	3c	number				
								631-92	4-1073			
			•					4b EIN				
ı	name, EIN	n, and the plan hui	mber	from the last return/report. Sponso	or's name		40	PN				
5a	Total nur	mber of participant	s at t	he heginning of the plan year			5a	T		9		
_						- Gu				9		
	b Total number of participants at the end of the plan year						5b					
C					f the plan year (defined benefit plans do not					9		
6a	•	•				(See instructions.)	5c		X Yes	s No		
_		•		•		ndent qualified public accountant (IQI						
						ions.)			X Yes	S No		
				, <u> </u>	orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III I	Financial Info	rmat	tion	1	Γ	1					
7	Plan Ass	ets and Liabilities				(a) Beginning of Year		(b) End	of Year			
а	Total pla	n assets			. 7a	74846	_			79565		
b	Total pla	n liabilities			. 7b	C				79565		
С	Net plan	assets (subtract li	ne 7b	from line 7a)	. 7с	74846	346					
8	Income,	Expenses, and Tra	ansfe	rs for this Plan Year		(a) Amount		(b) 1	Total			
а		tions received or r										
		•			` `							
	` '	•				603						
_	. ,	` •	,				_					
b	Other inc	come (loss)				2						
С		•	. ,	a(2), 8a(3), and 8b)	. 8c					5345		
d				llovers and insurance premiums	. 8d	626	3					
е	Certain o	deemed and/or co	rectiv	re distributions (see instructions)	8e	C						
f	Administ	rative service prov	viders	(salaries, fees, commissions)	. 8f	C)					
g						C)					
h		•		e, 8f, and 8g)						626		
i				8h from line 8c)						4719		
i		, , ,		instructions))					
•		, ,	,	•	ı Oj	ı						

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

art	٧	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amount	
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, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	Х				1995
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				31879
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		Oh 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					Ye	
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection (302 of	ERISA?		s 🔼 No
	,	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					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan year			120			
u		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	No	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?		<u>.</u>			Ye	s 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 the PBGC?	under	the co			Ye	s X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	13c(1) Name of plan(s):				c(2) E	IN(s)	13c(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Inde B or	r pen Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re	port, ir	ncludin	g, if appl		

SIGN	Filed with authorized/valid electronic signature.	10/19/2011	MARK SYPHER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/19/2011	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

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12/31/201	.0			
<u>—</u>	This return/report is for: x single-employer plan	multiple-er	nployer plan (n	ot multiemployer)	one-par	ticipant plan			
	This return/report is for:	final return	/report		_ , ,,				
	an amended return/report	₫	•	ort (less than 12 mont	hs)				
_	Check box if filing under: Form 5558	automatic				rogram			
•	x special extension (enter description	_							
	<u> </u>			*** *					
	art II Basic Plan Information enter all requested inf Name of plan	ormation.		<u> </u>	1b Three-digi	· T			
ıu					plan numb	er			
	SYPHER CONSTRUCTION & PAVING CORPORATION PROF	'IT SHARIN	IG 401K PL	AN	(PN) ▶ 001 1c Effective date of plan				
					01/01/1	•			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)			2b Employer	Identification Number			
	SYPHER CONSTRUCTION & PAVING CORPORATION				- , ,	-3105645			
	62 WEEKS AVENUE					sor's telephone number 24–1073			
TTO	MANORVILLE NY 11949					code (see instructions)			
<u>us</u> 3a	Plan administrator's name and address (If same as plan employer,	enter "Same"	·		237990 3b Administra	itor's FIN			
vu	Same	briter Carrie	,		OD Translitation	IOI 3 LII4			
					3c Administrator's telephone num				
					Tanta notized a coprione named				
4	If the name and/or EIN of the plan sponsor has changed since the la	net roturn/ron	ort filad for this	plan enter the	4b EIN				
7	name, EIN and the plan number from the last return/report. Sponso		ort med for this	pian, enter the					
- -					4c PN				
5a b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year				5a 5b	<u>9</u>			
C	Total number of participants at the end of the plant year Total number of participants with account balances as of the end of				- JD				
_	complete this item)	<u> </u>	<u></u>		5c	9			
	Were all of the plan's assets during the plan year invested in eligible				,	. XYes No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	n inaepenaei Ind conditions	nt qualified pub	ilic accountant (IQPA)		. XYes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	The state of the s	(a) Be	eginning of Year	(b)	End of Year			
а	Total plan assets	. 7a		74,846		79,565			
b	Total plan liabilities	. 7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c		74,846		79,565			
8	Income, Expenses, and Transfers for this Plan Year	Action of the control	(a) Amount		(b) Total			
а	Contributions received or receivable from:	00(4)		0	The second secon	Continues of the control of the Cont			
	(1) Employers	. 8a(1) . 8a(2)		603	A STATE OF THE PROPERTY OF THE				
	(3) Others (including rollovers)	. 8a(3)		0	The second secon	The second secon			
b	Other income (loss)	. 8b		4,742	And the second of the second o	to the second se			
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	The second secon	The state of the s		5,345			
d	Benefits paid (including direct rollovers and insurance premiums			A STATE OF THE STA	A STATE OF THE STA	And the state of t			
	to provide benefits)	- 8d		626	The state of the s	The second secon			
e	Certain deemed and/or corrective distributions (see instructions) .	. <u>8e</u>		0	The second secon				
f	Administrative service providers (salaries, fees, commissions)	. 8f		0	And the second s				
g	Other expenses	· 8g	2000 1 000 000 000 000 000 000 000 000 0	0	A CONTROL OF THE PARTY OF THE P	The second secon			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	Appendix of the property of th	The second secon	A res	626			
!	Net income (loss) (subtract line 8h from line 8c)	. 8i	A grant part of the first of th		A STATE OF THE STA	4,719			
J	Transfers to (from) the plan (see instructions)	. 8j		0	The state of the s	See a control of the second of			

