Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information											
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015		and ending 12	/31/2	015						
A This retu	urn/report is for:	a single-employer plan				ver) (Filers checking this box must attach a n accordance with the form instructions)							
		a one-participant plan	af	oreign plan	•	,							
B This retu	B This return/report is												
		an amended return/report	a s	hort plan year return	/report (less than 12 mo	nonths)							
C Check b	oox if filing under:	X Form 5558	ш	tomatic extension			DFVC progr	ram					
		special extension (enter descri	' '										
Part II	Basic Plan Into	rmation—enter all requested info	ormatio	on									
1a Name of CALGI CON	•	YEES' PROFIT SHARING & 401(K	K) PLAN	1		1b	Three-digit plan number	001					
						1c	(PN) ▶ Effective date of	f plan					
3 0 Diam						01.		1/1999					
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. e. country, and ZIP or foreign posts		(if foreign see instru	uctions)	2b Employer Identification Number (EIN) 13-3021237							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALGI CONSTRUCTION CO., INC.					2c Sponsor's telephone number 914-666-9423								
6 LAFAYET	TE AVENUE					2d	Business code (see instructions)					
SUITE 350 VHITE PLAII	NS, NY 10603						2362	200					
3a Plan ac	dministrator's name ar	nd address XSame as Plan Spons	sor.			3b	Administrator's I	EIN					
						3с	Administrator's t	elephone number					
4 If the n	ame and/or EIN of the	e plan sponsor has changed since t	the last	return/report filed fo	r this plan, enter the	4b	EIN						
	•	mber from the last return/report.				10	DN						
a Sponso						4c 5		0					
_		at the beginning of the plan year			· ·	5							
		at the end of the plan year			i i	3	5	0					
comple	ete this item)	account balances as of the end of the				5c							
d(1) Tota	al number of active par	rticipants at the beginning of the pla	an year										
		rticipants at the end of the plan yea				5d	(2)	0					
		terminated employment during the				5	е	0					
		or incomplete filing of this return				se is	established.						
Under pena SB or Sche	lities of perjury and otl	her penalties set forth in the instructed signed by an enrolled actuary, as	ctions, I	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic						
SIGN		valid electronic signature.		07/12/2016	DOMINIC CALGI								
HERE	Signature of plan a			Date	Enter name of individu	ıal sic	ıning as plan adn	ninistrator					
CICN	g.ia.a.o oi piaii a			24.0	=or riamo or marvido	.a. 016	g ac plan dan						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No 📗	Not deter	mined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
а	Total plan assets	. 7a	, ,		0					0
b	Total plan liabilities	. 7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	. 7c			0					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	. 8b			0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			0					
	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	. 8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								0
j	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics									
B	ZE 2H 2J If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructi	ions:	
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
е	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 persor ne or all of	ns by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g 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	he require	d notice or one of the	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 requirem 5500) and line 11a below)				•				Yes	X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			
12	Is this a defined contribution plan subject to the minimum funding	ı requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	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 in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he 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			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian		14d Trustee's or custodian's			
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
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)?		based safe ADP/ACP harbor test method			
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye	No		
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage 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		No	
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination from the IRS, entire termination letter from the IRS, entire termination		the plai	 n's last fa	vorable	
18	Is the I	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	S	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

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 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	Partil Annual Report	Identification Information								
_	r calendar plan year 2015 or fi			01/01/2015	and ending	12	/31/2015			
		x a single-employer plan		a multiple-employer	plan (not multiemployer)	(Filers cl	hecking this bo			
A	This return/report is for:	П			employer information in a	in accordance with the form instructions)				
В	Tite	a one-participant plan	Н	a foreign plan						
D	This return/report is:	the first return/report	Х	the final return/repor						
		an amended return/report	Ш	a short plan year ret	urn/report (less than 12 π	nonths)				
С	Check box if filing under:	x Form 5558		automatic extension			DFVC progra	m		
		special extension (enter descr	riptic	n)						
P	art II Basic Plan Info	ormation enter all requested	info	mation						
1a	Name of plan					1b T	hree-digit			
Calgi Construction Employees' Profit Sharing & 401(k) Plan							lan number PN) ▶	001		
				ffective date o	f plan 					
2a	Plan sponsor's name (empl	oyer, if for a single-employer plan) om, apt., suite no, and street or P.C		aw)				fication Number		
	City or town, state or provin	om, apt., suite no, and street or P.C ce, country, and ZIP or foreign posi	ט. סו tal c	ode (if foreign, see in:	structions)	(1	EIN) 13-30:	21237		
	Calgi Construction						ponsor's telep 914) 666-9			
						2d B	usiness code	(see instructions)		
	56 Lafayette Avenue Suite 350	e				2	36200			
	US White Plains NY 10603	3				10 co. 30 co. 1 co				
<u>За</u>		and address 🗓 Same as Plan Spo	onsc	or Name		3b A	dministrator's	EIN		
						3c Administrator's telephone number				
							orumsuator s	reiebuorie uraunei		
