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.

This Form is Open to Public Inspection

2014

OMB Nos. 1210-0110

1210-0089

Part I	Annual Repor	t Identification Information			•				
For calend	dar plan year 2014 or	fiscal plan year beginning 07/01/201	14	and ending 06	/30/2015				
	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list								
A This re	eturn/report is for:	oloyer information in accord	cordance with the form instructions)						
		a one-participant plan the first return/report	a foreign plan the final return/report						
B This ref	turn/report is	t							
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C 01 1		X Form 5558	automatic extension	n	☐ DFVC pr	ogram			
C Check	box if filing under:		☐ 5op.	- g. u					
		special extension (enter descrip	otion)						
Part II	Basic Plan Inf	formation—enter all requested info	rmation		_				
1a Name					1b Three-digit				
BROWN DI	IESEL WORKS CO.,	INC. PROFIT SHARING PLAN			plan numbe (PN) ▶	o02			
					1c Effective da				
						7/01/1996			
		address; include room or suite number	r (employer, if for a sing	le-employer plan)	2b Employer Id	entification Number			
BROWN DIE	ESEL WORKS CO., I	NC.			(EIN) 1	3-3082703			
					2c Sponsor's telephone number				
	UR KILL ROAD				718-984-0921				
STATENTS	LAND, NY 10309				2d Business code (see instructions)				
22 Dian (administrator's name	and address VCama as Dlan Change	\ .		423800 3b Administrator's EIN				
3a Plan administrator's name and address ⊠Same as Plan Sponsor.					Administrator's Env				
		3c Administrator's telephone number							
4 If the	name and/or EIN of t	he plan sponsor has changed since th	oo last roturn/roport filos	I for this plan, optor the	4b EIN				
		number from the last return/report.	ie iast return/report met	a for this plant, enter the	4D EIN				
a Spons	sor's name	· · · · · · · · · · · · · · · · · · ·			4c PN				
5a Total	number of participan	ts at the beginning of the plan year			5a	2			
b Total	number of participan	ts at the end of the plan year			5b	2			
C Numb	ber of participants wit	h account balances as of the end of th	ne plan year (defined be	enefit plans do not	5c				
	,					2			
d(1) To	tal number of active p	participants at the beginning of the plan	n year		5d(1)	2			
d(2) To	tal number of active p	participants at the end of the plan year			5d(2)	2			
e Numb	er of participants that	terminated employment during the pla	an year with accrued be	enefits that were					
		. , ,			5e	0			
		e or incomplete filing of this return/							
		other penalties set forth in the instruct and signed by an enrolled actuary, as							
	true, correct, and co		well as the electronic v	reision of this return/report	t, and to the best of	my knowledge and			
SIGN	Filed with authorize	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SICN	Jigilatare of plan		54.0	Enter hame of marvia	orgrining do pidri	<u></u>			
SIGN HERE		. ,.							
		loyer/plan sponsor name, if applicable) and address (inc	Date	ber) (optional)		loyer or plan sponsor one number (optional)			
i Topalel S	Traine (moldaring lill)	marrio, ii appiioabie) and address (iiid	nade room of suite fluin	boi / (optional)	i Topardi 3 telepii	one 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 con	an indepen and conditi	dent qualified public accounta	int (IQ	PA)				ш П	es [No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	rogram (see ERISA section 40	21)?		Yes	No		lot de	ermir	ned
Par	t III Financial Information				1						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of	Year		
<u>a</u>	Total plan assets	7a	15024						146	4941	
	Total plan liabilities	7b		0						0	
	Net plan assets (subtract line 7b from line 7a)	7с	15024	196					146	4941	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	162	250							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)			0							
b	Other income (loss)	8b	248	380							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	1130	
	Benefits paid (including direct rollovers and insurance premiums	0.1	643	R04							
	co provide benefits)	8d	040	0							
	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8e 8f	143	_							
	Other expenses	8g		0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7	8685	
	Net income (loss) (subtract line 8h from line 8c)	8i							-3	7555	
	Transfers to (from) the plan (see instructions)										
Par		<u> </u>									
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature code	es from the List of Plan Chara	cterist	tic Cod	des in t	he instru	ıction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian)	ciary Corr	ection 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					35	0000
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 bene	efits under the plan? (See	10e		X					
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					
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 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 X	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applica	able.)								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6	enter tl Day			letter ear _	rulin	g

	Form 5500-SF 2014	Page 3 - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(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

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Short "orm Annual Return/Report of Smr" 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 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.

