# SECURITIES AND EXCHANGE COMMISSION WASHINGTON, DC 20549



### FORM 11-K

## ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

(Mark	One):
×	ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.
For the	fiscal year ended December 31, 2003
	OR
	TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.
For the	transition period from to
	Commission file number 333-105633
below:	A. Full title of the plan and the address of the plan, if different from that of the issuer named
	Synergy Financial Group, Inc. Employees' Savings & Profit Sharing Plan and Trust
executi	B. Name of the issuer of the securities held pursuant to the plan and the address of its principal ve office:
	Synergy Financial Group, Inc. 310 North Avenue East Cranford, New Jersey 07016

PROCESSED
JUN 28 2004

THOMSON

# REQUIRED INFORMATION

Financi	al statements	prepared in	accordance	with the	financial	reporting	requirements	of the
Employee Retir	ement Income	Security Ac	t of 1974 are	attached a	t Exhibit 1	as Schedu	ile I of the 200	3 Form
5500.		-						

### **SIGNATURES**

The Plan. Pursuant to the requirement of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

Synergy Financial Group, Inc. Employees'
Savings & Profit Sharing Plan and Trust

Date: Juno 82 2004

Kevin A. Wenthen

Plan Administrator

**EXHIBIT 1** 

2003 Form 5500

Form **5500** 

Department of the Treesury Internal Revenue Barvica Department of Labor Employee Genetits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1874 (ERISA) and sections 6047(e), 6057(b), and 6068(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

Official Use Only OMB Nos. 1210 - 0110 1210 - 0088

2003

This Form is Open to

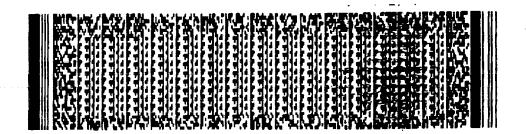
			s to the Form 5			1 - 40010	Inspection.
Annual Re	eport Identificatio	n Information					
For the calendar plan year				and endin	a		
A This return/report is for:	(1) a multlemploy	ver plan; Dyer plan (other than a			-employer pi	an; or	
This return/report is:	(1) the first return (2) an amended r	/report filed for the plan; return/report;		(3) I the final r		iled for the plai Nreport (less t	
If the plan is a collective	ly-bargained plan, chec	k here					,, ▶
H filing under an extension				information, (se	e instruction	3)	······
	n information — ar	nter all requested inform	ation.			<u></u>	
a Name of plan SYNERGY FINANCIAL	. GROUP. THE	EMPLOYEES!		} 1	b Three-dig plan num		001
SAVINGS & PROFIT						date of plan (n	
a Pian sponsor's name as	nd address (amployee	() for a closelo amployar	rien)	2	<b>b</b> Employe	r Identification	Number (EIN)
(Address should include		ii tot a sirigio-omployat j	Jense Ly	]~			-3798677
YNERGY FINANCIAL				2	c Sponsor	s telephone nu 908-	mber 272-3838
•				2	d Business	code (see insi	tructions) 522298
PANEODO		N.T	07016	i			
	te or incomplete filling o	NJ of this return/report will b	07016 • assessed unit	esa reasonable c	lalee el esua	olished.	
CRANFORD  Caution: A penalty for the la  Under penalties of perjury and of this electronic version of this return  Signature of plan	other pensities ast forth in the in Prepart if it is being filed electron	of this return/report will b	e peopsood unite stamined this return priedge and belief, it	report, including acco	mpanying schedumplete.	lės, sigiemenie and	
Under penalties of perjury and or is this electronic version of this return/	other pensities ast forth in the in trapart N it is being filed electron administrator	of this return/report will be ustructions, I declare that it have nicely, and to the best of my line Date  Date  199104	e assessed unite sturn properties and belief, it and the sturn properties and belief, it are the sturn properties and the sturn properties and the sturn properties are the sturn properties are the sturn properties and the sturn properties are the	report, including account in the common and co	mpanying schedumplete.  Ritz dual signing Ritz	as plan admini	

