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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit ALHAMBRA BUILDING COMPANY, INC. 401(K)PROFIT SHARING PLAN plan number (PN) ▶ 001 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) 2b Employer Identification Number ALHAMBRA BUILDING COMPANY, INC. (EIN) 05-0438651 Sponsor's telephone number 401-461-2090 2077 ELMWOOD AVENUE WARWICK, RI 02888-2405 Business code (see instructions) 236110 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 05-0438651 ALHAMBRA BUILDING COMPANY, INC. 2077 ELMWOOD AVENUE WARWICK, RI 02888-2405 **3c** Administrator's telephone number 401-461-2090 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 14 **b** Total number of participants at the end of the plan year..... 5b 13 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 13 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 8 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	08/20/2015	DONALD IHLEFELD				
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 spon				
Preparer's	name (including firm name, if applicable) and address (include r	Preparer's telephone number (optional)					

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Ye	es 🗌 N	0
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No	Not dete	ermined	
Par –					1					_
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End		1063	
	Total plan assets	7a	5042	234				57	1003	_
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	5842	234				571	1063	_
	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) T			_
	Contributions received or receivable from:		` '				(0) 1	Jiai		
	1) Employers	8a(1)	144							
	(2) Participants	8a(2)	300)98						_
	(3) Others (including rollovers)	8a(3)	450	204						
	Other income (loss)	8b	156	91				0.0	2050	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						60)259	_
	o provide benefits)	8d	704	140						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	29	990						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3430	
	Net income (loss) (subtract line 8h from line 8c)	8i						-13	3171	_
Par	Transfers to (from) the plan (see instructions)	8j								
b	ZE 2F 2J 2K 2G 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	tic Cod	les in t	he instructi	ons:		
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 Cor	rection Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				5000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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 ber	efits under the plan? (See	10e	X				251	1
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 a	s of year	end.)	10g	X				4808	0
	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 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)			· 	<u>.</u>			Ye	s N	0
	Enter the unpaid minimum required contribution for current year fr					11a			<u> </u>	_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	Ye	s X N	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being			otions	004	nto- +	ho data of th	no lottor	rulina	_
d	granting the waiver	-			, and 6	enter ti Day		ne letter Year	uiing	

	Form 5500-SF 2014 Page 3 - 1				
lf :	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			
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	Yes N	10	
	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 PBGC?	e control		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) which assets or liabilities were transferred. (See instructions.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		identification information	7 /03 /003 4	1 1 ⁴ - 1 ⁴	10/21/	0024			
ror calendar	pian year 2014 or ti		01/01/2014	and ending	12/31/				
A 755		x a single-employer plan	,			nis box must attach a list			
A This retui	m/report is for:		dance with the for	m instructions)					
_		a one-participant plan	a foreign plan						
B This return	n/report is	the first return/report	the final return/report						
		an amended return/report a short plan year return/report (less than 12 months)							
^		X Form 5558	▼ Form 5558						
Oncor box is sing distort.						☐ DFVC program			
		special extension (enter description	on)						
Part II	Basic Plan Info	ormation—enter all requested inform	ation	Washington Commonweal Common C					
1a Name of			MANORAL MANAGEMENT OF THE PARTY		1b Three-digit	<u> </u>			
		OMPANY, INC. 401(K)PROF	IT SHARING PLA	AN	plan numb				
					(PN) ▶				
					1c Effective d				
				777 777 777 1 2 1 1 1 1 1 1 1 1 1 1 1 1	01/01/				
	onsor's name and ac A BUILDING C	Idress; include room or suite number (employer, if for a single	-employer plan)		dentification Number			
ADIMIDIC	a DOIDDING C	OHIANI, INC.				-0438651			
2077 ELM	MWOOD AVENUE				2c Sponsor's telephone number				
					401-461-2090 2d Business code (see instructions)				
WARWICK		RI 02888-2405			236110	ode (see instructions)			
	ministrator's name a				3b Administrator's EIN				
	A BUILDING C	· · · · · · · · · · · · · · · · · · ·			05-043				
* *************************************	, porporno e	oritziivi, iivo.			3c Administrator's telephone number				
2077 ELN	MWOOD AVENUE				401-461-2090				
WARWICK		RI 02888-2405							
4 If the na	me and/or FIN of th	e plan engager has changed since the	last return/report filed f	or this plan, anter the	4b EIN				
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.									
						4c PN			
5a Total nu	ımber of participants	at the beginning of the plan year	***********************		. 5a				
b Total nu	mber of participants	at the end of the plan year	******************************	***************************************					
		account balances as of the end of the							
		***************************************			5c	13			
d(1) Total	number of active pa	irticipants at the beginning of the plan y	/ear		5d(1)	0			
d(2) Total	number of active na	articipants at the end of the plan year				8			
					5d(2)	0			
	บ participants เกลเ เ า 100% vested	erminated employment during the plan	year with accrued beni	ents that were	5e	0			
		or incomplete filing of this return/re	nort will be assessed	unioce roseonable say	ico io establisha	4			
Under penalt	ties of perjury and of	ther penalties set forth in the instruction	s, I declare that I have	examined this return/re	port, including, if a	on applicable a Schedule			
SB or Sched	ule MB completed a	nd signed by an enrolled actuary, as w	ell as the electronic ver	rsion of this return/report	, and to the best	of my knowledge and			
	ue, cerrect and com	plete.	1 =/10/10	I	7 7				
SIGN HERE			E/12/15	Donald Ihlefe	Id	(MINUTE 1987)			
TIERE -	Signature of plan a	ndmin/strator	Date	Enter name of individ	ual signing as pla	n administrator			
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN									
HERE T	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor			
Preparer's na	ame (including firm r	name, if applicable) and address (inclu	de room or suite numbe	er) (optional)		hone number (optional)			
						· · · · · · · · · · · · · · · · · · ·			
					[

