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

				nce with the instruc				
Part I	Annual Report I	dentification Inform	nation					
For calenda	ar plan year 2013 or fis	cal plan year beginning	01/01/2013		and ending	12/31/	2013	
A This ret	urn/report is for:	a single-employer pla	n a	multiple-employer pl	an (not multiemployer)	a one-particip	pant plan
B This ret	urn/report is:	the first return/report	T the	e final return/report				
	·	an amended return/re	eport 🗒 a s	short plan year returr	n/report (less than 12	months)	
C Check I	oox if filing under:	Form 5558	·	utomatic extension	• •		DFVC progra	am
• Check	Jox ii iiiiig under.	片	Ш	Atomatic extension			_ Bi vo piogio	u11
D 4 !!	B : B:	special extension (ent						
Part II		rmation—enter all reque	ested information	n		141		T
1a Name	•	/ INC 404/I/\PROFIT CIT	IADINO DI ANI			10	Three-digit plan number	
ALHAMBKA	BUILDING COMPANY	', INC. 401(K)PROFIT SH.	ARING PLAN				(PN) ▶	001
						1c	Effective date o	f plan
							01/01	•
		dress; include room or suit	te number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identi	
ALHAMBKA	BUILDING COMPANY	, ING.					(=::-1)	38651
						2c	Sponsor's telep	
	OOD AVENUE RI 02888-2405					0-1	401-46	
WARWIOR,	N 02000 2403					20	Business code (
3a Plan a	dministrator's name an	d address Same as Pla	an Sponsor Nam	ne Same as Plar	Sponsor Address	3b	Administrator's	EIN
LHAMBRA E	BUILDING COMPANY,	INC. 20	77 ELMWOOD	AVENUE	·		05-04	38651
			ARWICK, RI 02			3c		telephone number
							401-461	1-2090
4 If the r	name and/or FIN of the	plan sponsor has change	d since the last	t return/report filed fo	or this plan, enter the	4h	EIN	
		nber from the last return/re		. return/report med ic	or this plant, enter the	40	EIN	
	or's name		•			4c	PN	
5a Total r	number of participants	at the beginning of the pla	ın year			. 5a		11
b Total r	number of participants	at the end of the plan year	r			-		14
		account balances as of the		• •	•	5c		
	,							12
	all of the blan's assets	alcodor a the contract of the contract of					•	12 V Voc
h Arove		during the plan year investigation of	sted in eligible a	assets? (See instruc	tions.)			X Yes No
	ou claiming a waiver of	the annual examination a	sted in eligible a	assets? (See instrucindependent qualifie	tions.)d public accountant (I	QPA)		
under	ou claiming a waiver of 29 CFR 2520.104-46?	the annual examination at (See instructions on waiv	sted in eligible a and report of an i	assets? (See instrucindependent qualified conditions.)	tions.)d public accountant (I	QPA)		X Yes No
under If you	ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit	the annual examination at (See instructions on waiv ther line 6a or line 6b, the	sted in eligible a and report of an i ver eligibility and e plan cannot	assets? (See instruc independent qualifie d conditions.)use Form 5500-SF	tions.)d public accountant (l	QPA) e Form	n 5500.	X Yes No
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Form 5500-SF 2013 Page **2**

Par	t III Financial Information									
			(a) Denimina of Vec				(b) Food of	V		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of	Year 58423	1	
	Total plan assets Total plan liabilities	7a	30444	<u> </u>				30423	•	
	Net plan assets (subtract line 7b from line 7a)	7b	50444	3	-			584234	1	
	, ,	7c		43						
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)	1425	3						
	(2) Participants	ants								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3663	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						82288	}	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	249	7						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						249	7	
i	Net income (loss) (subtract line 8h from line 8c)	8i						7979	1	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	<u> </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Cod	des in t	he instructior	S:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No	А	mount		
а				10a		X				
b		? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				500	100
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X			300	/00
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			10d						
C	insurance service, or other organization that provides some or all				X					
	instructions.)			10e	^				24	132
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
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		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes	П	No
	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding		·				FRISA?	Yes	X	No
-14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI SE	CUUII	JUZ UI	LINIOM!		/ \	. 10
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter the Day		letter ru ear	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day	I			
	Enter the minimum required contribution for this plan year	•				12b				
	the first sequence of the ball of the plant year									

Page	3 -		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 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?	Y	es 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 coof the PBGC?	ontrol		Yes X No
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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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

