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.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

B This return/report is: [ ] the first return/report [ ] the final return/report
[X] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
E-J ELECTRIC INSTALLATION CO 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
E-J ELECTRIC INSTALLATION COMPANY

46-41 VERNON BLVD
LONG ISLAND CITY, NY 11101-5378

2b Employer Identification Number (EIN) 13-5672226

2c Sponsor's telephone number 718-786-9400

2d Business code (see instructions) 238210

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
E-J ELECTRIC INSTALLATION COMPANY 46-41 VERNON BLVD
LONG ISLAND CITY, NY 11101-5378

3b Administrator's EIN 13-5672226

3c Administrator's telephone number 718-786-9400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
a Sponsor's name E-J ELECTRIC INSTALLATION COMPANY

4b EIN 13-5672226

4c PN 001

5a Total number of participants at the beginning of the plan year	**5a**	17
b Total number of participants at the end of the plan year	**5b**	15
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	15

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1483462	1395058
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1483462	1395058

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	8a(1)	2881	
(2) Participants	8a(2)	150613	
(3) Others (including rollovers)	8a(3)	121503	
b Other income (loss)	8b	10541	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		285538
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	373413	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	529	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		373942
i Net income (loss) (subtract line 8h from line 8c)	8i		-88404
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan 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 2G 2J 2K 3D 2F

b 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	Amount
a 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	
c Was the plan covered by a fidelity bond?	**10c**	X		150000
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	
e 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		6532
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		45404
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**			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☒ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ 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. Month _____ Day _____ Year _____

If you 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**	
c 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**	

e 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? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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

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 HERE	Filed with authorized/valid electronic signature.	04/24/2013	DR. LESLIE BLACKSBURG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/24/2013	DR. LESLIE BLACKSBURG
	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

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Employee Benefits Security Administration

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[X] an amended return/report [ ] a short plan year return/report (less than 12 months)

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E-J ELECTRIC INSTALLATION CO 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
E-J ELECTRIC INSTALLATION COMPANY

46-41 VERNON BLVD

LONG ISLAND CITY NY 11101-5378

2b Employer Identification Number (EIN) 13-5672226

2c Sponsor's telephone number (718) 786-9400

2d Business code (see instructions) 238210

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c 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 name, EIN, and the plan number from the last return/report.
a Sponsor's name E-J ELECTRIC INSTALLATION COMPANY

4b EIN 13-5672226

4c PN 001

5a	Total number of participants at the beginning of the plan year	**5a**	17
b	Total number of participants at the end of the plan year	**5b**	15
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	15

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1,483,462	1,395,058
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1,483,462	1,395,058

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	2,881	
(2) Participants	8a(2)	150,613	
(3) Others (including rollovers)	8a(3)	121,503	
b Other income (loss)	8b	10,541	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		285,538
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	373,413	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	529	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		373,942
i Net income (loss) (subtract line 8h from line 8c)	8i		(88,404)
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan 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 2G 2J 2K 3D 2F

b 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	Amount
a 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	
c Was the plan covered by a fidelity bond?	10c	X		150,000
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	
e 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		6,532
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		45,404
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [ ] Yes [X] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] 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. Month _____ Day _____ Year _____

If you 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	
c 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	

e 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? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a |

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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

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 HERE	Dr Leslie Blacksburg		DR. LESLIE BLACKSBURG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Dr Leslie Blacksburg		DR. LESLIE BLACKSBURG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Attachment to 2011 Form 5500
Form 5500-SF Administrative Penalties - Explanation of Reasonable Cause for Late Filing

Plan Name E-J ELECTRIC INSTALLATION CO 401(K) PLAN **EIN:** 13-5672226
Plan Sponsor's Name E-J ELECTRIC INSTALLATION COMPANY **PN:** 002

Explanation:

IT HAS COME TO OUR ATTENTION THAT THE 2004 THROUGH 2011 5500/5500SF FILINGS ERRONEOUSLY RECORDED 001 AS THE PLAN NUMBER. THE PLAN NUMBER SHOULD BE 002.

ALL FILINGS ERRONEOUSLY FILED UNDER THE 001 PLAN NUMBER FOR THIS SAME PERIOD OF TIME WERE FILED TIMELY.

Department of the Treasury
Internal Revenue Service
Ogden UT 84201-0039

For assistance, call:
1-877-829-5500
FAX 801-620-5670

Notice Number: CP220
Date: April 22, 2013

Taxpayer Identification Number:
13-5672226
Tax Form: 5500
Tax Period: December 31, 2011
Plan Number: 002

001003.176900.0005.001 1 AT 0.384 864

E J ELECTRIC INSTALLATION CO CORP
4641 VERNON BLVD
LONG IS CITY NY 11101-5308

)01003

Amount You Owe as of: May 13, 2013
$422.37

Statement of Adjustment to Your Account

Balance Due on Account Before Adjustment		$1,620.19
Adjustment Computation		
Penalty Decrease -	$1,200.00	
Interest Charged	$2.18	
Net Adjustment Credit		$1,197.82
Total Amount You Owe		**$422.37**

This is a result of your inquiry of February 21, 2013.