989-998-806

	Form 5500 (2003) Page 2		Official Lies Onto
30	Plan administrator's name and address (If same as plan sponsor, enter "Same")  3b Adminis	trotorio	Official Use Only
	ME	natur s	CIIA
	3c Adminis	Irator's	telephone num
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name	πe,	b EIN
_	EIN and the plan number from the last return/report below:  Sponsor's name		
8	epondor o name		C PN
5	Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN
-	• • • • • • • • • • • • • • • • • • •		
			c Telephone
6	Total number of participants at the beginning of the plan year.	6	
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
8	Active participants	<b>7a</b>	
Þ	Retired or separated participants receiving benefits		
C	Other retired or separated participants entitled to future benefits		
d	Subtotal. Add lines 7a, 7b, and 7c		
f	Total. Add lines 7d and 7a		
	Number of participants with account balances as of the and of the plan year (only defined contribution plans		
	complete this item)	. 7g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than		
	100% vested	. 7h	
ı	If any participant(a) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	. 71	
8	Benefits provided under the plan (complete 8a and 8b as applicable)	<del>1-11</del>	
a	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature co	des fro	m the List of Pla
	Characteristics Codes printed in the instructions): 2E 2G 2J 2K 3E	ے بِـ	
Ь	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature code Characteristics Codes printed in the instructions):	mori at	the List of Plan
	Characteristics codes printed in the institutioners).		
9a	Plan funding arrangement (check all that apply)  95 Plan benefit arrangement (check all	that ap	ply)
	(1) Insurance (1) Insurance		
	(2) Code section 412(i) insurance contracts (2) Code section 412(i) insurance	e cont	racts
	(3) X Trust (3) X Trust		
	(4) General assets of the sponsor (4) General assets of the spons		
1	>> 	. 1	
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	#### #################################		

	F9(m 5500 (2003)					P1	106.3
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10	Schedules attached (Check all applicable boxes and, where indicated	ente	r the	numt	er atta	ched.	See Instructions.)
a	Pension Benefit Schedules	Ь	Fin	ngeli	ıl Sche	dules	ı
	(1) R (Retirement Plan Information)	ł	(1)	Ш		Н	(Financial Information)
	(2) X T (Qualified Pension Plan Coverage Information)	ı	(2)	M		ı	(Financial information Small Plan)
	If a Schedule T is not attached because the plan	]	(3)	Ц		A	(Insurance information)
	is relying on coverage testing information for a	1	(4)	Ш		C	(Service Provider Information)
	prior year, enter the year		(5)	X		D	(DFE/Participating Plan Information)
	(3) B (Actuarial information)	'	(6)	Ц		G	(Financial Transaction Schedules)
	(4) E (ESOP Annual Information)	Į	(7)	XI	1	P	(Trust Fiduciary information)
	(5) SSA (Separated Vested Participant Information)	1					

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#### SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefite Security Administration

**DFE/Participating Plan Information** 

This achedule is required to be filed under section 104 of the Employee Retirement income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

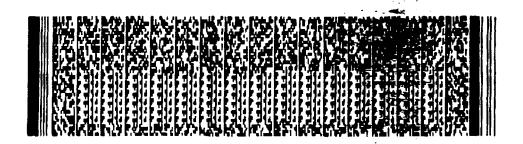
Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

For calendar plan year 2003 or fiscal plan year beginning ,	and ending
A Name of plan or DFE SYNERGY FINANCIAL GROUP, INC. EMPLOYEES' SAVINGS & P	B Three-digit  plan number ▶ 00
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SYNERGY FINANCIAL GROUP, INC.	D Employer Identification Number 22-379867
information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to	be completed by plans and DFEs)
(a) Name of MTIA, CCT, PSA, or 103-12IE EQUITY INDEX FUND F	
(b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTORS, NA	
(c) EIN-PN 94-3262720-000 (d) Entity code C (e) or 103-121E at end of year	MTIA, CCT, PSA, r (see Instructions) 19541
(a) Name of MTIA, CCT, PSA, or 103-12IE STABLE VALUE FUND	
(b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTORS, NA	
(c) EIN-PN 94-3272739-000 (d) Entity code C (e) Or 103-12IE at end of year	MTIA, CCT, PSA, 24639
a) Name of MTIA, CCT, PSA, or 103-121E MIDCAPITALIZATION EQUITY INDEX	FUND
b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTORS, NA	
C) EIN-PN 94-3272818-000 (d) Entity code C (e) or 103-12 E at end of year	ATIA, CCT, PSA, (see instructions) 19252
a) Name of MTIA, CCT, PSA, or 103-12IE MONEY MARKET FUND	
b) Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INVESTORS, NA	
C) EIN-PN 94-6450621-000 (d) Entity code C (e) or 103-121E at end of year	ATIA, CCT, PSA, (see instructions) 606146
or Brancounty Daduction Act Notice and OMB Control Numbers and the instructions for East	ESON VB 1 Rehadule D (Form ESON) 200



