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 08/25/2015 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) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** 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 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 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 13 Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 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 HERE	Filed with authorized/valid electronic signature.	10/30/2015	DONALD IHLEFELD			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrato			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individ	dividual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)				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. 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	ident qualified public accounta	int (IQ	PA)				X Y	_	No 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	N	ot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of	Year		
a	Total plan assets	7a	5710	063						0	
<u>b</u>	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	5710)63						0	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tota	al		
	Contributions received or receivable from: (1) Employers	8a(1)	3	338							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-57	796							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	5458	
	Benefits paid (including direct rollovers and insurance premiums	04	5102	208							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	490								
	Administrative service providers (salaries, fees, commissions)	8f	63	347							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							56	5605	
	Net income (loss) (subtract line 8h from line 8c)	8i							-57	1063	
j	Transfers to (from) the plan (see instructions)	8j									
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2G 3D If the plan provides welfare benefits, enter the applicable welfare fellows V Compliance Questions										
10	During the plan year:				Yes	No		Aı	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X					5	0000
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						1472
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 e	nd.)	10g	X						0
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											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
	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	•		or se	ection	302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			- 1.					1		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day			letter ear	ruling	J

	F	form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
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 (tive amount)	`		12d			
е	Will t	he 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	0	
	If "Y	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?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			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

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

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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**

Part	I Annual Repo	rt Identification Informatio	i accordance with the	instructions to the Forn	5500-SF.	r donc hispection
Forcal	endar plan year 2014 or	fiscal plan year beginning	ก			
		X a single-employer plan	01/01/2015	and ending	08	/25/2015
A This	s return/report is for:	Ed a single employer plan	☐ a multiple-employ	er plan (not multiemploye	er) (Filers ched	king this box must attach a
		a one-participant plan	or participating er	nployer information in acc	cordance with	the form instructions)
B This	return/report is	the first return/report	a loreign plan			
		an amended return/report	X the final return/rep			
			⊠ a short plan year r	eturn/report (less than 12	months)	
C Che	ck box if filing under:	Form 5558	automatic extensi	on	Пъ	
		special extension (enter desc			Пр	FVC program
Part I	I Racic Dlan Inf					
	ne of plan	ormation—enter all requested in	formation			
		OMPANY INC 403 (T)			1b Thre	e-diait
		OMPANY, INC. 401(K)P	ROFIT SHARING E	PLAN		number 001
					(PN)	•
<u> </u>					1c Effec	tive date of plan
∠a Plar ΔΤ.ΗΔΜ	Sponsor's name and ad	ddress; include room or suite numb	er (employer, if for a sine	gle-employer plan)		01/1997
. 7737 11 75,1	BRA BUILDING C	OMPANY, INC.	, , , , , , , , , , , , , , , , , , ,	gio ciripioyei piari)	ZD Empl	oyer Identification Number
2077	ELMWOOD AVENUE					05-0438651
	SOME AND ANDE				20 Spon	sor's telephone number -461 - 2090
WARWI	CK	RI 02888-240			2d Busin	ess code (see instructions)
	Towns and the second se	RI 02888-240 nd address XSame as Plan Spons	5		2361	.10
	and a control of the control of	id address Expame as Plan Spons	sor.		3b Admin	istrator's EIN
						istrator's telephone number
If the	e name and/or EIN of the e, EIN, and the plan num	plan sponsor has changed since t nber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN	
a Spon	sors name				40.00	771
a lota	number of participants :	at the beginning of the plan year		No.	4c PN	
	member of participants	at the end of the plan year			5a	1
	e e. e. perticipants with a	CONTINUE DEPONDED OF the send of the			1 8	
сотр d/1) то	tete this item)	icinants at the beginning of the at-		ient plans do not	5c	
		separate at the beginning of the pla	n year			Charles and the second
d(2) To	tal number of active part	icipants at the end of the plan year			5d(1)	
	or or paradipants marrer	Minaied employment during the			5d(2)	
	77.	*******************************			5e	
iution: /	A Denaity for the late of	r imaammines eur				
ider pen 3 or Sch	alties of perjury and other	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have	examined this roturn/rot	se is establis	hed,
lief, it is	true correct, and complete	er penames set forth in the instructi d signed by an enrolled actuary, as eted	well as the electronic ve	rsion of this return/report.	ort, including, and to the be	if applicable, a Schedule
GN	Wall V		1			ot or my knowledge and
RE	Signature of plan add	1.6.2.2	10/27/15	DONALD IHLEFEI	'D	
€N	Gighted of pian act	mujistrator/	Date	Enter name of individu	ıal signing as ı	olan administrator
RE		1//6	10/27/15	DONALD IHLEFEL	D	warming ator
narer's	Signature of employe	plan sponsor	Date	Enter name of individu		
F-61-01-3	mane (mouding firm har	ne, if applicable) and address (incli	ude room or suite numbe	er) (optional)	Preparer's tot	employer or plan sponsor ephone number (optional)
						optional)
				Ļ		

