## 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 Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	0-SF.				
Pä	art I Annual Report Id	lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	n/report							
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
Da	rt II Basic Plan Inform	special extension (enter description)  nation—enter all requested inform							
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit			
		ANY, INC. DEFINED BENEFIT PEN	ISION PLA	N.	10	plan number			
		, -				(PN) • 001			
					1c	Effective date of plan			
						01/01/1988			
	Plan sponsor's name and addre- ROCK CONTRACTING COMP	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 11-2267728			
IXAIVI	-ROCK CONTRACTING COME	ANT, INC.			2c	Plan sponsor's telephone number			
	64TH STREET					718-261-1139			
GLEI	NDALE, NY 11385				2d	Business code (see instructions)			
2-	<u></u>		. "0		O.L.	236110			
Sa RAM	Plan administrator's name and ROCK CONTRACTING COMP	address (if same as Plan sponsor, e PANY, INC. 69-21 64TH	nter "Same STREET	<del>)</del> (1)	3D	Administrator's EIN 11-2267728			
		GLENDALE,	NY 11385		3c	Administrator's telephone number			
						718-261-1139			
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
-	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		<b>4</b> c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	4			
_		the end of the plan year		ł		4			
	• •	ith account balances as of the end o		ł	5b	-			
С	·		. ,	` .	5c				
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)				
	,			ons.)		Yes   No			
Do			orm 5500-	SF and must instead use Form 550	00.				
		ation							
7	Plan Assets and Liabilities			(a) Beginning of Year 449008		(b) End of Year 444089			
	Total plan assets		. 7a	0	_	0			
b	•		. 7b	449008	_	444089			
<u> </u>		b from line 7a)	7c		<u>'</u>				
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei  (1) Employers	vable from:	. 8a(1)	0	)				
				0	)				
	, ,	)		0	0				
b	, ,			62306	5				
C	` '	8a(2), 8a(3), and 8b)				62306			
d		rollovers and insurance premiums							
	to provide benefits)		. 8d	67225	_				
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e	0	∤				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	0					
g	Other expenses		. 8g	0	)				
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h			67225			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			-4919			
i		ee instructions)		0	)				

	F	Form 5500-SF 2010 Page <b>2-</b>				
Par	t IV	Plan Characteristics				
Эа	If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	Characteri	stic Co	des in	the instructions:
		3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan o	Charactaria	tio Cod	daa :a 4	ha inaturationar
	4B	e plan provides wellare benefits, effici the applicable wellare fleature codes from the List of Flant	Characteris	iic Coc	Jes III t	He Instructions.
art	V	Compliance Questions				
0		ing the plan year:		Yes	No	Amount
а	Was	s there a failure to transmit to the plan any participant contributions within the time period describe CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X	
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions repo ine 10a.)			Х	
С	Wa	as the plan covered by a fidelity bond?	. 10с		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?				
е	Wer insu	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 ructions.)	,		X	
f		as the plan failed to provide any benefit when due under the plan?			X	
g					X	
_						
	252	0.101-3.)	10h			
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	<b>10i</b>			
art	VI	Pension Funding Compliance				
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 0))				
2	ls th	his a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection 3	302 of I	ERISA? Yes 🖺 No
_	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i nting the waiver.				
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes No N/A
art		Plan Terminations and Transfers of Assets			L	
		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					0
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	ught under	the co		□ Vaa X Na
С		ne PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide				∐ Yes 🔼 No

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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

**13c(3)** PN(s)

SIGN	Filed with authorized/valid electronic signature.	12/29/2011	RICHARD LAUN					
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					