	Scheduls D (Form 5500) 2003	Page 2	
		_	Official Use Only
(a)	Name of MTIA, CCT, PSA, or 103-12IE 20+ TREASURY BOND	F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL IN	VESTORS, NA	
(c)	EIN-PN 94-3272815-000 (d) Entity code C (e) or	Mar value of Interest in MTIA, CCT, PSA, 103-121E at end of year (see instructions)	81856
(a)	Name of MTIA, CCT, PSA, or 103-12IE EAFE LITE FUND		
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL IN	VESTORS, NA	
(c)	EIN-PN 94-3272738-000 (d) Entity code C (e) or	ollar value of interest in MTIA, CCT, PSA.  103-121E at end of year (see Instructions)	33266
(a)	Name of MTIA, CCT, PSA, or 103-12 E STRATEGIC ASSET A	LLOCATION INCOME F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL IN	VESTORS, NA	
(c)	EIN-PN 94-3272736-000 (d) Entity code C (e) or	itar value of interest in MTIA, CCT, PSA, 103-12IE at end of year (see instructions)	30525
(a)	Name of MTIA, CCT, PSA, or 103-121E STRATEGIC ASSET A	LLOCATION GROWTH A	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL IN	vestors, na	
		Manual to ATTA CCT CCA	63487
(a)	Name of MTIA, CCT, PSA, or 103-121E STRATEGIC ASSET A	LLOCATION GROWTH F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INV	VESTORS, NA	
		ther veible of intersect in MTIA CCT PSA.	20969
(a)	Name of MTIA, CCT, PSA, or 103-121E EQUITY GROWTH FUND	DF	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL INV	VESTORS, NA	
(c)	Dol	iller value of interest in MTIA, CCT, PSA, 103-12IE at end of year (see Instructions)	130605
	BIII በሰነማ ውሎያ በማይያው የአንድ የአንድ የአንድ የአንድ አንድ አንድ አንድ አንድ አንድ አንድ አንድ አንድ አንድ	V6.1	



	Schedule D (Form 5500) 2003	Page 2	
			Official Use Only
(a)	Name of MTIA, CCT, PSA, or 103-12IE EQUITY VALUE F	UND F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL	INVESTORS, NA	
	EIN-PN 94-3315910-000 (d) Entity code C (e)	Dollar value of interest in MTIA, CCT, PSA.	127886
(a)	Name of MTIA, CCT, PSA, or 103-12IE RUSSELL 2000 II	NDEX FUND F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL	INVESTORS, NA	
	EIN-PN 94-3318704-000 (d) Entity code C (e)	Dollar value of interest in MTIA, CCT, PSA.	97574
(a)	Name of MTIA, CCT, PSA, or 103-12IE NASDAQ 100 INDI	EX FUND F	
(b)	Name of sponsor of entity listed in (a) BARCLAYS GLOBAL		
(c)	EIN-PN 94-3369152-000 (d) Entity code C (e)	Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions)	14628
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
	EIN-PN(d) Entity code(e)	Dollar value of Interest in MTIA, CCT, PSA,	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
	Name of sponsor of entity lieted in (a)		
(c)	EIN-PN(d) Entity code(s)	Dollar value of Interest in MTIA, CCT, PSA, or 103-121E at end of year (see instructions)	
(a)	Name of MTIA, CCT, PSA, or 103-12IE		
(b)	Name of sponsor of entity listed in (a)		
(c)	EIN-PN(d) Entity code(e)	Collar value of interest in MTIA, CCT, PSA, or 103-12:iE at end of year (see instructions)	
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	information on Participating Plans (to be completed by DFEs)		
(a)	Plan name		
(b)		(c)	EIN-PN
(a)	Plan name		
(p)	Name of plan sponsor	(c)	EIN-PN
(a)	Pian name		
(b)	Name of plan aponsor	(c)	EIN-PN
<del></del>	Name of plan sponsor		
<b>(a)</b>	-Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
<b>(a)</b>	Plan name	<del></del>	
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
, ,	Name of plan sponsor	(c)	EIN-PN
(D)	Traine of plaif sportsor		
(a)	Plan name		
(b)	Name of plan sponsor	(c)	EIN-PN
(a)	Plan name		
(b)	Name of plan aponsor	(c)	EIN-PN
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			<del>,</del> .



