## 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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection** 

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: 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) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number SLR CONTRACTING & SERVICE CO., INC. RETIREMENT SAVINGS PLAN 001 (PN) • 1c Effective date of plan 01/01/2002 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 16-1569559 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number SLR CONTRACTING & SERVICE CO., INC. 716-896-8148 2d Business code (see instructions) 260 MICHIGAN AVE, SUITE B BUFFALO, NY 14203 236200 **3a** Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 35 5a Total number of participants at the beginning of the plan year..... 5b 46 **b** Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 30 complete this item) ..... 5d(1) 14 d(1) Total number of active participants at the beginning of the plan year ..... 25 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e 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 true correct, and complete

	Filed with authorized/valid electronic signature.	03/30/2016	SHANE NOYCE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN						
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor				
D	anno (includina fina nome if amplicable) and address (include n	aam ar auita numba	- \	December of the second second second		
Preparer s	name (including firm name, if applicable) and address (include r	oom of suite numbe	r )	Preparer's telephone number		
Preparers	name (including firm name, if applicable) and address (include r	oom or suite numbe	r)	Preparer's telephone number		

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second to</li></ul>	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			×	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not c	letermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		1068	546				1	175606
<b>b</b> Total plan liabilities	7b		1000	E46				4	175000
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A	1068	5346			(1-)		175606
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total	
(1) Employers	8a(1)		163	049					
(2) Participants	8a(2)		33	572					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		22	442					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								219063
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		75	745					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f		36	258					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								112003
i Net income (loss) (subtract line 8h from line 8c)	8i								107060
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ıctions:	
B If the plan provides welfare benefits, enter the applicable welfare fr	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruc	tions:	
— In the plan provides we have believed, office the applicable we have	catare coat	55 HOM the List of Flat	ii Onaic	20101101	.10 000	100 111 111	o motrac	Alono.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	unt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					120000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a				X					20000
h If this is an individual account plan, was there a blackout period?		,	10g	^					38900
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	X					
j Did the plan trust incur unrelated business taxable income?			10j			Χ			
Part VI Pension Funding Compliance							<u> </u>		
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		<u> </u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne 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							
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
14c Name of trustee or custodian						e number	a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

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Pension Benefit Guaranty Corporation

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> Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

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C		t Identification Information					
For calen	dar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending		12/31/201	15
A This re	eturn/report is for:	a single-employer plan		plan (not multiemployer mployer information in a			
		a one-participant plan	a foreign plan	mpioyor illionillation illi	3000142	moe with the for	ii iiisti dodons)
<b>B</b> This re	turn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ıram
D 411	D : DI 1.6	special extension (enter descri	N 1	Armon St. Comments			
Part II		ormation—enter all requested inf	ormation		141		
1a Name SLR Co		ervice Co. , Inc.			1b	Three-digit plan number	
Retire	ment Savings E	Plan			_	(PN) •	001
-					1c	Effective date o	
Mailin	ig address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		mustions)	2b	Employer Identi (EIN) 16-15	
		ce, country, and ZIP or foreign posta ervice Co., Inc.	ai code (il foreign, see inst	ructions)	2c	Sponsor's telep	
					2d	Business code (	(see instructions)
	chigan Ave, Su	uite B				236200	
3a Plan a		nd address Same as Plan Sponso	NY or.	14203	3b	Administrator's I	EIN
					3C	Administrator's t	telephone number
		e plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b	EIN	
name	, EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed f	or this plan, enter the			
name <b>a</b> Spons	e, EIN, and the plan nur or's name	mber from the last return/report.			4c	PN	35
a Spons 5a Total	e, EIN, and the plan nur cor's name number of participants	at the beginning of the plan year			4c	PN	
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Form 5500-SF 2015		Page 2	_							
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligib</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan canr</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an independe and condition not use Form	ent qualified public ns.) n 5500-SF and mus	accour	ntant (Id	QPA) e Forr	n 5500.			Yes	; []
Part III Financial Information	isurance pro	gram (see ERISA s	ection	4021)?		_ Yes _	No [	Not	deter	mine
7 Plan Assets and Liabilities		(-) Bii-	f V		Т	- 1	// · F · ·		W027/12	
a Total plan assets	70	(a) Beginnin	1,06	8,54	6		(b) End		ar 1,1	75.
b Total plan liabilities.	7a 7b		570.0							
C Net plan assets (subtract line 7b from line 7a)	7c		1 06	8,54	6				1,1	7.5
Income, Expenses, and Transfers for this Plan Year	70	(a) A		70,54			(1-) 7	99 VV 90	1 / I	13,
a Contributions received or receivable from:         (1) Employers	8a(1)	(a) Amo	163,049				(b) 1	otai		
(2) Participants	8a(2)		3	3,57	2					
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		2	2,44	2					
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								21	19,0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		7	5,74	5					
e Certain deemed and/or corrective distributions (see instructions)	8e									
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f		3	6,25	8					
g Other expenses	8g				35	3				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Sec. 18				100000000000000000000000000000000000000			11	.2,0
i Net income (loss) (subtract line 8h from line 8c)	8i								10	7,0
j Transfers to (from) the plan (see instructions)	8j									
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions		nom the cist of Fia	II Gliai				instructi	0115.		
Part V Compliance Questions  10 During the plan year:				Yes	No	N/A				
Was there a failure to transmit to the plan any participant contribut	ions within th	e time period		res	No	N/A	-	Amo	unt	
described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fidu	ciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		Х					
C Was the plan covered by a fidelity bond?		***************************************	10c	Χ					12	0,0
d Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	-		10d		Х					
e Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the	benefits under	10e		Х					
f Has the plan failed to provide any benefit when due under the plan			10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount as	of year end	)	10g	37	27				2	0 0
h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ns and 29 CFR	10g	X					3	8,9
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	e required no	tice or one of the	10i	Х						
j Did the plan trust incur unrelated business taxable income?			10j			Х	3646			
Part VI Pension Funding Compliance	TO GO DATE OF THE PARTY OF THE									
11 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)						ule SB (F	orm		Yes	Пи
11a Enter the unpaid minimum required contribution for all years from S	Schedule SB (	(Form 5500) line 40	)			11a				
12 Is this a defined contribution plan subject to the minimum funding r	equirements	of section 412 of th	e Code	or sec	ction 3	02 of ER	ISA?	\ \	Yes	X N

