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

		uance wit	ii the instructions to the Form 5500	-ог.				
	art I Annual Report Identification Information							
For	r 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: X Form 5558	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			
	MBARD EXCAVATING CORPORATION RETIREMENT SAVINGS PL	_AN			plan number			
			_		(PN) • 011			
				1c	Effective date of plan 09/01/1999			
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identification Number			
BOM	MBARD EXCAVATING CORPORATION	, , ,			(EIN) 14-1809724			
				2c	Sponsor's telephone number			
	4 CLARK ROAD				518-882-9969			
MIDE	DLE GROVE, NY 12850			2d Business code (see instructio				
		. "0	m	2 h	237310			
	Plan administrator's name and address (if same as plan sponsor, e IBARD EXCAVATING CORPORATION 7124 CLARK		9")	3D	Administrator's EIN 14-1809724			
	MIDDLE GRO	OVE, NY 1	2850	3с	Administrator's telephone number			
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	518-882-9969			
•	name, EIN, and the plan number from the last return/report.	iast return	report filed for this plant, enter the	40	EIIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	2			
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the complete this item)			5c	,			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No			
b	3							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes No			
Do	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.				
			I					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 308011		(b) End of Year 274850			
a	·		300011		214000			
b			308011		274850			
<u>C</u>		. 7с						
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	. 8a(1)	41454					
	(2) Participants	` '						
	(3) Others (including rollovers)	. 8a(3)						
b		, ,	-9647					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				31807			
d	Benefits paid (including direct rollovers and insurance premiums		64968					
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e	31330					
f	Administrative service providers (salaries, fees, commissions)							
g								
9 h					64968			
i	Net income (loss) (subtract line 8h from line 8c)				-33161			
i	Transfers to (from) the plan (see instructions)							
,	() F (mon dono)	· 8j	1					

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Part IV	Plan	Characteristics
Parriv	ı Pian	Characteristics

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

art	V Compliance Questions						
0	O During the plan year:					Amount	
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)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		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?	10d		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		X			
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			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
art	VI Pension Funding Compliance		•				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	s No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	s X No
	(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.	nth					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year			12b			
	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			_
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	ı	
	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					Yes	- V N-
_	of the PBGC?					Yes	s X No
С	which assets or liabilities were transferred. (See instructions.)	пе ріаі	11(5) 10				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					ole, a Sc	hedule
SB or	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,	/report	, and	to the b	est of my k	nowledg	e and

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/07/2012	GREG BOMBARD
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 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).

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

2044

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		Identification Information				
Fo	r calendar plan year 2011 or fi		01/01/	2011 and ending		12/31/2011
Α	This return/report is for:	🛛 a single-employer plan	a multipl	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final	return/report		
		an amended return/report	a short pi	an year return/report (less than 12 m	onths)
С	Check box if filing under:	X Form 5558	automati	c extension		DFVC program
		special extension (enter description	_			
P	art II Basic Plan Info	prmation—enter all requested inform				
L	Name of plan	The second secon			1b	Three-digit
BO	MBARD EXCAVATING	CORPORATION RETIREMENT	SAVINO	S PLAN		plan number
						(PN) • 011
					1c	Effective date of plan 09/01/1999
	Plan sponsor's name and ad	dress; include room or suite number (e	-molover i	f for a single-employer plan)	25	Employer Identification Number
	MBARD EXCAVATING		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tor a single employer plany	20	(EIN) 14-1809724
					2c	Sponsor's telephone number
71	.24 CLARK ROAD					518-882-9969
2.00	~~~~~	10050			2d	Business code (see instructions)
•••••	DDLE GROVE	NY 12850				237310
Ja BC	Plan administrator's name ar MBARD EXCAVATING (nd address (if same as plan sponsor, e CORPORATION	nter "Sam	e*)	3b	Administrator's EIN 14-1809724
71	24 CLARK ROAD				3с	Administrator's telephone number
MI	DDLE GROVE	NY 12850				518-882-9969
4		e plan sponsor has changed since the labor from the last return/report.	last return	report filed for this plan, enter the	4b	EIN
а	Sponsor's name	inder from the last return report.			4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	20
		at the end of the plan year			5b	17
С	Number of participants with	account balances as of the end of the p	plan year (defined benefit plans do not	- 0.0	of the first of th
					5c	14
		s during the plan year invested in eligib				X Yes No
D	Are you claiming a waiver of under 29 CFR 2520 104-463	the annual examination and report of (See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQI	PA)	
		ther 6a or 6b, the plan cannot use F				
Pa	rt III Financial Inform					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	30801	1	274850
b	· ·		7b			
С	Net plan assets (subtract line	7b from line 7a)	7c	30801	.1	274850
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rec	eivable from:	00/41	4145		
			8a(1) 8a(2)	11.10		
		rs)			_	
b	` ` ` ` `	·····		-964	7	
	•), 8a(2), 8a(3), and 8b)	8c		-/-	31807
d	, , , ,	t rollovers and insurance premiums				31007
	to provide benefits)	•	8d	6496	8	
е	Certain deemed and/or corre	ctive distributions (see instructions)	8e		_	
f	Administrative service provid	ers (salaries, fees, commissions)	8f			
g	,		8g			
h	, ,	, 8e, 8f, and 8g)	8h		<u> </u>	64968
į	` ' '	ne 8h from line 8c)	8i			-33161
	rransters to (trom) the plan (see instructions)	l 8i			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea $2E\ 2F\ 2G\ 2J\ 2K\ 3D$	ature codes from th	e List of Plan Chara	acterist	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the	List of Plan Charac	cteristic	c Code	es in t	he instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by an insu he benefits under th	rance carrier, ne plan? (See	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 o	of year end.)		10g		X			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding red							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
b	b Enter the minimum required contribution for this plan year								
С	Enter the amount contributed by the employer to the plan for this plan	n year				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the 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?					Y	es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		13	a				
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?			ınder ti	he cor	ntro!		Yes	⊠ No
С	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.)								
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN) PN(s)		
	on: A penalty for the late or incomplete filing of this return/report								
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	declare that I have as the electronic ver	examined this return/r	rn/report,	ort, inc and to	cluding the b	g, if applical sest of my k	ole, a Sch nowledge	edule and
SIGN	Dre Sombel	8-2-12	GREG BOMBAR	D.					
HERE		Date	Enter name of inc	dividual signing as plan administrator					
SIGN	Lucy Konly	8-2-12	GREG BOMBAR	RD					
SIGN		Date	Enter name of inc	dividua	al sign	ing as	emplover	or plan so	onsor
						-		<u> </u>	

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Form 5500-SF 2011



I have reviewed the information provided and authorize Beneco to electronically file
Form 5500 on behalf of Bombard Excavating Corp. [Company Name]
You may add a new Authorized Signer for your Form 5500 by choosing the first option below:
As Employer and Plan Administrator, I have designated
[Print Name] as an Authorized Signer of our Form 5500.
I will not add a new Authorized Signer at this time.
Gran Bombard [Plan Administrator Full Name]
Dr. Roull 8.2.12
[Plan Administrator Signature] [Date]