# SCHEDULE I

(Form 5500)
Department of the Treasury internal Revenue Service

Department of Lebor Employee Benefits Security Administration

Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2003

This Form is Open

					1	ublic inspe	
or calandar year 2003 or fiscal plan year beginning		and ending	7			1	
Name of plan YNERGY FINANCIAL GROUP, INC. EMPLOYEES' SAVIN	GS &			hree-dig			00
Plan sponsor's name as shown on line 2a of Form 5500 YNERGY FINANCIAL GROUP, INC.			D	mploye	er identific	ation Numb	379867
omplete Schedule I if the plan covered fewer than 100 participants as of the eliling as a small plan under the 80-120 participant rule (see instructions).							f you
Small Plan Financial information	Antipiete S	Chedule II II Tept	a ar ica	20 0 101	e plan or	J1 L.	
eport below the current value of assets and liabilities, income, expenses, tra- alue of plan assets held in more than one trust. Do not enter the value of the ay a specific dollar benefit at a future date. Include all income and expenses by payments/receipts to/from incurance carriers. Round off amounts to the	portion of a of the plan	an insurance con including any tr	tract	that guar	rantees du	ring this plar	n year to
Pien Assets and Liabilities:		(a) Beginning	of Y	ar	(b	) End of Yea	ır
Total plan assets	1a			1303	<u></u>	52	48779
b Total plan flabilities			_				2716
Net plan assets (subtract line 1b from line 1a)	10		295	1303		52	46063
Income, Expenses, and Transfers for this Plan Year:		(e) Amo	unt			(b) Total	
Contributions received or receivable							
	2a(1)		25	6308			. Fa
	2a(2)		20	9237			
<b>1</b> -/	28(3)		1	0895			
Noncash contributions			185	1082			
Total Income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)						23	27522
Benefits paid (including direct rollovers)			1	1260			
• • •	21						
Corrective distributions (see instructions)	20			900			
			2	0602			
Other expenses							32762
Total expenses (add lines 2e, 2i, 2g, and 2h)						22	94760
Net Income (loss) (subtract line 2i from line 2d)							
Transfers to (from) the plan (see instructions).  Specific Assets: If the plan held assets at anytime during the plan year is value of any assets remaining in the plan as of the end of the plan year, the assets of more than one plan on a line-by-line basis unless the trust remaining the trust remaining the trust remaining the plan on a line-by-line basis unless the trust remaining the trust remaining the plan on a line-by-line basis unless the trust remaining the plan of the plan o	Allocate th	e value of the ok	ceptic	terest in one deed	a commin	gled trust co e instruction	ntaining
Partnership/joint venture interests			$\overline{}$	X		Amount	
Employer real property		35	1	Х			