Form 5500-SF 2014	2000	Page 2						
 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility) 	an maepe	endent qualified public accou	ıntant	(IQPA)		X Ye	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Ye	s No
Promote definited benefit plant, is it covered under the PBGC	insurance p	program (see ERISA section	4021)?	∏ Yes	л. Пио	Not dete	⊇rmined
Tavas Translarimoniation			****	·	Ш			simmed .
7 Plan Assets and Liabilities		(a) Beginning of \	ear	T		(h) E-	d of Voc	·
a Total plan assets	. 7a		571	063		(D) E1	d of Year	0
b Total plan liabilities C Net plan assets (subtract line 75 from line 7.)	. 7b				***************************************			·
- The state of the	- 7c		571	063				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amount	***			(b)	Total	
(1) Employers	. 8a(1)			338				
(2) Participants	8a(2)			-				
(3) Others (including rollovers)	89(3)			-+				
D Other Income (loss)	8b		-5-	796			T	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).	8c			, 30	·			-
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		5102	208			1	-5458
e Certain deemed and/or corrective distributions (see instructions)	8e		490	50		······································		
f Administrative service providers (salaries, fees, commissions) g Other expenses	8f		63	47			W.W.	
	8g					***		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						Ç	565605
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						****	571063
Part IV Plan Characteristics	8j							
9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2J 2K 2G 3D b If the plan provides welfare benefits, enter the applicable welfare fer Part V Compliance Questions 10 During the plan year:	ature codes	s from the List of Plan Chara	cteris	tic Cod	les in th	e instruct	ions:	
and plan year.			******	Yes	No	· · · · · · · · · · · · · · · · · · ·	A	
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce) Were there any proposement transaction.						······································	Amount	
b Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10a		X			
C Was the plan covered by a fidelity bond?			10b		Х			
U Did the plan have a loss, whether or not reimburged by the allert of			10c	Х			!	50000
Were any fees or commissions paid to any brokers.		P449241-1-00479444-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	10d		Х			
instructions.)	the benefi	ts under the plan? (See	40-	х				* 450
f Has the plan falled to provide any benefit when due under the plan?)		10e					1472
9 Did the plan have any participant loans? (If "Yes." enter amount as a	of year and	18	10f		X	***************************************		
2520.101-3.) garantidividual account plan, was there a blackout period? (Se	ee instructi	ions and 29 CFR	10g	Х	х			0
			10h		^			
exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance	3	osoc or one or are	10i					
11 Is this a defined benefit plan subject to minimum funding	ts? (If "Yes	s," see instructions and comp	olete S	Schedu	ıle SB (F	orm		
11a Enter the unpaid minimum required contribution for current year from	Sobodul-	SD /	********	·····	··		Yes	No
to the minimum funding re	- Scriedule	○D (Form 5500) line 39	*****	1	1a			_
	quirements	Of Section 412 of the Code	or ear	otion or	ነባ ሥደ ሥሥ	ICAA I		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a lf a waiver of the minimum funding standard for a prior year is being a granting the waiver.							Yes X	

granting the waiver. Month

Year

	Form 5500-SF 2014						
if yo	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and objects the state of the s				***		
<u> </u>	Inter the minimum required contribution for this plan year	12	b				
C E	Enter the amount contributed by the employer to the plan for this plan year	12	c T				
		12	d				
Part V	II Plan Terminations and Transfers of Assets		Ш	Yes	No) [N/A
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?	1 5	1				
If	"Yes," enter the amount of any plan assets that reverted to the employer this year	Х	Yes	<u>; </u>	40		
	or on the plan assets distributed to participants or hopeficia-		<u> </u>				
	f the PBGC?	n(s) to		***	X ,	Yes	No
	(1) Name of plan(s);	***					
		13c(2)	EIN(s	3)	13	c(3) F	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust