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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). 1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete an entries in accord	Jance Will	i the instructions to the Form 5500	-эг.		_		
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	2011			
Α -	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В -	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	automatic	extension		DFVC program			
	special extension (enter descriptio	n)			_			
Pa	art II Basic Plan Information—enter all requested informa	ation				_		
1a	Name of plan			1b	Three-digit			
	HER CONSTRUCTION & PAVING CORPORATION PROFIT SHARI	NG 401K I	PLAN		plan number			
					(PN) ▶ 001			
				1c	Effective date of plan 01/01/1999			
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2b	Employer Identification Number	_		
	HER CONSTRUCTION & PAVING CORPORATION		and a surgest surpression pression,		(EIN) 11-3105645			
				2c	Sponsor's telephone number			
62 W	/EEKS AVENUE				631-924-1073			
MAN	ORVILLE, NY 11949			2d	Business code (see instructions)			
				01	237990			
	Plan administrator's name and address (if same as plan sponsor, er HER CONSTRUCTION & PAVING CORPORATION 62 WEEKS A	VENUE		3D	Administrator's EIN 11-3105645			
	MANORVILLE	E, NY 119₄	49	3с	Administrator's telephone number 631-924-1073	ŗ		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN				
_	name, EIN, and the plan number from the last return/report.			4.	DV			
	Sponsor's name			4c		41		
	Total number of participants at the beginning of the plan year		<u> </u>	5a		15		
b	Total number of participants at the end of the plan year		 	5b		15		
	Number of participants with account balances as of the end of the p complete this item)			5c		8		
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		X Yes N	0		
b	Are you claiming a waiver of the annual examination and report of a			PA)	V vaa 🗆 N			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes [] N	0		
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 550	υ.		_		
7	<u> </u>		(a) Baninging of Van		(h) Food of Voor	_		
	Plan Assets and Liabilities	7-	(a) Beginning of Year 79565		(b) End of Year 77589	_		
a b	Total plan assets Total plan liabilities	7a 7b	0		0	_		
C	Net plan assets (subtract line 7b from line 7a)	7 C	79565		77589			
8	Income, Expenses, and Transfers for this Plan Year	76						
а	Contributions received or receivable from:		(a) Amount		(b) Total			
_	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	. 8b	-1976					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-1976			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0					
е	Certain deemed and/or corrective distributions (see instructions)	8e	0					
f	Administrative service providers (salaries, fees, commissions)	8f	0					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)				-1976	_		
j	Transfers to (from) the plan (see instructions)	8i	0					

_		\sim –	
Form	5500	-S⊦	201

Page 2 -	1
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		•	
Part IV	Plan	Characteri	ietice

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2J 2G
 - **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	.,									
art		Compliance Questions			1 1					
10		ng the plan year:		Yes	No		Am	ount		
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	s the plan covered by a fidelity bond?	10c	X					10	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					1:	374
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					31	517
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		h 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								
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X	No
lf y	(If "Y If a v gran ou c e Ente	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. r the minimum required contribution for this plan year. r the amount contributed by the employer to the plan for this plan year.	ctions, th	and e	enter th	e date of t				-
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	10	Ν	I/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Y	es X N	lo			
		es," enter the amount of any plan assets that reverted to the employer this year								
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			Yes	X	No
С		ring 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.)	ne pla	n(s) to)					
1	3c(1)	Name of plan(s):		13	c(2) Eli	N(s)		13c(3)	PN	(s)
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establi	ished.				
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return,								

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.

SIGN	Filed with authorized/valid electronic signature.	04/25/2012	MARK SYPHER					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	04/25/2012	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