Official Use Only  Yes No Amount  Real salate (other than employer real property).  Gemployer securities.  Participant loans.  Participant loans.  Cons (other than to participants).  Tangible personal property.  Transactions During Plan Year  During the plan year:  Yes No Amount		Schedule I (Form 5500) 2003	Pag	e 2		
36. Real salete (other than employer real property).  48. X 511393  8 Participant loans  9 Participant loans  10 Loans (other than to participants).  11 Transactions Durling Plan Year  17 Transactions Durling Plan Year  18 Durling the plan year.  19 Unified the plan year.  19 Unified the plan year of the employer fall to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciery Correction Program).  10 Ware any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified durling the year as uncollectible? Diaregard participants income secured by the plan for the diarectic plants and the plan in default as of the close of the plan year or classified durling the year as uncollectible? Diaregard participants income secured by the plan for plants account balance.  40 Was the plan exercised on line 4e.)  41 Was the plan covered by a fidelity bond?  42 Was the plan covered by a fidelity bond?  43 Did the plan have a loss, whether or not reimbursed by the plan's their transactions reported on line 4e.)  44 Did the plan have a loss, whether or not reimbursed by the plan's their readily determinable on an established market nor set by an independent third party appraiser?  44 Did the plan and any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnershiplicint venture interest?  45 Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnershiplicint venture interest?  46 Var you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 250.014-46-47 in a, attach the IQPA's report or 2520.014-50 statement. (See instructions on waiver significant and conditions).  47 Examples of the plan of plants of the annual examination and report of an independent qualified public accountant (IQPA) u						Official Use Only
Employer accurrities Participant loans Participa				Yes		Amount
Participant loans  Loans (other than to participants)  Loans (other than to participants)  Transactions During Plan Year  Did the employer fall to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciery Correction Program)  Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balence  Were any leases to which the plan was a party in default or classified during the year as uncollectible?  Were then any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Did the plan have a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Did the plan make a loss, whether or not relimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Did the plan hold any assests whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  Did the plan treative any nonexempt transactions with readily determinable on an established market nor set by an independent third party appraiser?  Did the plan and any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?  Were all the plan assots estimated ristributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  K Are you claiming a walver of the annual examination and report of an independent qualified public accountant ((PPA) under 29 CFR 2520.104-48? In o, attach the (PPA's report or all partnership or the employer thing partnership or the	3c	Real ealate (other than employer real property)	3c		X	
Loans (other than to participants)   31	d	Employer securities	3d			
Transactions During Plan Year  During the plan year:  During the plan year:  Did the employer fall to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See Instructions and OCL's Voluntary Fiduciary Correction Program).  Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Diaregard participant loans secured by the participant's account balance.  Were any leases to which the plan was a party in default or classified during the year as uncollectible?  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonasty?  Did the plan hold any assats whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  Did the plan receive any noneath contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  Did the plan as any time hold 20% or more of its assets in any single security, debt, mortgage, parciel of real estate, or partnership/joint venture interest?  Did the plan as a value of the annual examination and report of an independent qualified public accountant ((PA) under 29 CFR 2520.104-49? In o, attach the IQPA's report or 2520.104-50 statement. (See Instructions on waiver aligibility and conditions.)  Ak X  Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yea, enter the amount of any plan assets that reverted to the employer this year.  Yes E'No Amount  Sb(3) PN(a)  Sb(3) PN(a)	6	Participant loans	30	X		111682
Uning the plan year:  Did the employer fall to transmit to the plan any participent contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance.  Were any leases to which the plan was a party in default or classified during the year as uncollectible?  Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Did the plan neceive any nonceah contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  Did the plan receive any nonceah contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnershipfoint venture interest?  Were all the plan assots either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Were all the plan assots either distributed to participants or beneficiaries, transferred to the employer this year.  Were all the plan assots either distributed to participants or beneficiaries, transferred to another plan(e), which assets or liabilities were transferred. (See Instructions on waiver eligibility and conditions.)  Has a resolation to terminate the plan been adopted during the plan year or any prior plan year? If yea, enter the amount of any plan assets that reverted to the employer this year.  Has a resolation to terminate the plan been	f		31			
Duting the plan year:  10 bit the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DCN's Voluntary Fiduciary Correction Program)  10 b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant ioans secured by the participants' account balance  11 c Ware any leases to which the plan was a party in default or classified during the year as uncollectible?  12 d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4s.).  13 d Wars the plan covered by a fidelity bond?  14 c X	9		39		X	
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public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or 2520.104-50 statement. (See Instructions on waiver eligibility and conditions.)  Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yea, enter the amount of any plan assets that reverted to the employer this year.  If during this plan year, any assets or itabilities were transferred from this plan to another plan(e), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)  5b(1) Name of plan(s)  5b(2) EIN(s)  5b(3) PN(s)	k	•				
2520.104-50 statement. (See instructions on waiver eligibility and conditions.)						
Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year.  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.)  5b(1) Name of plan(s)  5b(2) EIN(s)  5b(3) PN(s)		•	4k	Х		
reverted to the employer this year	58		lf ves	i. ente	r the a	mount of any plan assets that
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.)  5b(1) Name of plan(s)  5b(2) EIN(s)  5b(3) PN(s)	_					• •
were transferred. (See instructions.)  5b(1) Name of plan(s)  5b(2) EIN(s)  5b(3) PN(s)	5h		Iden		_	s) to which assets or liabilities
5b(1) Name of plan(s) 5b(2) EIN(s) 5b(3) PN(a)	-		,		- p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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#### SCHEDULE P (FORM 5500)

# Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exampt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury Internal Revenue Service

File as an attachment to Form 5500 or 5500-EZ.

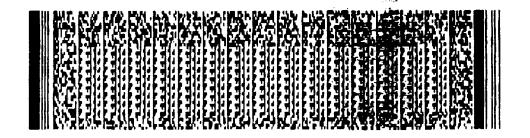
Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public inspection.

For trust calendar year 2003 or fiscal year beginning	and ending	
1a Name of trustee or custodian		
THE BANK OF NEW YORK	·	
b Number, street, and room or suite no. (If a P.O.	box, see the instructions for Form 5500 or 5500-EZ.)	
1 WALL STREET		
C City or town, state, and ZIP code		
NEW YORK NY	10286	
22 Name of trust SYNERGY FINANCIAL GROUP, INC. ER	MPLOYEES' SAVINGS & PROFIT SHARING	
b Trust's employer identification number	22-3798677	
	benefit plan(s) with the trust financial information required	
to be reported by the plan(s)?	Yes □	No
5 Enter the plan sponsor's employer identification or 6500-EZ	n number as shown on Form 5500	77
Under penalties of perjury, declare that I have examined as a second state of fiduciary fiduciary	James D. Travers  Date	a, 
For the Paperwork Reduction Notice and OMB Co see the instructions for Form 5500 or 5300-EZ.	ontrol Numbers, v6.1 Schedule P (Form 5500	2003



#### SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor Employee Benefite Security Administration

Penalon Benefit Guaranty Corporation

at. A TUU, UN 10.8

# **Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4085 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an Attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

IAL GROUP, INC. EMPLOYEES' SAVINGS & P  The as shown on line 2a of Form 5500  TIAL GROUP, INC.  TIAL G	0	1	mber	bification f	00: fumber -379867
utions listributions relate only to payments of benefits during the plan year, butions paid in property other than in cash or the forms of property specified payor(s) who paid benefits on behalf of the plan to participants or beneficiaries nore than two, enter EINs of the two payors who paid the greatest dollar amounts 13-3745616  Is, ESOPs, and stock bonus plans, skip line 3. Ints (living or deceased) whose benefits were distributed in a single sum, during information (if the plan is not subject to the minimum funding requirements of BISA section 302, skip this Part)		Employ			2-379867
utions listributions relate only to payments of benefits during the plan year, butions paid in property other than in cash or the forms of property specified payor(s) who paid benefits on behalf of the plan to participants or beneficiaries nore than two, enter EINs of the two payors who paid the greatest dollar amounts 13-3745616  Is, ESOPs, and stock bonus plans, skip line 3. Ints (living or deceased) whose benefits were distributed in a single sum, during information (if the plan is not subject to the minimum funding requirements of BISA section 302, skip this Part)		1	\$		2-3798677
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payor(s) who paid benefits on behalf of the plan to participants or beneficiaries more than two, enter EINs of the two payors who paid the greatest dollar amounts 13-3745616  is, ESOPs, and stock bonus plans, skip line 3.  ints (living or deceased) whose benefits were distributed in a single sum, during information (If the plan is not subject to the minimum funding requirements of RISA section 302, skip this Part)	_		\$		
payor(s) who paid benefits on behalf of the plan to participants or beneficiaries nore than two, enter EINs of the two payors who paid the greatest dollar amounts 13-3745616  Is, ESOPs, and stock bonus plans, skip line 3. Ints (Ilving or deceased) whose benefits were distributed in a single sum, during g information (If the plan is not subject to the minimum funding requirements of EISA section 302, skip this Part)	_		\$		
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13-3745616  is, ESOPs, and stock bonus plans, skip line 3.  ints (living or deceased) whose benefits were distributed in a single sum, during  g information (if the plan is not subject to the minimum funding requirements of the section 302, skip this Part)	_				
ns, ESOPs, and stock bonus plans, skip line 3.  Ints (living or deceased) whose benefits were distributed in a single sum, during in a single sum, during g information (if the plan is not subject to the minimum funding requirements of the section 302, skip this Part)	_				
ints (living or deceased) whose benefits were distributed in a single sum, during g information (if the plan is not subject to the minimum funding requirements of RISA section 302, skip this Part)	_				
g Information (If the plan is not subject to the minimum funding requirements of RISA section 302, skip this Part)	_				
g Information (If the plan is not subject to the minimum funding requirements of RISA section 302, skip this Part)	_				
RISA section 302, skip this Part)	or sec		# M		
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rator making an election under Code section 412(c)(8) or ERISA section 302(c)(8).	_	·	T	- 11	
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ned benefit plan, go to line 7.					
nimum funding standard for a prior year is being amortized in this	_				
actions, and enter the date of the ruling letter granting the walver		Month_		-	/ear
ine 5, complete lines 3, 9, and 10 of Schedule 5 and do not complete the rem		, ,		ile.	
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	the c	hange?	Ye	s No	N/A
lments					
				s No	
	required contribution for this plan year contributed by the employer to the plan for this plan year nt in line 8b from the amount in line 8a. Enter the result (enter a minus sign to the le int).  Iline 8c, do not complete the remainder of this sonedule.  Arial cost method was made for this plan year pursuant to a revenue procedure pro- ange or a class ruling letter, does the plan sponsor or plan administrator agree with dments	required contribution for this plan year contributed by the employer to the plan for this plan year not in line 8b from the amount in line 8a. Enter the result (enter a minus sign to the left int).  Iline 8c, do not complete the remainder of this somedule.  Arial cost method was made for this plan year pursuant to a revenue procedure providing ange or a class ruling letter, does the plan sponsor or plan administrator agree with the comments.	contributed by the employer to the plan for this plan year  at in line 5b from the amount in line 6a. Enter the result (enter a minus sign to the left int).  6c start the remainder of this sonedule.  6c start cost method was made for this plan year pursuant to a revenue procedure providing automations or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	sontributed by the employer to the plan for this plan year	contributed by the employer to the plan for this plan year



## SCHEDULE SSA (Form 5500)

Department of the Treasury Internal Revenue Service

# Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

File as an attachment to Form 5500 unless box 1b is checked.