Form 5500-SF 2014			Page 2						
 Were all of the plan's assets during the p Are you claiming a waiver of the annual e under 29 CFR 2520.104-46? (See instruction of your answered "No" to either line 6a of the plan is a defined benefit plan, is it compared to the plan is a defined benefit plan, is it compared to the plan is a defined benefit plan, is it compared to the plan is a defined benefit plan. 	xamination and report of an tions on waiver eligibility an or line 6b, the plan cannot	i indepen id condition use For	dent qualified public accounta ons.) m 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		X Ye	s 🗌 No
Part III Financial Information									************
7 Plan Assets and Liabilities			(a) Beginning of Yea	ar			(b) End	of Year	
a Total plan assets		7a		8423	4				57106
b Total plan liabilities		7b							
C Net plan assets (subtract line 7b from line	7a)	7c	5:	8423	4				57106
8 Income, Expenses, and Transfers for this	Plan Year		(a) Amount				(b) T	otal	
a Contributions received or receivable from				1447	,,				
(1) Employers		8a(1)			-				
(2) Participants		8a(2)	-	3009	,8				
b Other income (loss)		8a(3)		1569	1				
C Total income (add lines 8a(1), 8a(2), 8a(3)		8b		1005	<u>'- </u>		i i di di mana in manananana	-	C00F
d Benefits paid (including direct rollovers ar		8c		·····	+				6025
to provide benefits)		8d	•	7044	0				
Certain deemed and/or corrective distribution	tions (see instructions)	8e	The second secon						
f Administrative service providers (salaries,	fees, commissions)	8f		299	0		***************************************		44
g Other expenses		8g				O TOTAL PROPERTY AND A PARTY.			73' 1
h Total expenses (add lines 8d, 8e, 8f, and		8h							7343
Net income (loss) (subtract line 8h from li		8i			-		**************************************	·	-1317
j Transfers to (from) the plan (see instruction Part IV Plan Characteristics	ons)	8)							
b If the plan provides welfare benefits, enter Part V Compliance Questions	r the applicable welfare feat	ture code	es from the List of Plan Charac	cterist	ic Cod	es in ti	he instructi	ons:	in in interceptation and the control of the contro
10 During the plan year:					Yes	No		Amount	
a Was there a failure to transmit to the pla 29 CFR 2510.3-102? (See instructions				10a		Х			
b Were there any nonexempt transactions on line 10a.)	with any party-in-interest? ((Do not in	nclude transactions reported	10a		Х			
C Was the plan covered by a fidelity bond					v				
				10c	Х				5000
d Did the plan have a loss, whether or not or dishonesty?	***********************************		********************************	10d		Х	,,		
Were any fees or commissions paid to a insurance service, or other organization instructions.)	that provides some or all of	the bene	efits under the plan? (See	10e	х				251:
f Has the plan failed to provide any benef	it when due under the plan?	***********	*************	10f		Х			
g Did the plan have any participant loans?	(If "Yes," enter amount as	of year er	nd.)	10a	Х				48080
h If this is an individual account plan, was 2520.101-3.)				10h		х			
i If 10h was answered "Yes," check the be	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the								
Part VI Pension Funding Complia		W xxxxxxx	***************************************	10i				***************************************	
11 Is this a defined benefit plan subject to m 5500) and line 11a below)	ninimum funding requiremen	nts? (If "Y	es," see instructions and com	plete	Sched	ule SB	(Form	∏ Ye:	s Π No
11a Enter the unpaid minimum required cont						11a			
12 Is this a defined contribution plan subject	Mary Concess of Contract of Co					***************************************	ERISA?	☐ Ye	s X No
(If "Yes," complete line 12a or lines 12b,								<u> </u>	
If a waiver of the minimum funding stand granting the waiver	ard for a prior year is being	amortize	ed in this plan year, see instruc	ctions	, and e	nter th		ne letter r Year	uling

	Form 5500-SF 2014	Page 3 -						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	skip to line 13.					
<u>b</u>	Enter the minimum required contribution for this plan year		***************************************	***********	12b			
				<u> </u>		<u> </u>		**************************************
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan ye	эаг		,	12c			
<u>a</u>	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minus	s sign to the left	of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?	******			Yes	Пио	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	<			ХY	es 🗍	No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	ferred to another p	lan, or brought	under the c			Пуес	No No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another p	lan(s), identify th	e plan(s) to	······ I			[24] 14O
1	3c(1) Name of plan(s):			13	c(2) EII	V(s)	13c(3)	PN(s)
					- (/	-(-)	100(0)	111(3)
							ı	
Part	VIII Trust Information (optional)	Minus San Control of the Control of	12/16/16/2		ARSONAL CONTRACTOR OF THE PROPERTY OF THE PROP	White specialists		
14a N	lame of trust			1	14b Trust's EIN			