## 718-263-3931

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

## Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

$\overline{}$	Pension Seperit Guaranty Corporation			ide (the code	•	on career	tni	pection			
-		► Complete all entries in acc	ordance with	the Instructi	ions to the Form 550	10-SF.					
2000	the calendar plan year 2010 or	dentification information	01/01	/2011	and ending	ΛE	/31/2011				
		single-employer plan			not multiemployer)			4-1			
_	X.		<b>=</b> '		iot muniempioyer,	Ļ	one-participa	nt pian			
0	This return/report is for:		final return	•							
		ent con			oort (leas than 12 mon	ths)	7				
C	Check box if filing under:	Form 5558	automatic	extension		Ļ	DFVC progra	M			
****		special extension (enter descripti	<u> </u>								
M	Basic Plan Infor	mation enter all requested in	formation.	(7-14-570)		1-22					
1 <b>a</b>	Name of plan	ame of plan					Three-digit plan number				
	Ram-Rock Contracting	Company, Inc. Defined Be	enefit Per	asion Plan	ı		(PN) ▶	001			
							Effective date o	f plan			
20	Plan shansaris name and addre	ess (employer, if for single-employer	nlon)		NEWS JE ALDERSON &		01/01/1988	Cantlan blumban			
WH CH	Ram-Rock Contracting	Company, Inc.	pian)				Employer Identification Number (EIN) 11-2267728				
	_	• • • • • • • • • • • • • • • • • • • •				26 Plan sponsor's telephone number					
	69-21 64TH STREET					-	(718) 261-1139 2d Business code (see instructions)				
	Glendale	NY 11385				20	Business code ( 236110	see instructions)			
3a	Plan administrator's name and	address (If same as pian employer,	enter "Same"	)	0.00000		Administrator's	EIN			
	8ame										
						Зс .	Administrator's	telephone number			
4	If the name and/or EIN of the pl	an sponsor has changed since the	ast return/repo	ort filed for this	plan, enter the	4b EIN					
	name, EIN and the plan numbe	r from the last return/report. Sponso	r's Name			4c	4c PN				
5a	Total number of participants at t	the beginning of the plan year .				54	I	4			
þ	Total number of participants at t	the end of the plan year . 🔒 🔒 👵						0			
C											
6a	Were all of the plan's assets du	ring the plan year invested in eligible	 	e instructions		5c	V N N 28 2	X Yes No			
b		ennual examination and report of						ET 169 THO			
	under 29 CFR 2520.104-46? (S	ee instructions on walver eligibility a	and conditions	.)		E 6 30		X Yes No			
NAT Y		r 6a or 6b, the plan cannot use Fo	rm 5500-SF a	ınd must inst	ead use Form 5500.						
		<u>ation</u>		·	Salati -						
7	Plan Assets and Liabilities			(a) B	eginning of Year	-	(b) End				
b	Total plan assets Total plan liabilities		- 7a		444,089	-		0			
_	90000 CM	er a serie a serie a marg. Estados	, 7b		0			0			
C	Net plan assets (subtract line 7t	THE PROPERTY OF THE PARTY OF TH	. 7c	3/8 V29/02	444,089			O Transferration for			
8	Income, Expenses, and Transfer				(a) Amount	E State of the Sta	(b)	rotal			
¢II	Contributions received or receiv  (1) Employers	able ifom:	. 8a(1)		0		*				
	(2) Participants		. 8a(2)		0						
	(3) Others (including rollovers).		. 8a(3)		0						
Ь	Other Income (loss) ,		. 8b		(6,547)		$M_{10}$ $\pm 10$				
C	Total income(add lines 8a(1), 8a		. 8c	1 1 2 1 1 1 1 1	Historia de la propio			(6,547)			
d	–	pilovers and insurance premiums						<b>4</b> , 7, 1, 1, 13, 13, 13, 13, 13, 13, 13, 13,			
_	to provide banefits) ,		- 8d		437,542			1.			
e		ve distributions (see instructions)	- 80		0	-					
g	Other expenses	(salaries, fees, commissions)	- 8f - 8g		0	= (4)					
Ţ	·			78.2524			the second second	437,542			
h	Total expenses (add lines 6d, 8d		- Bh		Wr.	26.3		(444,089)			
i	Net income (loss) (subtract line Transfers to (from) the plan (see	55 \$4 0901 5901	- 8i - 8i		0	300.	4-7-6-12				
4	Transfers to (from) the plan (866	The state of the s	manage and a second	atlana far Eas	and the second s			NAME OF (2010)			

	Form \$600-SF 2010	Pe	ge 2-	- Dist					
na pu	Plan Characteristics	46					****		
9a	If the plan provides pension benefits, enter the applicable pension feat	ture codes from the Lis	t of Plan Charact	eristic (	Codes	in the	Instructions	:	
ь	1A 1H 3D  If the plan provides welfare benefits, enter the applicable welfare feature.	re codes from the List	of Plan Characte	ristic Co	odes ir	the ir	structions:		
100	48		8						
P	Compliance Questions					_			
10	During the plan year:				Yes	No		Amount	
*	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducia			10a		х			
t	Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)	Do not include transac		10ъ		x			
c	Was the plan covered by a fidelity bond?			10c		x			
C		lelity bond, that was ca		10d		x			
•	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)		plan? (See	10a		x			
f	Has the plan failed to provide any benefit when due under the plan?			101		х			
9	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10a		х			
ř		ee instructions and 29	CFR	10h				t decid	la vie
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			101				i di vi Profit di sa	
	Pension Funding Compliance		THE WAY	47/13/14					74115
11	Is this a defined benefit plan subject to minimum funding requirement	•	uctions and comp	lete So	chedul	e SB (I	Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re		112 of the Code of	r section	on 302	of ER	ISA? .	. Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica-	ble.)							
all H	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mc					letter ruling Year	
Ł		,	•	. 7	. [	12b			
Ç	Enter the amount contributed by the employer to the plan for this pla	in year				12c			
C	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				. [	12d			
_ 6	Will the minimum funding amount reported on line 12d be met by th	e funding deadline? .		(U_1)			Yes	□No	□N/A
Pal	Plan Terminations and Transfers of Assets								
13:					٠,٠	٠.		X Yes	□No
_	If "Yes," enter the amount of any plan assets that reverted to the err	ployer this year		• •	• 0•	13a			٥
t C	of the PBGC?					rol		. XYes	□No
	which assets or liabilities were transferred. (See Instructions.)	i tina bian to another bi	ants), identity the	piants	, 10			- T	
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			PN(s)	
	-							1	
	Continue to the control of the contr								
	Non: A penalty for the late or incomplete filing of this return/report								
SB o	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.						7 1		:
	Jung deliceurs	1	George Schi	-1 mm		_			
14	3/maiture of plan administrator	Date /0/27/40/	Enter name of in		al sion	ing as	plan admin	istrator	e #
	Avy delieaus	19.19	George Schi			414			
A H	Signature of employer/plan sponsor	Date /0/4-7/806/	Enter name of le		al sign	ing as	employer o	r plan spon	зог