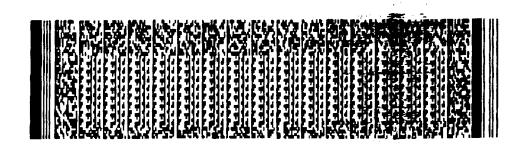
Official Use Only

OMB No. 1210-0110

2003

This Form is NOT Open to Public Inspection.

For calendar year 2003 or liscal plan year beginning	, and ending , , , , , , , , , , , , , , , , , , ,
A Name of plan SYNERGY FINANCIAL GROUP, INC. EMPLOYEES' SAVINGS & PR	B Three-digit plan number ▶ 001
C Plen sponsor's name as shown on line 2a of Form 5500 SYNERGY FINANCIAL GROUP, INC.	D Employer Identification Number 22-3798677
1a Check here if additional participants are shown on attachments. All attachments must in name of plan, plan number, and column identification letter for each column completed	
1b Check here if plan is a government, church or other plan that elects to voluntarily file 9c through 3c, and the signature area. Otherwise, complete the signature area only.	chedule SSA. If so, complete lines 2
2 Plan sponsor's address (number, street, and room or suite no.) (if a P.O. box, see the inst	tructions for line 2.)
City or town, state, and ZIP code	·
3a Name of plan administrator (if other than sponsor)	
3b Administrator's EIN	
3C Number, street, and room or sulte no. (If a P.O. box, see the instructions for line 2.)	
City or town, state, and ZiP code	
Under penalties of perjury, I declare that I have examined this report, and to the best of my known Signature of plan administrator	owledge and belief, it is true, correct, and complete.
Phone number of plan administrator ► 908-272-3838	Date > 6/24/04
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	r Form 5500. v6.1 Schedule SSA (Form 5500) 2003



Official Use Only

4 Enter one of the following Entry Codes in column (a) for each separated participant with deterred vested benefits that:

Code A - has not previously been reported.

19338.31920

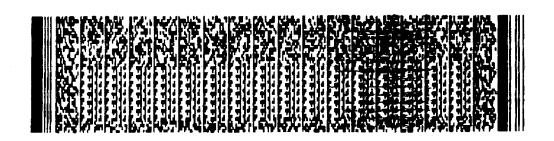
Code B - has previously been reported under the above plan number but requires revisions to the information previously reported.

Cade C - has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.

Code D - has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits Use with entry code Use with entry code "A", "B", "C", or "D" "A" or "B" Amount of vested benefit Enter code for nature and (b) form of (a) (f) Defined benefit Social (c) henelii Entry Name of Participant Security Code (d) (0) pian -- periodic Number **Payment** Type of payment frequency annulty (First) (M.1.)(Leat) 157607629RITA ARCHIBALD Α A Α 144786346JENNIFER KRATZER A Α 136461966SANDRA MILLS A A Α 415845597BRENDA WICKER Α Use with entry code Use with entry code "C" "A" or "B" Amount of vested benefit (1) Defined contribution plan (I) (a) Previous aponsor's **Entry** Previous (h) **(g)** employer plan number Code Units or Share Total value identification number of account shares Indicator 383.33530 7740.09 A A 28,89000 210.32 109.25680 2586.65 A

140765.6

v6.1



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Official Use Only

4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred veeted benefits that:

of account

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Code A - has not previously been reported.

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Α

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Indicator

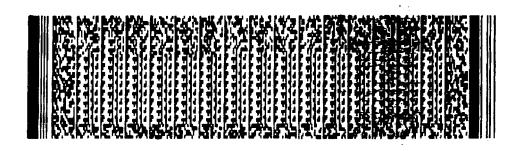
Code B - has previously been reported under the above plan number but requires revisions to the information previously reported.

Code D - has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

Code C -- has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.

Use with entry code Use with entry code "A". "B". "C". or "D" "A" or "B" Enter code for Amount of yested benefit nature and form of (a) Entry Social (c) benefit Defined benefit Security Name of Participant Code (d) (8) plan -- periodic Number Type of Payment payment (M.l.)annuity (First) (Lest) frequency 411727488SYLVIA YEWELL Α A Α Use with entry code Use with entry code "A" or "B" "C" Amount of vested benefit (1) Defined contribution plan (j) Previous (a) Previous sponsor's Entry (g) (h) employer plan number Code Units or Total value Share identification number

v6.1



### SCHEDULE T (Form 5500)

# **Qualified Pension Plan Coverage Information**

This form is required to be filled under section 6058(a) of the internal Revenue Code (the Code).