4		e plan sponsor has changed since	the	last return/report filed	for this plan, enter the	4b E	IN			
	•	mber from the last return/report.				40.0				
_	Sponsor's name					4c P	N			
		at the beginning of the plan year				5a		0		
þ		at the end of the plan year				5b	+	0		
C	complete this item)	account balances as of the end of	*****		***************************************	5c		0		
d((1) Total number of active par	rticipants at the beginning of the pla	an y	ear	***************************************	5d(1)	0		
d(rticipants at the end of the plan yea				5d(2)	0		
е	Number of participants that less than 100% vested	terminated employment during the	•	-	enefits that were	5e		0		
Ca	aution: A penalty for the late	or incomplete filing of this retur	n/re	port will be assesse	d unless reasonable ca	use is e	stablished.	£2		
Ur SE	nder penalties of perjury and o	other penalties set forth in the instru and Signed by an enrolled actuary,	ctio	ns, I declare that I hav	e examined this return/re	eport, inc	luding, if applic			
	11/1	Name of the last o			Dominic Calgi					
	IGN CEDE	· Ou	-	lulu						
	EBE Signature of plan adn	ninistrator		Date 7//2//6	Enter name of individua	al signini	g as plan admi	nistrator		
S	GGN			1	Dominic Calgi					
В	ERE Signature of employe	r/plan sponeor		Date 7/12/6	Enter name of individua	al signing	g as employer	or plan sponsor		
Pr	eparer's name (including firm	name, if ap plic able) and address; i	nclu	de room or suite num	ber	Prepare	er's telephone	number		

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)		*****	******		******	X Yes	□No
	•									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									□No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
c	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	on 40:	21)?		Yes	№	∐ Not o	letermined
Pa	nt III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning o	f Yea	Г	₩		(b) End o	of Year	
	Total plan assets	7a			0	-				0
	Total plan liabilities	7b		_	0	+-				0
	Net plan assets (subtract line 7b from line 7a)	7c	(-) (-)		0	-	(b) Total			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Tentra trail	(a) Amount		_	100000	1000000	(0) 1	Dial	
	(1) Employers	8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	. 8b		Table Account	0	1000				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		200				and the same of the same of		0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. Bd			0					
е	Certain deemed and/or corrective distributions (see instructions)	. Be			0			30 m		
f	Administrative service providers (salaries, fees, commissions)	. 8f			0			March Asia		
g	Other expenses	8g			0		d Column			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								0
_نے	Transfers to (from) the plan (see instructions)	8)			0				1	
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	eature code	s from the List of Plan C	harad	teristi	ic Cod	es in th	e instruct	ions:	
\rightarrow	2E 2H 2J									
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the	instructio	ns:	
To Constitution of the Con					_					
Pa	rt V Compliance Questions			_		1	(1)			
10	During the plan year:	.et tab-1 -	No. No		Yes	No	N/A	0.00 0.00	Amount	- 3
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Volume 1997).									
	Program)	•	•	10a		x				
ь	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		X				
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 of	_								
_	carrier, insurance service, or other organization that provides som	ne or all of t	ne benefits under	l						
_	the plan? (See instructions.)			10e		X			553	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				125- FEE
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		х				
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 to exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?	***************************************	***************************************	10j						
	YI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								☐ Ye	s X No
118	Enter the unpaid minimum required contribution for current year for	rom Schedu	le SB (Form 5500) line	40	••••		11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of the	Code	or se	ction 3	302 of E	RISA?	L □ Ye	s X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and	d enter ti	ne date of	the letter	ruling
	granting the waiver. Mon	th C	ay	Yea		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1					.000.00
<u>b</u>		100	12b			
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	negative amount)	***************************************	12d			
e		***************************************		Yes L	No [N/A
Par						
<u>13a</u>				es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	-		
b	of the PBGC?		*********	<u> </u>	X Yes	□ No _
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to	•			
_	13c(1) Name of plan(s):	130	(2) EIN	s)	13c(3)	PN(s)
Par	Trust Information		100	163		
14a	Name of trust		14b T	rust's EIN		
140	Name of trustee or custodian			rustee or c		S
	972.50 0200		telej	phone num	iber	
Par	TIX IRS Compliance Questions					
15a	l is the plan a 401(k) plan:	444400000000000	☐ Ye	s [No	
156				sign-		ACD
190	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		l har	sed safe [bor	ADP/. test	ACP
			me	thod	o 51	
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year	. ()	☐ Ye	s [☐ No	
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.40 2(a)(2)(ii))?					
_			Rai	lio ,	<u> </u>	
16a	I Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	U Per Tes	rcentage L	Avera Bene	ige lit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		☐ Ye		□ No	
17a	Has the Plan been timely amended for all required law changes?		☐ Ye:	· [□No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was adopted//	.Enter the	e applica	able code .	(Se	e
17c	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the	at is subject to	o a favoi	rable IRS (pinion or	
	advisory letter, enter the date of that favorable letter / / / and the letter's serial num If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / /	ber.				
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin I	as been slands)?	Ye:	<u></u>	☐ No	
19	Were in-service distributions made during the plan year?		Yes	; <u>[</u>	□ No	
	If Yes, enter amount		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of who not retired) as required under section 401(a)(9)?	ether or	☐ Yes	ş [No	□ N/A