What You Need to Do

Pay the amount you owe now by using one of the following methods. To avoid additional penalty and/or interest, we must receive your payment by May 13, 2013. The Electronic Federal Tax Payment System (EFTPS) is the preferred method to ensure your tax payments are on time and secure.

- **EFTPS**
  - If you are currently enrolled, go to www.eftps.gov or call 1-800-555-4477.
  - To learn more about EFTPS and other electronic payment options, including credit card payments, visit www.irs.gov keyword: e-pay.

- **Check or Money Order**
  - Make your check or money order payable to the **United States Treasury;**
  - Write your taxpayer identification number, tax form number, tax period, and your phone number on your payment; and
  - Mail your payment with the payment voucher located at the bottom of this notice in the enclosed envelope.

The interest rates on underpayment and overpayment of taxes are as follows:

Periods	Percentage Rates	
	UNDERPAYMENT	OVERPAYMENT
July 1, 1996 through March 31, 1998	9	8
April 1, 1998 through December 31, 1998	8	7
January 1, 1999 through March 31, 1999	7	7
April 1, 1999 through March 31, 2000	8	8
April 1, 2000 through March 31, 2001	9	9
April 1, 2001 through June 30, 2001	8	8
July 1, 2001 through December 31, 2001	7	7
January 1, 2002 through December 31, 2002	6	6
January 1, 2003 through September 30, 2003	5	5
October 1, 2003 through March 31, 2004	4	4
April 1, 2004 through June 30, 2004	5	5
July 1, 2004 through September 30, 2004	4	4
October 1, 2004 through March 31, 2005	5	5
April 1, 2005 through September 30, 2005	6	6
October 1, 2005 through June 30, 2006	7	7
July 1, 2006 through December 31, 2007	8	8
January 1, 2008 through March 31, 2008	7	7
April 1, 2008 through June 30, 2008	6	6
July 1, 2008 through September 30, 2008	5	5
October 1, 2008 through December 31, 2008	6	6
January 1, 2009 through March 31, 2009	5	5
April 1, 2009 through December 31, 2010	4	4
January 1, 2011 through March 31, 2011	3	3
April 1, 2011 through September 30, 2011	4	4
Beginning October 1, 2011	3	3

01003

Beginning January 1, 1999, the interest rate we pay on overpayment of taxes, except for corporate taxes, is the same as the rate of interest we charge on the underpayment of taxes. The law requires us to determine these interest rates quarterly. From January 1, 1987 through December 31, 1998, the interest rate we paid on an overpayment of taxes was 1% less than the rate of interest we charged on your underpayment of taxes. Effective January 1, 1995, we pay a reduced rate of interest on corporate overpayments that exceed $10,000. This reduced rate is the short-term federal interest rate plus 1/2%.

Corporate Interest - We charge additional interest of 2% if, according to our records, you didn't make your corporate tax payment within 30 days after the IRS notified you of the underpayment of tax. This interest begins on the 31st day after we notify you of the underpayment on tax amounts you owe over $100,000, minus your timely payments and credits.

19 Interest - Additional Interest Charges

If the amount you owe is $100,000 or more, please make sure that we receive your payment within 10 work days from the date of your notice. If the amount you owe is less than $100,000, please make sure that we receive your payment within 21 calendar days from the date of your notice. If we don't receive full payment within these time frames, the law requires us to charge interest until you pay the full amount you owe.

For tax forms, instructions and information visit **www.irs.gov**. (Access to this site will not provide you with your specific taxpayer account information.)

Seq. No.: A0097095 CP: 220

TIN: 13-5672226 Form: 5500 Tax Period: December 31, 2011



)01003

CUT HERE

Return this voucher with your payment or correspondence.

Your Telephone Number: Best Time to Call:
( )_____-_____ _____AM_____PM

Amount you owe: $422.37

- You will avoid additional penalties and/or interest if we receive your full payment by **May 13, 2013**

☐ **Amount enclosed: $_____**

- Make payable to United States Treasury
- Write Taxpayer Identification Number, tax period and tax form number on payment

☐ **Correspondence enclosed**

LM 201314 28250919 29454-493-10882-3

220 Internal Revenue Service
Ogden UT 84201-0039

E J ELECTRIC INSTALLATION CO CORP
4641 VERNON BLVD
LONG IS CITY NY 11101-5308

135672226 WV EJEL 74 2 201112 670 00000042237

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Plan Name E-J ELECTRIC INSTALLATION CO 401(K) PLAN **EIN:** 13-5672226
Plan Sponsor's Name E-J ELECTRIC INSTALLATION COMPANY **PN:** 002

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ALL FILINGS ERRONEOUSLY FILED UNDER THE 001 PLAN NUMBER FOR THIS SAME PERIOD OF TIME WERE FILED TIMELY.