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OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accor	dance with	the instructions to the Form 5500	-SF.	mapconon			
P	art I Annual Report Identification Information							
For	the calendar plan year 2011 or fiscal plan year beginning	01/0:	1/2011 and ending	12	/31/2011			
Α	This return/report is for: x a single-employer plan	a multiple	employer plan (not multiemployer)	Г	a one-participant plan			
	This return/report is: the first return/report	!	eturn/report					
_	an amended return/report	1	·	4L_1				
_		·	in year return/report (less than 12 mon	ເດຣ) ⊏	7			
C	Check box if filing under:	automatic	extension	L	DFVC program			
	special extension (enter description	1)						
Pi	art II Basic Plan Information enter all requested info	rmation.		-				
1a	Name of plan				Three-digit			
	SYPHER CONSTRUCTION & PAVING CORPORATION PROFI	T SHARII	NG 401K PLAN		olan number (PN) ► 001			
			ŀ		Effective date of plan			
					01/01/1999			
2a	Plan sponsor's name and address; include room or suite number (em	ployer, if fo	r single-employer plan)	2b 1	Employer Identification Number			
	SYPHER CONSTRUCTION & PAVING CORPORATION			. (EIN) 11-3105645			
					Plan sponsor's telephone number			
	62 WEEKS AVENUE		-		(631) 924-1073			
					Business code (see instructions)			
	MANORVILLE NY 11949				237990			
эa	Plan administrator's name and address (If same as plan sponsor, ent Same	er "Same")		3D /	Administrator's EIN			
			. <u> </u>		·			
			·	3c /	Administrator's telephone number			
		•						
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/rep	ort filed for this plan, enter the	4b E	EIN .			
a	name, EIN, and the plan number from the last return/report. Sponsor's Name	-	· · · · · · · · · · · · · · · · · · ·	4c F	PN			
<u>-а</u> 5а	Total number of participants at the beginning of the plan year			5a 15				
b	Total number of participants at the end of the plan year			5b	15			
C	Number of participants with account balances as of the end of the pla	ın year (defi	ned benefit plans do not	<u> </u>				
	complete this item)			5c	8			
_	Were all of the plan's assets during the plan year invested in eligible a	•	•		XYes No			
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form		•	• •	· · · · <u>x</u> Yes No			
Pa	rt III Financial Information		and made motoda abo i oim bood,					
7	Plan Assets and Liabilities	1620000	(a) Beginning of Year	1	(b) End of Year			
a	Total plan assets	. 7a	79,565	<u> </u>	77,589			
b	Total plan liabilities	. 7b	0	 	0			
C	Net plan assets (subtract line 7b from line 7a)	. 7c	79,565		77,589			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	\$415 P. S.	fed	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) . o.a.			
	(1) Employers	8a(1)	0	100 mg/s				
	(2) Participants	. 8a(2)	0		Nandari Jaja Garatan berga kasa			
	(3) Others (including rollovers)	. 8a(3)	0	TO THE REAL PROPERTY.				
b	Other income (loss)	. 8b	(1,976)		A CAST SWEETS AND A CAST			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		e e	(1,976)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0	13.116				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	0	1				
f	Administrative service providers (salaries, fees, commissions)							
'n	• • • • • • • • • • • • • • • • • • • •	. 8f	0					
g h	Other expenses	8g	The first of the State of the S	15万美的	anna an			
i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		 	(1.076)			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		PAGLIA	(1,976)			
<u> </u>	Transfers to (from) the plan (see instructions)	. 8j	0	12 4.5				

		Form 5500-SF 2011	<u>_</u>	age 2-						
Pa	rt I\	Plan Characteristics								
9a	If th	e plan provides pension benefits, enter the applicable pension feat	ure codes from the Li	st of Plan Character	ristic (Codes	in the	instructions:		
b	If th	2E 3D 2J 2G e plan provides welfare benefits, enter the applicable welfare feature	re codes from the Lis	t of Plan Characteri	stic C	odes i	in the i	nstructions:		
Pa	rt V	Compliance Questions								
10		uring the plan year:				Yes	No	Α	mount	
a b	2	as there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Fere there any nonexempt transactions with any party-in-interest? (I	y Correction Program)	10a		х			
	OI	line 10a.)			10b		X			
C	· W	as the plan covered by a fidelity bond?			10c	х				10,000
C		d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			10d		x			
€	in	ere any fees or commisions paid to any brokers, agents, or other p surance services or other organization that provides some or all of structions.)	the benefits under the	plan? (See	10e	x				1,374
f	Н	as the plan failed to provide any benefit when due under the plan?			10f		х			
g	j D	d the plan have any participant loans? (If "Yes," enter amount as o	fyear end.)		10g	х				31,517
h	2	this is an individual account plan, was there a blackout period? (Se i20.101-3.)			10h		х		respectively.	\$10-10-50 \$10-10-50
Ì		10h was answered "Yes," check the box if you either provided the r ceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
	rt V	Pension Funding Compliance						-		
11		this a defined benefit plan subject to minimum funding requirement							Yes	X No
12 a	(lf L lf gr	this a defined contribution plan subject to the minimum funding req "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being a anting the waiver	le.) amortized in this plan	year, see instructio	ns, ar	nd ent	er the	date of the le	tter ruling	
b		ter the minimum required contribution for this plan year		_		Γ	12b			•
C		ster the amount contributed by the employer to the plan for this plan					12c			
d	St	abtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a minu	s sign to the left of a			12d			
е		Il the minimum funding amount reported on line 12d be met by the	funding deadline? .					☐Yes [No	□N/A
² ar	t VI	Plan Terminations and Transfers of Assets								
13a		is a resolution to terminate the plan been adopted in any prior year				٠ ـ			Yes	x No
		Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	of	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?					rol 		Yes	ХNо
	wl	ich assets or liabilities were transferred. (See instructions.)							 	
	13c(1) Name of plan(s):	·			13	c(2) E	IN(s)	13c(3)	PN(s)
							_			
aut	ion:	A penalty for the late or incomplete filing of this return/report w	vill be assessed unl	ess reasonable ca	use is	s esta	blishe	d.		
B o	r Sch	nalties of perjury and other penalties set forth in the instructions, I d edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete. وصد	eclare that I have exa the electronic version	mined this return/re of this return/repor	eport, rt, and	includ I to th	ling, if e best	applicable, a of my knowle	Schedule edge and	
SIC	No.	11/1/		MARK SYPHER						
- 1 - 1	RE	Signature of plan administrator	Date 4-16-17	Enter name of indi	vidua	i siani	ng as	olan administ	rator	
Sic	3N					9 11		r.e estimio		
HE	1.1	Signature of employer/plan sponsor	Date	Enter name of indi	vidua	l siani	na se a	employer or r	olan enone	or