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

P	art I Annual Report	Identification Informatio	n							
For	calendar plan year 2014 or fi	scal plan year beginning	07/01/2014	and ending	06/30/201	5				
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan of participating employer a foreign plan the final return/report a short plan year return/re	information in acco	rdance with the forn					
С	Check box if filing under:	x Form 5558 special extension (enter des	automatic extension cription)		DFVC pi	rogram				
-		ormation enter all requeste	d information							
1a	Name of plan BROWN DIESEL WORKS	CO., INC. PROFIT SHAR	ING PLAN		1b Three-digit plan number (PN) ▶	er 002				
					1c Effective d					
2a	Plan sponsor's name and a BROWN DIESEL WORKS	ddress; include room or suite num	ber (employer, if for a single-em	ployer plan)	2b Employer Identification Number (EIN) 13-3082703					
	4741 ARTHUR KILL ROAD	2c Sponsor's telephone number (718) 984-0921								
	WG OMERINA TOTAND AND AND TOTAND					2d Business code (see instructions) 423800				
3a Plan administrator's name and address X Same as Plan Sponsor Name						3b Administrator's EIN				
					3c Administra	tor's telephone number				
4		ne plan sponsor has changed sinc Imber from the last return/report.	e the last return/report filed for the	nis plan, enter the	4b EIN					
а		mber nom the last return/report.			4c PN					
5a		s at the beginning of the plan year				2				
b		s at the end of the plan year				2				
С		account balances as of the end c			. 5c	2				
d	(1) Total number of active pa	irticipants at the beginning of the p	olan year	•••••	. 5d(1)	2				
d	(2) Total number of active pa	rticipants at the end of the plan ye	ear	***************************************	. 5d(2)	2				
е	• •	terminated employment during th		s that were	. 5e	0				
C	aution: A penalty for the late	or incomplete filing of this retu	urn/report will be assessed un	less reasonable c	ause is establishe	d.				
SI		other penalties set forth in the inst and signed by an enrolled actuary mplete.			, .					
Ş	SIGN / Som		12-24-15							

Date

Date

13.21-15

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

Form 5500-SF 2014		Page 2						
6a Were all of the plan's assets during the plan year invested in eligib	ole assets? (\$	See instructions.)				XYes No		
b Are you claiming a waiver of the annual examination and report of	an independ	dent qualified public accountant	(IQPA	N)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No		
If you answered "No" to either line 6a or line 6b, the plan can c If the plan is a defined benefit plan, is it covered under the PBGC						Jo Not determined		
		ografii (see ERISA section 402)	1)!	•••••	res [] i	No Not determined		
Part III Financial Information		(a) Danississ of Vacs		Τ	/L\ F	d -£V		
7 Plan Assets and Liabilities a Total plan assets	70	(a) Beginning of Year		ļ	(D) EN	d of Year		
Total plan assets Total plan liabilities		1,502,49	0		·····	1,464,941		
C Net plan assets (subtract line 7b from line 7a)		1,502,49		<u> </u>		1,464,941		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount) Total		
a Contributions received or receivable from:	0-/4)	16,25						
(1) Employers		10,20	0					
(3) Others (including rollovers)			0					
b Other income (loss)		24,88	30		1000			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41,130		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	64,30	14					
Certain deemed and/or corrective distributions (see instructions)	8e	04,30	0					
f Administrative service providers (salaries, fees, commissions)	8f	14,38				Committee of the Commit		
g Other expenses			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						78,685		
i Net income (loss) (subtract line 8h from line 8c)	8i					(37,555)		
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 code	es from the List of Plan Characte	eristic	Codes	in the instru	ictions:		
2E								
b If the plan provides welfare benefits, enter the applicable welfare	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
B-4V Compliance Questions	A1-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							
Part V Compliance Questions 10 During the plan year:				Yes	No	Amount		
Was there a failure to transmit to the plan any participant contrib	outions within	the time period described in	Γ	162	NO	Amount		
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	luciary Corre	ction Program)	10a		х			
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		x			
C Was the plan covered by a fidelity bond?			10c	х		350,000		
d Did the plan have a loss, whether or not reimbursed by the plan						330,000		
or dishonesty?			10d		x			
Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or a								
instructions.)			10e		x			
f Has the plan failed to provide any benefit when due under the p	lan?		10f		x			
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		x			
h If this is an individual account plan, was there a blackout period			13					
2520.101-3.)			10h		х			
i If 10h was answered "Yes," check the box if you either provided			40:					
exceptions to providing the notice applied under 29 CFR 2520.1	101-3	***************************************	10i					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						Yes X No		
11a Enter the unpaid minimum required contribution for current year						LI 169 [2] 140		
12 Is this a defined contribution plan subject to the minimum fundir					of FRISA?	Yes X No		
			., 300		JI LINGA!	169 [2] NO		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo a If a waiver of the minimum funding standard for a prior year is b			ions	and ente	er the date	of the letter ruling		
granting the waiver		Mor	nth _		Day	Year		

	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.								
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 negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadling	ne?	***************************************		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?			🔲 Ү	es X No	0		
	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 c of the PBGC?					Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), id	entify the plan(s) to				
1	3c(1) Name of plan(s):			13c(2) EIN	(s)	13c(3) PN(s)		
					Ì			
Part	VIII Trust Information (optional)							
14a Name of trust				14b T	14b Trust's EIN			
					ruoto Em			
				- 1				