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		Form 6500-SF 2010		Page 2-		_				
Pa	rt l'	/ Plan Characteristics								
9a	lf ti	ie plan provides pension benefils, enter the applicable pension 28 3D 2J 2G	n feature codes from the L	ist of Plan Characteri	istic (sebot	In the	instruction	E:	
b	If ti	ne plan provides welfare benefits, enter the applicable welfare	feature codes from the Lis	t of Plan Characleris	lic Co	odes i	n the i	nstructions	;	
Pa	rt \	Compliance Questions								
10		turing the plan year:		,		Yes	No	<u> </u>	Amount	
	2	Vas there a failure to transmit to the plan any participant contri 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic Vere there any nonexempt transactions with any party-in-intere	luciary Correction Program	n) l	10a		X			
		n line 10a.)			10b		X			
€	. V	Ves the plan covered by a fidelity bond?			10¤	X		ŀ		10,000
¢		id the plan have a loss, whether or not reimbursed by the plan r dishonesty?	ve fidelity bond, that was o	- 1	10d		x			
E	Îſ	Vere any fees or commisions peid to any brokers, agents, or of isurance services or other organization that provides some or istructions.)	all of the benefits under th	e plan? (See	10e	x				1,995
f	F	as the plan falled to provide any benefit when due under the p	olan?		10f		x			
Q) C	id the plan have any parlicipant loans? (If "Yes," enter amount	t as of year end.)	[10g	x				31,879
h		this is an individual account plan, was there a blackout period 620.101-3.)	? (See Instructions and 29		10h		x		机缆	
<u> </u>	e	10h was answered "Yes," check the box if you either provided xceptions to providing the notice applied under 29 CFR 2520,1	i the required notice or on 101-3	of the	101					情期
		Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding require							Yes	X No
12		this a defined contribution plan aubject to the minimum fundin "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as app	ng requirements of section						. 🔲 Yes	 No
а) (f	a waiver of the minimum funding standard for a prior year is be ranting the waiver	eing amortized in this plar	Month	ıs, an h	d ente	er the i Day	date of the	letter ruling Year	
lŧ		completed line 12s, complete lines 3, 9, and 10 of Schedu	- **	ikip to line 13.		_				
þ		nter the minimum required contribution for this plan year					12b			<u></u>
d	S	nter the amount contributed by the employer to the plan for this ubtract the amount in line 12c from the amount in line 12b, Ent agalive amount)				· -	12c 12d		.,	
e		fill the minimum funding amount reported on line 12d be met b	v the funding deadline?		•	•		Yea	No	□N/A
Эдг					•	·				
13a	Н	មន ង resolution to (erminate the plan been adopted during the)		?					Yes	X No
		"Yes," enter the amount of any plan assets that reverted to the				$\cdot \Gamma$	13a			· · · · · ·
	oi	ere all the plan assets distributed to participants or beneficiarie the PBGC?					ol •		. 🔲 Yes	X No
	if W	during this plan year, sny assets or liabilities were transferred t nich assets or liabilities were transferred. (See instructions.)	from this plan to enother p	lan(s), Identify the pla	en(e)	lo 				
	13c	1) Name of plan(s):				13:	(2) El	N(s)	13c(3)	PN(s)
			·				 			
					_					
		A penalty for the late or incomplete filing of this returnitep								
16 O	សេផ	nalties of perjury and other penalties set forth in the instructions redule MB completed and algoed by an enrolled actuary, as we thue, correct, and complete.	s, I declare that I have ex ell as the electronic version	mined this return/rep of this return/report,	ort, i , and	ncludi to the	ng, if s best o	pplicable, of my know	a Schedule Jedge and	
	Ŋ		10-18-11	MARK SYPHER						
	RE.	Signature or pian administrator	Date		iele im s	piecl-	0.00	lun nd-i-i	atentos	
sic		The state of the s	D216	Enter name of Indivi	(44B)	១មើញ	អេតម្	រណ ដូចជាហ	JUNSILE	 ,
HE	ŘE.	Signature of employer/plan aponsor	Date	Enter name of India	اجدوان					