## 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in accord</li> </ul>	dance with the instruc	ctions to the Form 5500	0-SF.		•		
Part I		dentification Information							
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	3	and ending 1	2/31/20	)13			
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	Г	a one-particip	oant plan		
B This return/report is:							·		
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program				
		special extension (enter description	on)						
Part II	Basic Plan Infor	mation—enter all requested inform	ation						
1a Name	of plan				1b 1	Three-digit			
BRM CONC	RETE INC. PROFIT SH	IARING PLAN				olan number			
						(PN) <b>•</b>	001		
					1c E	Effective date of			
0						01/01/			
BRM CONC		lress; include room or suite number (e	mployer, if for a single-	employer plan)			fication Number 13239		
C LIEDMAND	TIN				2c S	Sponsor's telep			
5 HERMART	T LN KONKOMA, NY 11779-1	1977			2d E		(see instructions)		
3a Plan a	dministrator's name and	d address Same as Plan Sponsor N	Jame	n Sponsor Address	3h 4	23890 Administrator's I			
RM CONCR				Oponsol Address	11-3413239				
RIVI CONCR	ETETING.	5 HERMART L LAKE RONKO	NKOMA, NY 11779-19	77	3c A	Administrator's t	telephone number		
						001 000	7 0000		
4 If the r	name and/or FIN of the	nlan sponsor has changed since the l	ast return/report filed for	or this plan enter the	4h s	EINI			
		plan sponsor has changed since the laber from the last return/report.	ast return/report filed for	or this plan, enter the	<b>4b</b> E	EIN			
name			ast return/report filed fo	or this plan, enter the	4b E				
name <b>a</b> Spons	, EIN, and the plan num or's name		· 	·			14		
a Spons 5a Total	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c F		14		
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a	at the beginning of the plan year  at the end of the plan year  ccount balances as of the end of the plan year at the end of the plan year	plan year (defined bene	efit plans do not	4c F 5a 5b				
name a Spons 5a Total b Total c Numb	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year	plan year (defined bene	efit plans do not	4c F 5a 5b 5c	PN	14		
name a Spons 5a Total b Total c Numb comp 6a Were b Are yo	, EIN, and the plan num or's name number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the plan year invested in eligible the annual examination and report of	plan year (defined bene le assets? (See instruc an independent qualifie	efit plans do not tions.)	4c F 5a 5b 5c	PN	14 10 X Yes No		
name a Spons 5a Total b Total c Numb comp 6a Were b Are younder	, EIN, and the plan number of participants a number of participants a per of participants with a lete this item)	at the beginning of the plan year at the end of the plan year ccount balances as of the end of the plan year invested in eligible the annual examination and report of (See instructions on waiver eligibility	plan year (defined bene ble assets? (See instruc an independent qualific and conditions.)	efit plans do not tions.)tions.)	4c F 5a 5b 5c	PN	14		
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A	p. EIN, and the plan number of participants and the plan participants and the plan participants and per of participants with a lete this item)	at the beginning of the plan year	plan year (defined beneated assets? (See instruction an independent qualifier and conditions.)	efit plans do not  tions.)	4c F 5a 5b 5c PA) Form 5 se is electric inc	PN  5500.  Yes No stablished.	14  10  X Yes No  X Yes No  Not determined  able, a Schedule		
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under if you c If the p Caution: A Under pens SB or Sche belief, it is so	p. EIN, and the plan number of participants and the plan participants and per of participants with a plete this item)	at the beginning of the plan year	plan year (defined beneated by the assets? (See instruction independent qualifier and conditions.)	efit plans do not  tions.)	4c F 5a 5b 5c PA) Form 5 se is esport, inc., and to	PN  5500.  Yes No stablished.  Stablished.  Studing, if application the best of my	14  10  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and		
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name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year	plan year (defined beneated an independent qualification and conditions.)	efit plans do not  tions.)	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if application the best of my  sing as plan admining as employe	14  10  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ninistrator		
name a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under If you c If the p Caution: A Under pen SB or Sche belief, it is SIGN HERE	p. EIN, and the plan number of participants and the plan participants and the plan participants and the plan is a set of participants with a plate this item)	at the beginning of the plan year	plan year (defined beneated an independent qualification and conditions.)	efit plans do not  tions.)	4c F 5a 5b 5c	PN  5500.  Yes No stablished.  Eluding, if application the best of my  sing as plan admining as employe	14  10  X Yes No  X Yes No  Not determined  able, a Schedule knowledge and  ninistrator		

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Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Ves				(h) End of Voca	
_ <u>'</u> _a		7a	(a) Beginning of Yea 45502				(b) End of Year 515413	
<u>a</u>	Total plan assets  Total plan liabilities	7a 7b		0			0	
	Net plan assets (subtract line 7b from line 7a)	76 7c	45502				515413	
8	, ,	76						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
и	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	6039	3				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					60393	
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	8d		0				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					60393	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructions:	
Par	Part V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ		
				10c		Χ		
	Did the plan have a loss, whether or not reimbursed by the plan's			100				
	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 instructions.)			10e		X		
f				10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ		
h	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	ne required	d notice or one of the					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
h	Enter the minimum required contribution for this plan year					12b		

Page	3	-	1	
гаус	J	_		

			1					
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 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?	X	es No	)				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				rol Yes X No				
С	·							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)			•				
14a Name of trust			14b Trust's EIN					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor 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).

