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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	Complete all entries in according to the complete all entries are considered to the con	dance wit	h the instructions to the Form 5500)-SF.	1			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 06/01/201	0	and ending 0	5/31/2	2011			
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report		_					
	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under: Form 5558	,	DFVC program					
C			extension		bi ve program			
_	special extension (enter description)	,						
	rt II Basic Plan Information—enter all requested inform	ation		41				
	Name of plan	16	Three-digit plan number					
SAL-	VIO CONSTRUCTION CORPORATION PROFIT SHARING PLAN		(PN) • 002					
				1c	Effective date of plan			
					06/01/1988			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
SAL-	VIO CONSTRUCTION CORPORATION				(EIN) 13-2775804			
0 OP	EGON ROAD			2c	Plan sponsor's telephone number 718-324-6647			
	ONK, NY 10504			24	Business code (see instructions)			
				Zu	238100			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN			
SAL-	VIO CONSTRUCTION CORPORATION 9 OREGON ARMONK, N	ROAD	,		13-2775804			
	Authority, it	1 10004		3с	Administrator's telephone number 718-324-6647			
<u> </u>	f the name and/or FINI of the plan energy has shound since the la	ot roturn/ro	nort filed for this plan optor the	4				
	f the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
				4c PN				
5a	Total number of participants at the beginning of the plan year		5a	4				
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end or	•						
	complete this item)		•	5c	0			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	M v D v			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 550	JU.				
					4.5			
7	Plan Assets and Liabilities	_	(a) Beginning of Year		(b) End of Year			
	Total plan assets	. 7a	004000		0			
b	Total plan liabilities		394996		0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7с		'				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)						
	(2) Participants	` '		1				
	(3) Others (including rollovers)	` '		┥				
h	Other income (loss)	` '	45324	_				
b	, ,				45324			
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1002.			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	440320					
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)							
g g	Other expenses			\exists				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)				440320			
;					-394996			
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)							
J	Transition to thom, the plan (see instructions)	. 8i	İ					

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Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGI ISLIGS

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

D	IT THE	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	ine instr	uctions	:	
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Am	ount	
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 line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					37000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Has	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance	101						
1	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•		Yes	П No
2		0))						Yes	X No
2									Пио
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day		_ 166	"	
b	Enter the minimum required contribution for this plan year								
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d		stract 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?					X	Yes	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under 	the co	ontrol		X	Yes	☐ No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	13c(1) Name of plan(s):				c(2) El	N(s)		13c(3)	PN(s)
aut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Во	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ strue, correct, and complete.		,		·	,		
SIGI	F	iiled with authorized/valid electronic signature. 12/28/2011 ARTHUR DELSA	VIO						

SIGN	Filed with authorized/valid electronic signature.	12/28/2011	ARTHUR DELSAVIO
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

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OMB Nos. 1210-0110 1210-0089

