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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.			
		entification Information						
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	10	and ending 1	2/31/2	2010		
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	Γhis return/report is for:	first return/report	final retur	n/report				
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under:		DFVC program					
	Ī	special extension (enter descripti	on)			_		
Pa	rt II Basic Plan Informa	ation—enter all requested inform	nation					
	Name of plan	ation onto an requested intern	idilori		1b	Three-digit		
	TEK ELECTRICAL CORP. 401K I	PLAN				plan number 001		
						(PN) •		
					1c	Effective date of plan		
20	Diameter and address		\		2h	01/01/2008		
	FIAN SPONSOI'S NAME AND ADDIES FEK ELECTRICAL CORP.	ss (employer, if for single-employer	r pian)		20	Employer Identification Number (EIN) 11-3541998		
					2c	Plan sponsor's telephone number		
	AVE L OKLYN, NY 11236					718-763-2563		
	,				2a	Business code (see instructions) 238210		
3a	Plan administrator's name and a	ddress (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
BOB.	TEK ELECTRICAL CORP.	9204 AVE L BROOKLYN	I NY 11236	,		11-3541998		
		BROOKETT	, 111 1120		3с	Administrator's telephone number 718-763-2563		
4 1	the name and/or FIN of the plan	sponsor has changed since the la	st return/re	port filed for this plan, enter the	4h	EIN		
		from the last return/report. Sponse		pertined for the plan, enter the				
					4c			
					5a	4		
b	• •	• •			5b	4		
С	·	n account balances as of the end o		rear (defined benefit plans do not	5c	4		
6a	Were all of the plan's assets dur	ring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b	Are you claiming a waiver of the	annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Do	rt III Financial Informat		orm 5500-	SF and must instead use Form 55	00.			
		lion				#N= + +++		
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year 92228		
	Total plan assets		7a	21200	-	0		
b		from line 7a)		27296		92228		
<u>C</u>		from line 7a)	. 7с					
8 a	Income, Expenses, and Transfer Contributions received or received			(a) Amount		(b) Total		
u			. 8a(1)	24266	5			
	(2) Participants		8a(2)	43265	5			
	(3) Others (including rollovers))			
b	Other income (loss)	ne (loss)						
С	Total income (add lines 8a(1), 8a	a(2), 8a(3), and 8b)	. 8c			75126		
d	Benefits paid (including direct rol to provide benefits)	•	8d	9860)			
е		re distributions (see instructions)		()			
f		(salaries, fees, commissions)		()			
g				334				
h	•	e, 8f, and 8g)				10194		
i		8h from line 8c)				64932		
j		instructions)		()			

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
_	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2F 2G 2J 2K 3D	acteris	tic Co	des in th	e instructions:
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	les in the	e instructions:
ırt	V Compliance Questions				
)	During the plan year:		Yes	No	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	0
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	0
С	Was the plan covered by a fidelity bond?	10c		X	0
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	0
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		483
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	0
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Χ		
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	X		
rt	VI Pension Funding Compliance				
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				

(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, and enter the date of the letter ruling Day_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... 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 12d Yes N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** ☐ Yes X No.

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

ısa	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	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.)						
13c(1) Name of plan(s): 13c(2) EIN(s)							

136(1) Name of plan(3).	130(2) LIN(3)	130(3)
		i
		•
		İ

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

12

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/11/2011	JAMES CONSOLATI
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