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Part you cold to the man term kan in the cold to the c	s to the Form 5500.	SF. Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending	1012
A This return/report is for:		12/31/2013
B This return/report is: the first return/report the final return/report	odibe.iipioyer)	a one-participant plan
an amended return/report a short plan year return/report	ort flores also	
C Check box if filing under:	actiess than 12 mon	Table 1
special extension (enter description)		DFVC program
Part II Basic Plan Information—enter all requested information		
ra name of plan		
BRM CONCRETE INC. PROFIT SHARING PLAN	1	b Three-digit
		plan number (PN) > 001
	1	C Effective date of plan
2a Plan sponsor's name and address to the	*	01/01/1998
2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employ BRM_CONCRETE_INC.	yer plan) 2	b Employer Identification Number
		(EIN) 11-3413239
5 HERMART LN	2	C Sponsor's telephone number
	Meeting	631-585-8836
LAKE RONKONKOMA NY 11779-1977	20	Business code (see instructions)
3a Plan administrator's name and the Th	Maria de la companio	238900
BRM CONCRETE INC.	or Address 31	Administrator's EIN
A CONTRACTOR OF TABLE &		11-3413239
5 HERMART LN	30	Administrator's telephone number
		631-585-8836
LAKE RONKONKOMA NY 11779-1977	***	
*** ***********************************	***************************************	
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plane, EIN, and the plan number from the last return/report.	an, enter the 4h	EN
a Sponsor's name	-	2018
Total number of participants at the beginning of the plan year	4c	PN
b Total number of participants at the part of the alexander.	5a	14
b Total number of participants at the end of the plan year	5b	
Number of participants with account balances as of the end of the plan year (defined benefit plans complete this item).  Were all of the plan's account balances as of the end of the plan year (defined benefit plans).	do not	
Were all of the plan's assets during the plan was invested in the plan.		10
<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and an eligibility and an eligibility and an eligibility.</li> </ul>	*******************	☒ Yes ☐ No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	accountant (IQPA)	Second Second
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA s	action 4004\0	
aution: A penalty for the late or incomplete filling of this		Yes No Not determined
aution: A penalty for the late or incomplete filling of this return/report will be assessed unless re	easonable cause is	established.
nder penalties of perjury and other penalties set forth in the instructions. I declare that I have examined B or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of the elief, it is true, correct, and complete.	d this return/report, is	ncluding, if applicable, a Schedule
mer, it is true, correct, and complete.	is return/report, and	to the best of my knowledge and
GN GIL Re-		
ERE Signature of plan administrator	el Sears	
On Date Enter n	name of individual sig	ning as plan administrator
MIX I		
Signature of employer/plan spenses	ame of individual ele	ning on amele
Signature of employer/plan spenses	ame of individual sig	ning as employer or plan sponsor
Signature of employer/plan spenses	ame of individual sig	ning as employer or plan sponsor arer's telephone number (optional)
Signature of employer/plan sponsor	ame of individual sig	ning as employer or plan sponsor arer's telephone number (optional)
Signature of employer/plan spenses	ame of individual sig	ning as employer or plan sponsor arer's telephone number (optional)
Signature of employer/plan spenses	ame of individual sig	ning as employer or plan sponsor arer's telephone number (optional)

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of	Year		
a	Total plan assets	7a	45	5020			į	5154	113
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	4.5	5020				5154	113
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tota	ıl		
а		0-(4)		0					
	(1) Employers	8a(1) 8a(2)		0					
	(2) Participants			0					
	(3) Others (including rollovers)	8a(3)	4	0393					
	Other income (loss)	8b		,0333				601	393
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							333
<u> </u>	to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						603	393
j	Transfers to (from) the plan (see instructions)	- 8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E \ 3D$	feature co	des from the List of Plan Chara	acteristic (	Codes in	the instructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristic C	odes in th	ne instruction	s:		
	, , , , , , , , , , , , , , , , , , ,								
Pai	t V Compliance Questions								1
10	During the plan year:			Ye	s No	A	mount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	Х				
ŀ	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b	х				
	Was the plan covered by a fidelity bond?			10c	Х				
	Did the plan have a loss, whether or not reimbursed by the plan's			100	77				
	or dishonesty?	-		10d	Х				
•	Were any fees or commissions paid to any brokers, agents, or other								
	insurance service, or other organization that provides some or all instructions.)			10e	X				
	Has the plan failed to provide any benefit when due under the pla			10f	Х				
				10g	Х				
	Did the plan have any participant loans? (If "Yes," enter amount and lifthis is an individual account plan, was there a blackout period?			Tug					
	2520.101-3.)			10h	X				
	in terminate animaliana in terminate animaliana promise promise animaliana promise pro								
	exceptions to providing the notice applied under 29 CFR 2520.10	)1-3		10i					
	t VI Pension Funding Compliance		IIV. II and instructions and son	anlota Cak	adula CE	2 /Earm			
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						Ye	s	No
11	a Enter the unpaid minimum required contribution for current year f								-
_12				e or section	on 302 of	ERISA?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				, ,		1-11		
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mor	nth	d enter tl Day		e letter i ′ear	ruling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	orm 5500), and skip to line 13	•	1 .				
	b Enter the minimum required contribution for this plan year				12b	1			

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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 of negative amount)	of a	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?		XY	es N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		control		Yes	No 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.)							
	3c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) P	N(s)		
Part	VIII Trust Information (optional)							
14a	Name of trust		<b>14b</b> ⊤	rust's EIN				