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	Pension Benefit Guaranty Corporation Compl	ete all entries in acc	ordance wit	th the instructions to the For	n 5500-SF.				
	Part I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 06/01/2010 and ending 05/31/2011								
Α	This return/report is for:	ployer plan	multiple-	employer plan (not multiemploy	er)	one-participa	ant plan		
В	This return/report is for:		_						
_	an amended return/report short plan year return/report (less than 12 m								
_	Check box if filing under: Form 555	•	H .	c extension	,	DFVC progra	am		
C			\Box	C EXICISION		☐ Bi vo piogii	am		
_		tension (enter descrip							
	art II Basic Plan Information—er	iter all requested info	rmation		41-		T		
та	Name of plan SAL-VIO CONSTRUCTION CORPC	RATION PROFT	T SHARTN	ıc	מו	Three-digit plan number			
		Idillon Inoll.	1 Ommer			(PN) Þ	002		
	PLAN & TRUST				1c	Effective date of	of plan		
						06/01/198	8		
2a	Plan sponsor's name and address (employe SAL-VIO CONSTRUCTION CORPO	er, if for single-employ	ver plan)		2b	Employer Identi			
	SAL-VIO CONSTRUCTION CORFO	KATTON			-	(EIN) 13-277			
					20	(718) 324-	telephone number 6647		
	9 OREGON ROAD				2d		(see instructions)		
	ARMONK			NY 10504		238100			
3a	Plan administrator's name and address (if s	ame as Plan sponsor	, enter "Sam	e")	3b	Administrator's	EIN		
	SAME				20	0 das in interest and a	Aslankana numbar		
					30	Administrators	Administrator's telephone number		
4	If the name and/or EIN of the plan sponsor ha	as changed since the	last return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the las								
					4c	PN			
	Total number of participants at the beginning								
	Total number of participants at the end of the	• •							
С	Total number of participants with account b complete this item)						0		
62	Were all of the plan's assets during the pla						X Yes No		
	Are you claiming a waiver of the annual ex								
-	under 29 CFR 2520.104-46? (See instruction	ons on waiver eligibilit	ty and condit	ions.)			X Yes No		
	If you answered "No" to either 6a or 6b,	the plan cannot use	Form 5500-	SF and must instead use For	m 5500.				
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	394	,996		0		
b	Total plan liabilities		7		0		0		
c	Net plan assets (subtract line 7b from line 7	a)	7c	394	,996		0		
8	Income, Expenses, and Transfers for this P	lan Year		(a) Amount		(b) 1	Total		
а	Contributions received or receivable from:		8a(1)				•		
	(1) Employers					1			
	(2) Participants								
	(3) Others (including rollovers)		1	Λ.5	324				
b	Other income (loss)			10	7,524		45,324		
C C	Total income (add lines 8a(1), 8a(2), 8a(3),		8c				10,021		
d	Benefits paid (including direct rollovers and to provide benefits)		8d	440	,320				
е	Certain deemed and/or corrective distribution		1	_					
f	Administrative service providers (salaries, fe	•							
g	Other expenses			****					
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g		·				440,320		
i	Net income (loss) (subtract line 8h from line						(394,996)		
	Transfers to (from) the plan (see instruction					· · · · · · · · · · · · · · · · · · ·			

-										
	Part IV Plan Characteristics									
	2E 3D 3H									
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	·V	Compliance Questions								
10		ring the plan year:				Yes	No		Amount	
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in						х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						<u>x</u>			
С					10c	Х				37,000
d	Dio	If the plan have a loss, whether or not reimbursed by the plan's fidelity bo	nd, that was	caused by fraud	10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other persor urance service or other organization that provides some or all of the ben tructions.)	efits under th	he plan? (See	10e		Х			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year	end.)		10g		X			
h	If the 25:	his is an individual account plan, was there a blackout period? (See instr 20.101-3.)	uctions and	29 CFR	10h		х			
i		Oh was answered "Yes," check the box if you either provided the require ceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "							Yes	No
12		this a defined contribution plan subject to the minimum funding requirement							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	_
_	(11	waiver of the minimum funding standard for a prior year is being amortize	ad in this al	an voor een instruc	tions	and a	nter th	a data of th	e letter m	lina
а	nra	nting the waiver.	III IIIIS PI	Mont	h	and c	Day		Year	9
If v	g.u /ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), ar	nd skip to line 13.						
b		er the minimum required contribution for this plan year			• • • • • • • • • • • • • • • • • • • •	[12b			
С	Ent	er the amount contributed by the employer to the plan for this plan year		***************************************			12c			
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the result pative amount)	(enter a mir	nus sign to the left o	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the funding	g deadline?.					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan year or	any prior ye	ar?		<u></u>			X Yes	☐ No
		res," enter the amount of any plan assets that reverted to the employer t				- 1	13a			0
	We of t	re all the plan assets distributed to participants or beneficiaries, transferr he PBGC?	ed to anothe	er plan, or brought u	ınder	the co	ntroi 		X Yes	No
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):			13c(2) EIN(۷(s)	13c(3) PN(s)
									†	
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will b	e assessed	unless reasonabl	e cau	se is e	establi	shed.		
SB or	Sch	nalties of perjury and other penalties set form in the instructions, I declar nedule MB completed and signed by an enfolled actuary, as well as the e strue, corregt, anticomplete.	e that I have electronic ve	examined this return/r	rn/rep report	ort, in , and t	cluding o the b	j, if applica est of my k	ble, a Sch nowledge	edule and
SIGI	1940a / Arthur Del				Savi	.0				
HER		Signature of plan administrator Date	/ []	Enter name of in	dividu	ıal sigr	ning as	plan admir	nistrator	
SIGI	v [
HER		Signature of employer/plan sponsor Date		Enter name of in	dividu	ıal sigr	ning as	employer	or plan sp	onsor

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