	Form 5500-SF 2015		Р	age <b>3</b> -						
		or lines 12b, 12c, 12d, and 12e								
	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									
-	If you completed line 12a, con	Political convolutions of the convolution of the co				_ Day _		Year		
	<b>b</b> Enter the minimum required of					12b				
	c Enter the amount contributed					12c				
	<b>d</b> Subtract the amount in line 1									
	negative amount)					12d				
1000000	e Will the minimum funding am			lline?			Yes	No	N/A	
-		s and Transfers of Ass								
13	Has a resolution to terminate th		The same of the sa				Yes	s 🛚 No		
		any plan assets that reverted t								
	of the PBGC?	ibuted to participants or benefi						Yes X	No	
		ssets or liabilities were transfe e transferred. (See instructions	erred from this plan to a s.)	nother plan(s), ident	ify the plan(s) to	) 				
	13c(1) Name of plan(s):				13c(2)	EIN(s)	$-\!\!\!\!+$	13c(3)	PN(s)	
			_							
Par	rt VIII Trust Information	1								
14a	Name of trust					14b ⊤	rust's EIN	1		
140	14c Name of trustee or custodian					14d Trustee's or custodian's				
							telephone			
			3800				_			
Pai	rt IX IRS Compliance	Questions								
15a	a Is the plan a 401(k) plan?					Yes	3	No		
15k	<b>b</b> If "Yes," how does the 401(k) p	olan satisfy the nondiscriminati	ion requirements for on	anlavaa dafarrala an	damplayar		sign- sed safe		P/ACP	
101	matching contributions (as app	licable) under sections 401(k)	(3) and 401(m)(2)?	ipioyee delerrais ari	u employer		rbor	test		
150	C If the ADP/ACP test is used, di	d the 401(k) plan perform ADE	P/ACP testing for the pl	an year using the "c	urrent veer		ethod			
	testing method" for nonhighly of	compensated employees (Trea	as. Reg sections 1.401	k)-2(a)(2)(ii) and 1.4	01(m)-	∐ Yes	,	No		
	2(a)(2)(ii))?					□ Ra	tio			
16a	Check the box to indicate the n	nethod used by the plan to sat	tisfy the coverage requi	rements under secti	on 410(b):		rcentage		rage efit test	
16b	Does the plan satisfy the cover this plan with any other plans u	age and nondiscrimination tes inder the permissive aggregati	sts of sections 410(b) a ion rules?	nd 401(a)(4) by com	bining	Yes		No		
17a	a Has the plan been timely amer	nded for all required tax law ch	anges?			Yes	i	No	N/A	
17	<b>b</b> Date the last plan amendmen for tax law changes and codes		tax law changes was a	dopted	Enter the app	olicable	code	_(See inst	ructions	
17c	If the plan sponsor is an adopte advisory letter, enter the date of			olume submitter pla the letter's serial nui		t to a fav	orable IR	S opinion	or	
17d	If the plan is an individually-des determination letter	,				he plan'	s last favo	orable		
18	Is the Plan maintained in a U.S made), American Samoa, Guar					Yes		No		
19	Were in-service distributions m	ade during the plan year?				Yes	8	No		
	If "Yes," enter amount		••••••••••			19			0)	
20	Were required minimum distributed in the retired, as required under sections.	utions made to 5% owners who	o have attained age 70	½ (regardless of wh	ether or not	Yes		No	N/A	