2013

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2013 or f	iscal plan year beginning	01/01/2013	and ending	12/31/2	2013			
A This re	turn/report is for:	🔀 a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	articipant plan			
B This re	turn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)				
C Check	box if filing under:	☐ Form 5558	automatic extension	, ,	DFVC program				
- 0,,00,,		special extension (enter description)							
Part II	Basic Plan Info	prmation—enter all requested inf							
1a Name		ortical an requested an	omiation		1b Three-digit				
	•	OMPANY, INC. 401(K)PE	ROFIT SHARING PL	AN	plan numb	er			
					(PN) ▶	001			
					1c Effective di 01/01/1				
	sponsor's name and ac RA BUILDING C	ldress; include room or suite numbe OMPANY, INC.	er (employer, if for a single	employer plan)	1	dentification Number 0438651			
					2c Sponsor's	telephone number			
2077 E	LMWOOD AVENUE				401-461				
			-		1	ode (see instructions)			
WARWIC	rk. ndministrator's name a	RI 02888-240 nd address Same as Plan Spons		Sponsor Address	236110 3b Administrat				
ALHAMB	RA BUILDING C	OMPANY, INC.	<u> </u>		05-0438				
					3C Administrat	or's telephone number			
2077 E	LMWOOD AVENUE				401-461	-2090			
WARWIC	K	RI 02888-2405							
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participants	at the beginning of the plan year	***************************************	***************************************	5a	11			
b Total	number of participants	at the end of the plan year	*******************************	***************************************	5b	14			
		account balances as of the end of t			5c	12			
		s during the plan year invested in e				X Yes No			
		f the annual examination and repor		•					
		? (See instructions on waiver eligib				X Yes ∐ No			
•		ither line 6a or line 6b, the plan c							
C If the	plan is a defined benef	it plan, is it covered under the PBG	C insurance program (see	ERISA section 4021)? .	∐ Yes ∐ No	Not determined			
Caution: /	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau	ıse is established	f			
		her penalties set forth in the instruc							
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ver	sion of this return/report	, and to the best o	f my knowledge and			
SIGN				Donald Ihlefel	ld				
HERE (Signature of plan a	dministrator	Date 3/5/14	Enter name of individu	ual signing as plar	administrator			
SIGN	/////			Donald Ihlefel					
HERE (Signature of emplo	vortnian ananaar	Date 3/5/14		ACCUMPANION NAMED TO A STATE OF THE STATE OF				
Preparer's		ame, if applicable) and address; in		Enter name of individur (optional)		none number (optional)			
,	,			,	=				
					7Alliil				

Ba	rt III	Financial Information				~~~					
	-		<u> </u>								······································
		Assets and Liabilities		(a) Beginning of Ye		12		(b) End	of Y		-04004
		I plan assets	7a	3	0444	± 3				:	584234
F		I plan liabilities	7b		0444	13					-04004
		plan assets (subtract line 7b from line 7a)	7c		0444	13				· · · · · · · · · · · · · · · · · · ·	584234
8 a		me, Expenses, and Transfers for this Plan Year ributions received or receivable from:		(a) Amount				(b)	Total		
a		Employers	8a(1)		1425	53					······································
	(2)	Participants	8a(2)		3140)1	,				40.00
	(3) (Others (including rollovers)	8a(3)								
<u>b</u>	Othe	r income (loss)	8b		3663	34					
-187777		l income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								82288
d		efits paid (including direct rollovers and insurance premiums ovide benefits)	8d								
<u>e</u>	Certa	ain deemed and/or corrective distributions (see instructions)	8e								
f	Adm	inistrative service providers (salaries, fees, commissions)	8f		249	97					
g	Othe	r expenses	8g								
<u>h</u>	Tota	expenses (add lines 8d, 8e, 8f, and 8g)	8h	. > 1400000							2497
i	Net i	ncome (loss) (subtract line 8h from line 8c)	8i								79791
j	Tran	sfers to (from) the plan (see instructions)	8j								
Pai	t IV	Plan Characteristics					***************************************				
9a	1	e plan provides pension benefits, enter the applicable pension C 2F 2J 2K 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes ir	the instru	ctions	*	
b	If the	e plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	the instruct	ions:		
Par	l V	Compliance Questions						····			
10		ring the plan year:	V -000			Yes	No	. A	Amo	·······t	
	Wa	s there a failure to transmit to the plan any participant contribut					х		Ame	Juint	
h		CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest			10a						**************************************
		line 10a.)			10b		Х				
	Wa	as the plan covered by a fidelity bond?			10c	Х					50000
	Did	the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			x				
		lishonesty?re any fees or commissions paid to any brokers, agents, or oth			10d						
E	insu	re any fees of confinisions paid to any brokers, agents, of our france service, or other organization that provides some or all fructions.)	of the ben	efits under the plan? (See	10e	х					2432
		s the plan failed to provide any benefit when due under the plan					X				
			***************************************		10f						mazzanie str. 11 congelii i
g		the plan have any participant loans? (If "Yes," enter amount as	•		10g		Х				
h	252	is is an individual account plan, was there a blackout period? (0.101-3.)		***************************************	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.10°			10i						
Part	VI	Pension Funding Compliance									
11	Is th	is a defined benefit plan subject to minimum funding requirement of the state of th	ents? (If "\	es," see instructions and com	plete	Sched	fule SI	3 (Form	П	Yes	П №
11a		er the unpaid minimum required contribution for current year fr					11a				
12	ls ti	his a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	orse	ction	302 of	ERISA?		Yes	x No
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	gran	waiver of the minimum funding standard for a prior year is bein hting the waiver.				and e	enter ti Day	ne date of t	he let Year		ing
lf ·	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.							
b	Ente	er the minimum required contribution for this plan year					12b				

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?		Y	es	No	N/A
Part	VII Plan Terminations and Transfers of Assets			100		
13a	Has a resolution to terminate the plan been adopted in any plan year?	П	Yes	X No	*****	······
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	I			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3	3) PN(s)
Acres (Acres (Ac			***************************************			
genus .					***************************************	
		ince donn't not be a				
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

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