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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		• •	 Complete all entries in a 	ccordance with the instru	ictions to the Form 550	00-SF.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis		1/2012	and ending	12/31/2				
Α -	This ret	urn/report is for:	X a single-employer plan □	H ' ' '	plan (not multiemployer)		a one-participant plan			
В -	This ret	urn/report is:	the first return/report	the final return/report	•					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	_			
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program			
			special extension (enter desc	cription)						
Pa	art II	Basic Plan Infor	rmation—enter all requested ir	formation			<u>,</u>			
	Name	•				1b	Three-digit			
SYPH	IER CO	NSTRUCTION & PAV	ING CORPORATION PROFIT S	HARING 401K PLAN			plan number (PN) ▶ 001			
						10	Effective date of plan			
						.0	01/01/1999			
2a	Plan sp	oonsor's name and add	dress; include room or suite numb	per (employer, if for a single	employer plan)	2b	Employer Identification Number			
SYPH	HER CC	ONSTRUCTION & PAV	/ING CORPORATION				(EIN) 11-3105645			
						2c	Sponsor's telephone number			
		AVENUE .E, NY 11949				0.1	631-924-1073			
IVIZALNY	OITVILL	L, N1 11949				2a	Business code (see instructions) 237990			
32	Dlan a	dministrator's name an	d address X Same as Plan Spon	sor Name Same as Pla	an Sponsor Address	3h	Administrator's EIN			
Ju	i iaii a	ammistrator s name an	d address Moanie as i lan opon	Sol Name Dame as in	in Sponsor Address	36	Administrator's Lin			
						3с	Administrator's telephone number			
4	If the n	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	FIN			
-			nber from the last return/report.		,	-10 LIIV				
		or's name				4c	PN			
5a	Total r	number of participants	at the beginning of the plan year.			- 5a	8			
b	Total r	number of participants	at the end of the plan year			. 5b	7			
С			account balances as of the end of			. 5c	7			
62			during the plan year invested in			-				
			during the plan year invested in the annual examination and repo							
~			(See instructions on waiver eligi				X Yes No			
	If you	answered "No" to eit	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.			
Cau	ıtion: A	penalty for the late of	or incomplete filing of this retur	n/report will be assessed	l unless reasonable ca	use is	established.			
							acluding, if applicable, a Schedule			
		rue, correct, and comp	d signed by an enrolled actuary, lete.	as well as the electronic ve	rsion of this return/repor	n, and i	o the best of my knowledge and			
				40/00/0040	T		_			
SIG		Filed with authorized/v	valid electronic signature.	10/23/2013	MARK SYPHER					
HER	\L	Signature of plan ac	dministrator	Date	Enter name of individ	dual sig	ning as plan administrator			
SIG		Filed with authorized/\	valid electronic signature.	10/23/2013	MARK SYPHER					
HEF		Signature of employ		Date	•		ning as employer or plan sponsor			
Prep	parer's	name (including firm na	ame, if applicable) and address; i	nclude room or suite numb	er (optional)	Prep	arer's telephone number (optional)			
						1				
						1				

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Reginning of Voc	· · ·			(b) End of Year		
<u>′</u>	Total plan assets	70	(a) Beginning of Yea				78110		
	Total plan liabilities	7a 7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	7758				78110		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
	Contributions received or receivable from:						(b) Total		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	769	7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7697		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	509	7					
_е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f	207	9					
g	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7176		
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					521		
	Transfers to (from) the plan (see instructions)	8j		0					
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D 2J 2G	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Co	des in t	he instructions:		
_									
	rt V Compliance Questions								
10	During the plan year:	4:	41- 2 4:		Yes	No	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	ection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	·	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		10000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service or other organization that provides some or all cinstructions.)			10e	X		1242		
f	<u>'</u>					X	1342		
				10f	V				
<u>g</u>		•	,	10g	X		32601		
n	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part									
11									
11a	Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instruc		and	enter th	ne date of the letter ruling Year		
If	granting the waiver								
		-				12b			

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	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 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
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X 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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2012

