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

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

Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I		rt identification information	<u>1 </u>			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	201 <u>4</u>	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) oyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	X the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram
		special extension (enter des				
Part II		formation—enter all requested i	nformation		T -	
1a Name BRM CONC	e of plan CRETE INC. PROFIT	SHARING PLAN			1b Three-digit plan numbe (PN) ▶	r 001
					1c Effective da	te of plan 1/01/1998
2a Plan s BRM CONC		address; include room or suite num	ber (employer, if for a single	e-employer plan)		entification Number 1-3413239
5 HERMARI	ΓLN					elephone number 1-585-8836
LAKE RONK	(ONKOMA, NY 1177	9-1977				de (see instructions) 38900
3a Plan a	administrator's name	and address Same as Plan Spor	nsor.		3b Administrato	or's EIN 1-3413239
		LAKE R	ONKONKOMA, NY 11779	-1977		or's telephone number -585-8836
name		the plan sponsor has changed sinco number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN 4c PN	
		its at the beginning of the plan year			1	14
_		its at the end of the plan year			-	
		h account balances as of the end of				
comp	lete this item)				. 5c	C
d(1) To	tal number of active p	participants at the beginning of the	olan year		5d(1)	(
d(2) To	tal number of active	participants at the end of the plan y	ear		5d(2)	(
		terminated employment during the	. ,		5e	(
Under per SB or Sch	nalties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary, mplete.	uctions, I declare that I have	e examined this return/re	port, including, if ap	plicable, a Schedule
SIGN	Filed with authorize	d/valid electronic signature.	09/23/2015	MICHAEL SEARS		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	·					
HERE	Signature of emp	oloyer/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor
Preparer's		n name, if applicable) and address (•			one number (optional)

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and conditi	ndent qualified public accountations.)	int (IQ	PA)		X Yes No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a	Total plan assets	7a	5154	113			0
b	Total plan liabilities	7b		0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	5154	113	_		0
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)			0			
	Other income (loss)	8b	96	317			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9617
	Benefits paid (including direct rollovers and insurance premiums		5250	ารบ			
	o provide benefits)	8d	3230	0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					525030
	Net income (loss) (subtract line 8h from line 8c)	8i					-515413
	Transfers to (from) the plan (see instructions)	8j					
Par	IV Plan Characteristics	O J					
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Corr	ection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c		X	
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х	
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 exceptions to providing the notice applied under 29 CFR 2520.10			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	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (`		12d			
е	Will t	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	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

s employer or plan sponsor telephone number (optional)	dual signing a Preparer's	Enter name of indiv	Date clude room or suite numbe	HERE Signature of employer/plan sponsor Data Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suits number) (optional) Preparer's talephone number (optional)	Signature of emplo er's name (including firm n	Prepare
LINES HERITO OF THE AND AND DESCRIPTION OF THE PROPERTY OF THE	Personal services	Cind Halle to have	Dale	dministrator	Signature of plan administrator	2
e plan administrator	dual elavina a	Participation of belief	1-22-18	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		S S
best of my knowledge and	nt, and to the	ion of this return/repo	s well as the electronic ven	Under plantates of perjury and orner persones set usur it use insusvivusion, recovering or use insusvivus or water upon, and to the best of my knowledge and belief it is true, correct, and complete.	Under penaties of perjury and other i SB or Schedule MB completed and si bellef. It is true, correct, and complete	SB or S
lished.	ause is establ	inless reasonable c	report will be assessed in	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	n: A penalty for the late o	autio
C	5e	fits that were	an year with accrued bene	e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	Number of participants that te less than 100% vested	e Nu
0	5d(2)		Tanan dan san dan san san san san san san san san san s	$\mathbf{d}(2)$ Total number of active participants at the end of the plan year.	Total number of active par	d(2)
0	5d(1)	CHARLES CONTRACTOR CON	n year.	f d(1) Total number of active perticipants at the beginning of the plan year.	1) Total number of active per	d(1)
c	တ္မ	Ilt plans do not	ne plan year (defined bene	Number of participants with account balances as of the end of the plan year (defined benefit plans do not	amber of participants with a	
O	G 6	1731000 (000000 00000000000000000000000000		or and on the best of participants at the end of the plan year	all number of participants	o To
4.	4c py			name, EN, and the plan number from the lest returnireport.	name, EIN, and the plan nun Sponsor's name	
	4 mg	this plan, enter the	he last return/report filed fo	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	he name and/or EIN of the	A If H
Administrator's pospinore number	631-				HERMART LN	5 HE
Administrator's EIN 11-3413239			8	d address Same as Plan Sponsor.	3a Plan administrator's name and address and crowness TNC	Dia Con
238900	238900			NY 11779-1977	LAKE RONKONKOMA	AKE
631-585-8836	631				HERNART IN	5 88
Employer Identification Number (EIN) 11-3413239 Socrator's beleabone number	20 Emplo	employer plan)	r (employer, if for a single⊣	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BRM_CONCRETE_ING	n sponsor's name and add	RM C
01/01/1998						
Three-digit plan number 001				PROFIT SHARING PLAN	ta Name of plan BRM CONCRETE INC. PR	NA X
			rmation	Basic Plan Information—enter all requested information		Part II
DEVC program			autometic extension plion)	∏ Form 5558 ☐ a ☐ special extension (enter description)	Check box if filing under:	C Che
a mulpute injective that the investigacy of miss kind of the form instructions) of participating employer information in accordance with the form instructions) is foreign plan. The final return/report a short plan year return/report (less than 12 months)	rdance with th	er information in acco	a mulpuse mipoyer juni nukaminoyer (mee of participating employer information in accordance a facetign plan a foxetign plan with the final return/report (less than 12 months)	a one-participant plan the first return/report an amended return/report	A This return/report is for: B This return/report is	This
/31/2014	12/	and ending	01/01/2014	dentification information	Part Annual Report Identification Info	Part
Public Inspection	500-SF.	ctions to the Form !	ccordance with the instru	enest Guesany Conocebon • Complete all entries in accordance with the instructions to the Form 5500-SF	Pension Bonsil Guaranty Corporation	Pensko
This Form is Open to	e Internal	(b) and 6058(a) of the	under sections 104 and 40 ERISA), and sections 6057 Revenue Code (the Code).	This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(e) of the internal Revenue Code (the Code).	Internal Revenue Service Department of Labor Service Service Administration	Dep
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