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

2010

OMB Nos. 1210-0110 1210-0089

Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the								
English Beeff (Contemp) Commission Internal Revenue Code (the Code).						This Form is Open to Public inspection		
Part I Annual Report Identification Information								
For calendar plan year 2010 or fiscal plan	year beginning	71/2010	and ending	- 1	2/31/2010	 		
print,	gle-employer plan		employer plan (not multiemployer)		_			
	return/report	_	um/report		one-participa	nt plan		
H	amended return/report	₩ .						
_	m 5558	_	an year return/report (less than 12 mo tic extension	onths)	_			
¥ 9		DFVC progra	m					
	cial extension (enter descrip							
Part II Basic Plan Informatio	n-enter all requested infor	mation		1 44				
*	Dies				Three-digit plan number	•••		
Bobtek Electrical Corp. 401k	Man			1	(PN) ≯	001		
				1c	Effective date of	plan		
20 51-				<u> </u>	1/1/	2008		
2a Plan sponsor's name and address (er Bobtek Electrical Corp.	nplayer, it for single-employe	er plan)			Employer Identif	cation Number 3541998		
boblek Electrical Corp.					1	slephone number		
					7187	332563		
9204 Ave L				2d	Business code (s	ee instructions)		
02047W0 E					238	3210		
Brooklyn								
NY								
11236								
20.5				····				
3a Plan administrator's name and address	s (If same as Plan sponsor,	enter "Sarr	ie*)	3b /	Administrator's E			
Bobtek Electrical Corp.	3c /	113541998 C Administrator's telephone number 7187632563						
·			_		718763	2563		
9204 Ave L								
	,							
Brooklyn								
NY								
11236								
11230								
4 If the name and/or EIN of the plan spon	sor has changed since the la	st return/re	port filed for this plan, enter the	4b E	in .			
name, EIN, and the plan number from the	ne last return/report. Sponso	or's name						
			Ĺ	4c F	<u>N</u>			
5a Total number of participants at the beg	inning of the plan year			5a				
b Total number of participants at the end of the plan year								
complete this item)		·	odi (denine beneni piane do not	5c	4			
6a Were all of the plan's assets during the	e plan year invested in eligib	le assets?	(See instructions.)		********	Yes No		
 b Are you claiming a waiver of the annual 	il examination and report of a	an indeper	ent tretavons pildur heifilsun trebu	Δ١				
under 29 CFR 2520.104-467 (See inst If you answered "No" to either 6a or	ructions on waiver eligibility :	and conditi	Ons.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	Yes No		
Part III Financial Information	ON, the posit controt use Fr	J. III 33004	or and must instead use Form 550	U	W-11			
7 Plan Assets and Liabilities			(a) Beninples of Vasc	T	(le) #"a #	V		
a Total plan assets	***************************************	7a	(a) Beginning of Year 27296	 	(b) End of			
b Total plan liabilities						92228		
C Net plan assets (subtract line 7b from li			0 27296	 	· · · · · · · · · · · · · · · · · · ·	92228		
				ī		Q 7 7 7 M		

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			•	(b) Total	
а	Contributions received or receivable from: (1) Employers			0.40.0		144		
	(2) Parlicipants		2426					· .
	(3) Others (including rollovers)		4326		∸-/			
ь				144				
C				614	ь			
d	Benefits paid (Including direct rollovers and insurance premiums	8c					75126	
	to provide benefits)	8ď		986	o .			٩'n
е	Certain deemed and/or corrective distributions (see instructions)	8e			0 .			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	Вg		334	1			ŤĖ.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10194	
į	Net income (loss) (subtract line 8h from line 8c)	81		133			64932	
j	Transfers to (from) the plan (see instructions)	8)		C)			- 1
Da	rt IV Plan Characteristics						·	
9a	If the plan provides pension benefits, enter the applicable pension f		***					
Par	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan plan provides welfare for the plan plan provides welfare for the plan plan plan plan plan plan plan plan	eature code	as from the List of Plan Chara	acteris	stic Co	des ir	n the instructions:	
10	During the plan year:				Yes	No	Amount	—
a	29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduc	ciary Corre	ction Program)	10a		×		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	clude transactions reported	10b		X		
C	Was the plan covered by a fidelity bond?		******************************	10c		X		C
d		idelity bone	f, that was caused by fraud	10d		×		<u>ٽ</u> 0
9	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	or persons the benefi	by an insurance carrier, ts under the plan? (See	10e	×		4	183
f	Has the plan failed to provide any benefit when due under the plan	7		10f		X		0
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		$\stackrel{\sim}{\nabla}$		<u>~</u>
h		See instruct	ions and 29 CFR	10h	×			
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-	required r	tolice or one of the	101	X			
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Ye	s," see instructions and com	plete :	Schedi	ıle Si	3 (Form ∏ Yes ⊠ N	 lo
12	is this a defined contribution plan subject to the minimum funding re	quirement	s of section 412 of the Code	or se	ction 3	02 of	ERISA? Yes N	io.
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)						•
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	*************		tions.	and er	nter th	ne date of the letter ruling	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule f						,	
	Enter the minimum required contribution for this plan year					12b		
C	Enter the amount contributed by the employer to the plan for this pla	ın year	**	******	L	12c		
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)					2d		
	Will the minimum funding amount reported on line 12d be met by the	funding d	eadline?		******	,	Yes No N/A	
Part	VII Plan Terminations and Transfers of Assets	-						_
13a	Has a resolution to terminate the plan been adopted during the plan	year or an	y prior year?				Yes No	_
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this	уеаг		-	3a		_
b	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred:	to another plan, or brought ur	nder ti	he con	lroi	r) –	
	of the PBGC?					-	Yes No	_

			
Caution	: A penalty for the late or incomplete filing of this return/re	port will be assessed	unless reasonable cause is established.
Under po SB or Sc	enalties of perium and other perialties servicity in the instruction	ns. I declare that i have	e examined this return/report, Including, if applicable, a Schedule existence of this return/report, and to the best of my knowledge and
SIGN	10000	10-11-11	MARK BORR
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