OMB No. 1210-0110 2003

This Form is Open to Public inspection.

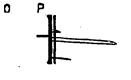
Official Use Only

Department of the Treesury Internal Revenue Service

File as an attachment to Form 5500.

For	calendar year 2003 or fiscal plan year beginning and ending			
	Name of plan NERGY FINANCIAL GROUP, INC. EMPLOYEES' SAVINGS & PRO	E	Three-digit	001
_	Plan sponsor's name as shown on line 2a of Form 5500 NERGY FINANCIAL GROUP, INC.		Employer ident	ification Number 22-3798677
Not	e: If the plan is maintained by:			
	flore than one employer and benefits employees who are not collectively-bargained employees, a sep each employer (see the instruction for line 1).	parate Sc	chedule T may be re	equired for
	An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), each QSLOB (see the instruction for line 2).	a separa	ite Schedule T may	be required for
1	if this schedule is being filed to provide coverage information regarding the noncollectively bargaine	d employ	rees of an employe	r participating
	in a plan maintained by more than one employer, enter the name and EIN of the participating employer.	yer:		
1a	Name of participating employer	16 Er	mployer identificat	lon number
2 a b c d	If the employer maintaining the plan operates QSLOBs, enter the following information:  The number of QSLOBs that the employer operates is  The number of such QSLOBs that have employees benefiting under this plan is  Does the employer apply the minimum coverage requirements to this plan on an employer-wide ration of the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage is	nformatio	on given on line 3 o	
3	Exceptions Check the box before each statement that describes the plan or the employer. Also so	e instruc	ctions.	
	If you check any box, do not complete the rest of this Schedule.			
8	The employer employs only highly compensated employees (HCEs).			
b	No HCEs benefited under the plan at anytime during the plan year.  The plan benefits only collectively-bargained employees.			
d	The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defi	ned in C	ode sections 414(b)	), (c), and (m)),
u	Including leased employees and self-employed individuals.			(-),
•	The plan is treated as satisfying the minimum coverage requirements under Code section 410(b	)(6)(C).		
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 55		3.1 Schedule T	(Form 5500) 2008
	and the second s		•	
			-	





Schedule T (Form 5500) 2003						
					Official Use Only	
4	Enter the date the plan year began for white Did any leased employees perform services	se for the employer at any time during	the plan year?		YearYes	∐No
p	in testing whether the plan satisfies the co- does the employer aggregate plans?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	Yes	□ No
ď	Complete the following:  (1) Total number of employees of the employees and self-employed (2) Number of excludable employees as d (3) Number of nonexcludable employees (4) Number of nonexcludable employees (5) Number of nonexcludable employees (8) Number of benefiting nonexcludable employees the plan's ratio percentage and, if ap information on lines 4c and 4d pertains (see	ployer (as defined in Gode section 41 individuals	4(b), (c), and (m)), including ctions).	c(1) c(2) c(3) c(4)		%
•	identify any disaggregated part of the plan	and enter the ratio percentage or ex	peption (see instructions).			
	Disaggregated part:	Ratio Percentage:	Exception:			
	(1)					
ţ	This plan satisfies the coverage requireme	ints on the basis of (check one):	(1) the ratio percentage te	st (2) a	verage benefit	test
				v6.1		



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# **EXHIBIT 99.1**

Certification Pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002

## **CERTIFICATION PURSUANT TO** 18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with the Annual Report of Synergy Financial Group, Inc.'s (the "Company") Employees' Savings & Profit Sharing Plan and Trust (the "Plan") on Form 11-K for the year ended December 31, 2003, as filed with the Securities and Exchange Commission on the date hereof (the "Report"), we, Kevin A. Wenthen, Plan Administrator and Ralph A. Fernandez, Senior Vice President and Chief Financial Officer (Principal Accounting Officer), hereby certify, pursuant to 18 U.S.C. § 1350, as adopted pursuant to § 906 of the Sarbanes-Oxley Act of 2002, that:

- This report fully complies with the requirements of Section 15(d) of the Securities Exchange Act of 1) 1934; and
- The information contained in this report fairly presents, in all material respects, the financial condition and results of operations of the Plan.

Plan Administrator

Senior Vice President and Chief Financial Officer

June 25, 2004

A signed original of this written statement required by Section 906 has been provided to the Company and will be retained by the Company and furnished to the Securities and Exchange Commission or its staff upon request.

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