Department of Labor Employee Benefits Security Administration This Form Is Open to Pour Inspection Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form Is Open to Pour Inspection									
	Pension Benefit Guaranty Corporation	➤ Complete all entries in accor	dance with the instru	ctions to the Form 550	O-SF.	<u> </u>	,		
		lentification Information	07/01/020			/21 /0010			
	calendar plan year 2012 or fisca	, ,	01/01/2012	and ending		/31/2012			
Α	This return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)	L	_ a one-particip	oant plan		
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	ionths)				
С	Check box if filling under:	x Form 5558	automatic extension			DFVC progra	ım		
		special extension (enter description	on)		-				
D	art III Basic Plan Inforr	nation enter all requested info							
	Name of plan	riation enter all requested into	IIIIation		1b	Three-digit			
	·				1	plan number			
	SYPHER CONSTRUCTION	& PAVING CORPORATION PRO	OFIT SHARING 40:	IK PLAN		(PN) ▶	001		
						Effective date o 01/01/1999			
2a		ress; include room or suite number (& PAVING CORPORATION	employer, if for a single	e-employer plan)	2b		ification Number		
					2c Sponsor's telephone number (631) 924-1073				
	62 WEEKS AVENUE						(see instructions)		
US	MANORVILLE	NY 11949				237990	(bab mottadiono)		
		address X Same as Plan Sponso	or Name 🔲 Same as	Plan Sponsor Address	3b Administrator's EIN				
					3c Administrator's telephone number				
4	If the name and/or EIN of the pname, EIN, and the plan numb	plan sponsor has changed since the	last return/report filed	for this plan, enter the	4b	EIN			
а					4c	PN			
5a	Total number of participants at	t the beginning of the plan year			5a		8		
b	Total number of participants at	t the end of the plan year	*******************************	***************************************	5b		7		
С	Number of participants with ac	count balances as of the end of the	plan year (defined ben	efit plans do not			7		
60		uning the plan year layested in eligib			5c		7 X Yes No		
	•	uring the plan year invested in eligib	•		D 4)		X Yes No		
b	•	ne annual examination and report of See instructions on waiver eligibility	and conditions \	,	•		X Yes No		
	·	er line 6a or line 6b, the plan cann		and must instead use			<u> </u>		
Ca		r incomplete filing of this return/re				,			
		er penalties set forth in the instruction					loshle a Schedule		
SE		d signed by an enrolled actuary, as v							
SIGN MARK SYPHER									
	ERE Signature of plan admin	Netrator	Date / 0/23/13	Enter name of individu	al ciani	na se nish adm	inistrator		
-	Signature of plan dumin	ISCIALOI	Date (C 2 JII)	Enter hame of mulyidus	ai sigiiii	ng as plan aum	ilistrator		
	IGN					-			
472.113	ERE Signature of employer/p		Date	Enter name of individu	·				
Pu	eparer's name (including firm na	me, if applicable) and address; inclu	ide room or suite numb	per (optional)	Prepa	arer's telephone	number (optional)		

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Pai	Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year			
a ·	Total plan assets	7a	77,58	9			78,110		
b	Total plan liabilities	7b		0	0				
C I	Net plan assets (subtract line 7b from line 7a)	7c	77,58	9		78,110			
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: 1) Employers	8a(1)		0					
	2) Participants	8a(2)		0					
	3) Others (including rollovers)	8a(3)		0					
b	Other Income (loss)	8b	7,69	7					
C .	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			7,697				
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	5,09	7					
е (Certain deemed and/or corrective distributions (see instructions)	8e		0					
f /	Administrative service providers (salaries, fees, commissions)	8f	2,07	9					
g	Other expenses	8g		0					
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7,176		
i	Net income (loss) (subtract line 8h from line 8c)	8i			j		521		
j ·	Fransfers to (from) the plan (see instructions)	8j		0					
Pa	t V Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Charact	eristic	c Code	es in ti	he Instructions:		
	2E 3D 2J 2G								
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in the	e instructions:		
Da.	TV Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu	tions withi	in the time period described in		,,,,,				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Corre	ection Program)	10a		х			
	on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	10c	х		10,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	х		1,342		
f	Has the plan failed to provide any benefit when due under the plan	n?	****************	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	х		32,601		
h	If this is an individual account plan, was there a blackout period?	(See instri	uctions and 29 CFR	10h		x			
j	2520.101-3.)	ne require	d notice or one of the						
(Special)	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i	L	<u> </u>			
Par	Pension Funding Compliance								
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No								
118	a Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	cable.)		****				
а		ng amortiz	zed in this plan year, see instruc	tions,	and e	enter t	he date of the letter ruling ly Year		
<u> If</u>	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	rm 5500), and skip to line 13.		т				
b	Enter the minimum required contribution for this plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b			

c Enter the amount contributed by the employer to the plan for this plan year		Form 5500-SF 2012 Page 3-				
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)			T	1		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u>C</u>		12c	ļ		· · · · · · · · · · · · · · · · · · ·
Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted in any plan year?	d		12d			
Has a resolution to terminate the plan been adopted in any plan year?	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes [□ No □	□ N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Part	MII Plan Terminations and Transfers of Assets				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted in any plan year?	□ Y	es 🗓 1	Vo .	
of the PBGC?		If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) Part VIII Trust Information (optional)	b	•			Yes	X No
Part VIII Trust Information (optional)	С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t				
	1	3c(1) Name of plan(s): 13c	c(2) EIN	(5)	13c(3)	PN(s)
	Part	VIII Trust Information (optional)				
	14a I		14b T	rust's Eli	٧	
			<u></u>			