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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete an entries in accor	uance with	ii the mstructions 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	automatio	extension		DFVC program
	special extension (enter description	on)			
Pa	art II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
	HESTER STAIR & RAILING 401(K) PROFIT SHARING PLAN & TR	UST			plan number
					(PN) ▶ 001
				1C	Effective date of plan 01/01/2004
2a	Plan sponsor's name and address; include room or suite number (e	mplover, if	for a single-employer plan)	2b	Employer Identification Number
	CHESTER STAIR & RAILING	1 - 7 - 7	3 - 1 - 1 - 1 - 1		(EIN) 16-1564249
				2c	Sponsor's telephone number
448 F	PORTLAND AVENUE				585-423-0870
ROC	CHESTER, NY 14605			2d	Business code (see instructions)
				01	238100
	Plan administrator's name and address (if same as plan sponsor, e HESTER STAIR & RAILING 448 PORTLA			30	Administrator's EIN 16-1564249
	ROCHESTER			3с	Administrator's telephone number
	Million and the FIN of the other processing the state of the state of	l==1 ==1 == /	and Challen this also acted the	41.	585-423-0870
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	1
b	Total number of participants at the end of the plan year			5b	1
С	Number of participants with account balances as of the end of the			E o	1
	complete this item)		•	5c	
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		•	Δ)	X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.	
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	218085		217383
b	Total plan liabilities	. 7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	218085		217383
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-(4)	11129		
	(1) Employers	, ,	21146		
	(2) Participants		21140		
h	(3) Others (including rollovers)	. 8a(3)	-6835		
b	Other income (loss)		-0033		25440
Ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c			20110
d	to provide benefits)to	. 8d	26142		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			26142
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			-702
j	Transfers to (from) the plan (see instructions)	. 8j			

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Part IV	Plan Characteristics

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

Part	V Compliance Questions								
10	During the plan year:		Yes	No	А	mount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X						
С	Was the plan covered by a fidelity bond?		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?		X						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				14891		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No		
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						-		
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		ı				
b	Enter the minimum required contribution for this plan year			12b					
С	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 negative amount)		[12d					
<u>e</u>	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?	<u></u>		\	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No		
C									
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	lished.				
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return of Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	06/22/2012	LANCE KELLETT
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Liabor

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

A. A. Miller and Co.	art I Annual Report Identification Information				_					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	2011					
Α	This return/report is for: X a single-employer plan] a multiple	-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 plan year return/report (less than 12 months)									
С	Check box if filing under: Form 5558	automatic	extension	DFVC program						
	special extension (enter descripti	1			. 0					
p.	Part II Basic Plan Information—enter all requested information									
LL TOTAL	1a Name of plan 1b Three-digit									
	CHESTER STAIR & RAILING 401(K) PROFIT SHARING PLAN & TI	RUST			plan number					
		, ,			(PN) ▶ 001					
				1c	Effective date of plan					
					01/01/2004					
ROC	Plan sponsor's name and address; include room or suite number (cHESTER STAIR & RAILING	employer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 16-1564249					
				20	(EIN) 16-1564249 Sponsor's telephone number					
				20	585-423-0870					
	PORTLAND AVENUE CHESTER NY 14605			2d	Business code (see instructions)					
1100	ALCILIAN 19003				238100					
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	")	3b	Administrator's EIN					
SAM	JE				16-1564249					
				3C	Administrator's telephone number 585-423-0870					
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b						
-	name, EIN, and the plan number from the last return/report.									
a	Sponsor's name			4c	PN					
5a	Total number of participants at the beginning of the plan year			5a	13					
b	Total number of participants at the end of the plan year			5b	14					
С	Number of participants with account balances as of the end of the		•	J	12					
	complete this item)	***************************************		5c						
	Were all of the plan's assets during the plan year invested in eligil Are you claiming a waiver of the annual examination and report of				X Yes No					
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ons.)	ra) 	X Yes No					
	If you answered "No" to either 6a or 6b, the plan cannot use F									
Pa	rt III Financial Information	1								
7	Plan Assets and Liabilities	1.945-1275	(a) Beginning of Year		(b) End of Year					
a	Total plan assets	7a	218085	j	217383					
b	Total plan liabilities	7b			,					
С	Net plan assets (subtract line 7b from line 7a)	7c	218085	<u> </u>	217383					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	276937	(b) Total					
а	Contributions received or receivable from:	99/41	11129							
	(1) Employers		21146	-						
	(2) Participants	8a(2)	21140							
h	(3) Others (including rollovers)		-6835							
b	Other income (loss)				25440					
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		250 1895						
u	to provide benefits)	8d	26142	2	n apertual placer aut l'était albert de l'action de l'était de la comme de l'était de l'action de l'action de Auto-l'Albert de l'était de l'action d					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)									
g	Other expenses	_	·							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		rail (1972) and responses to the second seco		26142					
	Net income (loss) (subtract line 8h from line 8c)			72 to	-702					
ı	THOSE MICONIC (1000) (Babbade mic off hours into obj			0699						
j	Transfers to (from) the plan (see instructions)									

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Pai	t IV	Plan	Cha	racte	ristics	
9a				oensior 2T		$enter \ the \ applicable \ pension \ feature \ codes \ from \ the \ List \ of \ Plan \ Characteristic \ Codes \ in \ the \ instructions:$
b		 			• • •	enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
	-					

Part 10			36	NI.	***************************************			
a	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No	,	Amount		
α .	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	C Was the plan covered by a fidelity bond?							
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			National and appropriate	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				14891	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	-	Χ		ili jarini Posti opision		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance	ekannen, menend	CONTROL OF THE PARTY OF THE PAR	branist (Krahistonica) (Krahistonica)	menteconnologia, lapo badija, voga, gi		-	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nlete	<u> </u>		(Form			
	5500))	ipicio ·	Sched	ule SB	(i Oiiii	Yes	X No	
12	5500))	· 				Yes Yes	X No	
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	· 						
	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of I	ERISA?	Yes	X No	
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	e or se	ction 3	302 of I	ERISA?	Yes	X No	
a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are instructed in the plan year. See instructions are instructed in this plan year.	e or se	ction 3	302 of I	ERISA?	Yes	X No	
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a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monorou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VIII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s):	of a	and e	12b 12c 12d Y	ERISA? e date of ti	Yes he letter rul Year	No No Ning	

SIGN	Kant C	06/18/2012	LANCE KELLETT
SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	J4/m17 L	6/18/2012	LANCE KELLER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor