Form 5500	0-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	of Small Employee OMB Nos. 1210 1210					
Department of the Tre Internal Revenue Se		This form is required to be filed		4065 of the Employee Re	etirement	2015				
Department of Lal Employee Benefits Security A Pension Benefit Guaranty	Administration	Income Security Act of 1974	Internal		Form is Open to lic Inspection					
-	-	<ul> <li>Complete all entries in a lentification Information</li> </ul>	eccordance with the inst	tructions to the Form 55	00-SF.					
For calendar plan year			015	and ending 12	2/31/2015					
A This return/report is	s for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac		-				
<b>B</b> This return/report is		the first return/report       the final return/report         an amended return/report       a short plan year return/report (less than 12 months)								
C Check box if filing u	under:	Form 5558	automatic extension			DFVC prog	ram			
		special extension (enter descri	ption)							
	Plan Inform	nation—enter all requested info	ormation				Γ			
<b>1a</b> Name of plan CREIGHTON MANNING	G ENGINEEF	RING 401(K) PLAN			pla	ree-digit n number N) ▶	001			
					1c Eff	ective date o	f plan 4/2005			
Mailing address (ir	nclude room,	r, if for a single-employer plan) apt., suite no. and street, or P.O			<b>2b</b> Em (El		fication Number 779483			
City or town, state CREIGHTON MANNING		country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	2c Sp		hone number 46-0396			
2 WINNERS CIRCLE					2d Bu	siness code (	(see instructions)			
ALBANY, NY 12205						5413	330			
3a Plan administrator	's name and	address XSame as Plan Spons	or.		3b Ad	ministrator's	EIN			
A 16460 00000 000/0			h a laat aat wa faar ant filad	for this plan, or too the			telephone number			
		lan sponsor has changed since t er from the last return/report.	ne last return/report liled	for this plan, enter the	4b EI					
	articipants at	the beginning of the plan year			5a		69			
		the end of the plan year			5b		71			
C Number of particip	pants with ac	count balances as of the end of t	he plan year (defined ber	nefit plans do not	5c		71			
	,	pants at the beginning of the pla			5d(1)		51			
		cipants at the end of the plan yea	-		5d(2)		58			
e Number of partici	ipants that ter	minated employment during the	plan year with accrued be	enefits that were less	5e		3			
Under penalties of perj	jury and othe	incomplete filing of this return r penalties set forth in the instruc signed by an enrolled actuary, a	tions, I declare that I have	e examined this return/rep	oort, inclu	ding, if applic				
belief, it is true, correct           SIGN         Filed with a		te. lid electronic signature.	07/20/2016	EDWARD KOSINSKI						
HERE Signature of plan administrator Date Enter name of individ			ual signin	n as plan adr	ministrator					
SIGN			Duto			g do plan da				
		e <b>r/plan sponsor</b> ne, if applicable) and address (in	Date clude room or suite numb	Enter name of individu		g as employe r's telephone				
				. ,						
For Paperwork Reduction	on Act Notice a	and OMB Control Numbers, see the	instructions for Form 550	J-SF.			Form 5500-SF (2015)			

	Form 5500-SF 2015		Page <b>2</b>								
b.	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b 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.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?</li></ul>										
Par	t III Financial Information										
_	Plan Assets and Liabilities		(a) Beginning	1 of Yea	ar			(b) End of Year			
	Total plan assets	7a	(a) Deginning	5288				5873115			
	Total plan liabilities	7u 7b			0			0			
	Net plan assets (subtract line 7b from line 7a)	7c		5288	143			5873115			
_	ncome, Expenses, and Transfers for this Plan Year		(a) Amou		-			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		286	117						
(	2) Participants	8a(2)		393	182						
(	3) Others (including rollovers)	8a(3)			0						
b	Other income (loss)	8b		-41	684						
C ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						637615			
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		5121							
e	Certain deemed and/or corrective distributions (see instructions)	8e	8e 0								
f /	Administrative service providers (salaries, fees, commissions)	8f		47522							
g	Other expenses	8g									
h ·	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						52643			
i	Net income (loss) (subtract line 8h from line 8c)	8i						584972			
j.	Transfers to (from) the plan (see instructions)	8j			0						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in t	he instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plar	n Chara	cterist	ic Coc	les in th	e instructions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	include transactions	10b		х					
С	Was the plan covered by a fidelity bond?			10c	х			50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	100		х		00000			
e	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 person: ne or all of	s by an insurance the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х			2538			

j	Did	the plan trust incur unrelated business taxable income?	10j						
Part	VI	Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						Yes X	< No		
11a	Ente	er the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the	he Cod	e or se	ection 3	302 of E	RISA?	Yes X	( No

Х

10h

10i

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.).....

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3....

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Form 5500-SF 2015

Page **3** - 1

					1				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	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 granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		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 (enter a minus sign to the ative 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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

Form 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-01 1210-00					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee Re	tirement		2015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974			orm is Open to				
Employee Benefits Security Administration       Revenue Code (the Code).       Inis Form is Open to Public Inspection         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.       Public Inspection								
Part I Annual Repor	t Identification Information	1						
For calendar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12	/31/201	j		
A This return/report is for:	a single-employer plan	list of participating e	plan (not multiemployer) mployer information in ac					
	a one-participant plan	a foreign plan						
<b>B</b> This return/report is	the first return/report	the final return/report		a				
	an amended return/report		rn/report (less than 12 m	_				
C Check box if filing under:	Form 5558	automatic extension			DFVC progra	m		
	ormation—enter all requested in	nformation		41				
<b>1a</b> Name of plan Creighton Manning E	ngineering 401(k) Pla	an		1b Thre plan	e-digit number			
				(PN)		001		
					ctive date of 14/2005	plan		
2a Plan sponsor's name (empl Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Emp		cation Number 9483		
	ce, country, and ZIP or foreign pos		tructions)	2c Spor	nsor's telept	ione number		
0101910011 1101111119 1					(518) 446-0396 d Business code (see instructions)			
2 Winners Circle				541	.330			
Albany		N	Y 12205					
	and address Same as Plan Spor		1 122000	3b Adm	inistrator's E	IN		
				3c Adm	inistrator's te	elephone number		
	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participant	s at the beginning of the plan year			5a		69		
	s at the end of the plan year			5b		71		
	account balances as of the end o			5c		71		
d(1) Total number of active p	articipants at the beginning of the p	olan year		5d(1)		51		
	articipants at the end of the plan ye			5d(2)		58		
than 100% vested	t terminated employment during th			5e		3		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assesse	d unless reasonable cau	ise is esta	blished.	bla a Cabadula		
SB or Schedule MB completed belief, it is true, correct, and cor	other penalties set forth in the instru- and signed by an enrolled actuary, nolete.	as well as the electronic v	e examined this return/report ersion of this return/report	, and to the	e best of my	knowledge and		
	1 Combi	7/20/16	EDWARD KOS	INSKI				
HERE Signature of plan administrator Date Enter name of individual					as plan adm	inistrator		
SIGN								
HERE Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing	as employer	or plan sponsor		
Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan spo           Preparer's name (including firm name, if applicable) and address (include room or suite number )         Preparer's telephone number								
For Papapyork Paduation Act Not	ice and OMB Control Numbers, see t	he instructions for Form FFO	0.95			Form 5500-SF (2015)		

Form	5500-	SF	2015

Ρ	aq	e	2

6a Were all of the plan's assets during the plan year invested in eligib							X Yes No
b 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 If you answered "No" to either line 6a or line 6b, the plan cann	and conditic	ons.)					X Yes 🗍 No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in					_		No Not determined
Part III Financial Information			_				
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	7a	(u) Deginning	5,288	3,14	3		5,873,115
b Total plan liabilities	7b				0		C
C Net plan assets (subtract line 7b from line 7a)	70		5,288	8,14	3		5,873,115
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
a Contributions received or receivable from:							X.4
(1) Employers	8a(1)			6,11	_		
(2) Participants	8a(2)		393	3,18	2	_	
(3) Others (including rollovers)	8a(3)				0	_	
b Other income (loss)	8b		-4	1,68	4		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		637,615
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).	8d			5,12		_	
e Certain deemed and/or corrective distributions (see instructions)	8e				0		
f Administrative service providers (salaries, fees, commissions)	8f		4	7,52	2	_	
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		52,643
Net income (loss) (subtract line 8h from line 8c)	8i				-		584,972
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 2A 2E 2F 2G 2J 2K 2T 3B 3D	feature coo	les from the List of Pl	an Cha	racteri	stic Co	odes in th	he instructions:
B If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acteris	tic Coo	des in the	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510,3-102? (See instructions and DOL's V	/oluntary Fi	duciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interest	the second s		IVa	-	- 21		
reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c	X			500,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son 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	is of year er	nd.)	10g	Х			25,38
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	ule SB	(Form		Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	802 of E	RISA?	Π	Yes	X No

		Form 5500-SF 2015 Page <b>3</b> -					
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ing ting the waiver		enter the Day	e date of	the letter rul Year	ling
lf	you c	ompleted 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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	left of a	12d			
е	Will	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?			Ye	es 🕅 No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?			[	Yes 🛛	No
c		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name	of trust		14b <sup>-</sup>	Trust's El	IN	
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		[] Ye		No	
15b	If "Ye mate	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	bi hi	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		∏ Y€		[] No	
16a		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	ЦЦр	atio ercentage est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?		T Ye	es	No	
17a	a Has	the plan been timely amended for all required tax law changes?		[] Ye	es	🗌 No	_ N/A
17		e the last plan amendment/restatement for the required tax law changes was adopted ix law changes and codes).	Enter the ap	plicable	e code	(See inst	tructions
	advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl ory letter, enter the date of that favorable letter and the letter's serial nu	umber				or
170	deter	plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter		the pla	in's last fa	avorable	
18	ls th mad	e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	) has been n Islands)?	Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No No	
	lf "Ye	es," enter amount	0.000	19			
20		e required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of wid), as required under section 401(a)(9)?		[] Ye	es	No	□ N/A