Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

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 cal	endar plan year 2015 or fi			/31/2015	5	
A Thi	s return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
B This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 mo	onths)		
C Che	eck box if filing under:	Form 5558	automatic extension	Γ	DFVC progi	am
		special extension (enter desc	ription)	_	_	
Part	II Basic Plan Info	ormation—enter all requested in	formation			
1a Na	ame of plan	C. 401(K) PROFIT SHARING PLAN		pla	nree-digit an number N)	001
			Ì	1c Ef	fective date of	¹ plan 1/1982
Ma	ailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				ication Number 036861
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OCHRANE ENGINEERING, INC.		2c S _p	hone number 96-3317			
	UMBY AVE. OO, FL 32803			2d Bu	siness code (5413	see instructions)
3a Pla	an administrator's name a	nd address ⊠Same as Plan Spon	SOT.		lministrator's I	elephone number
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for this plan, enter the	4b EI	N	
a Sp	onsor's name			4c PN	<u> </u>	
5a ⊤o	otal number of participants	at the beginning of the plan year.		5a		49
		• •		5b		49
			the plan year (defined benefit plans do not	5c		46
d(1)	Total number of active pa	articipants at the beginning of the p	lan year	5d(1)		48
d(2)	Total number of active pa	articipants at the end of the plan ye	ar	5d(2)		43
th	nan 100% vested	. , ,	e plan year with accrued benefits that were less	5e		0
			n/report will be assessed unless reasonable cau			abla a Cab - did-
			ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report			
	it is true, correct, and com			,		

SIGN HERE
Signature of plan administrator

Date
Enter name of individual signing as plan administrator

Signature of employer/plan sponsor

Date
Enter name of individual signing as employer or plan sponsor

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

Preparer's telephone number

07/25/2016

GLORIA LOCHRANE

Filed with authorized/valid electronic signature.

Form 5500-SF 2015		Page 2							
 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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	Yes No
c 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 de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End	of Year	
a Total plan assets	7a		4135					40	70626
b Total plan liabilities	7b		4135	0				40	0 70626
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1490			(b) :	Fotal	70020
a Contributions received or receivable from:		(a) Amot	ant				(b)	IOIAI	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)		237	615					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-19	453					10100
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	18162
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		235	655					
e Certain deemed and/or corrective distributions (see instructions)	8e		5	258					
f Administrative service providers (salaries, fees, commissions)	8f		42	2121					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	83034
i Net income (loss) (subtract line 8h from line 8c)	8i							-	64872
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 2E 2F 2G 2J 2K 2S 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	he instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
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	X					500000
d 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.)	ne or all of t	he benefits under	10e		X				
			10f		X				
				V	^				50.440
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X					53412
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						
j Did the plan trust incur unrelated business taxable income?			10i						
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 X 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 3 - 1							
	_ `	s," 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 instructions, and enter the date of the letter ruling granting the waiver									
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	Subtra	12d							
		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					14d Trustee's or custodian's telephone number				
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	15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?					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	e Average benefit 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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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

		identification information								
For calenda	ar plan year 2015 or to	iscal plan year beginning	01/01/2015	and ending	12/31/20					
		a single-employer plan		an (not multiemployer)						
A This retu	urn/report is for:	O a series and distance to the	cordance with the fo	rm instructions)						
		a one-participant plan	a foreign plan							
			П							
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Chack h	oox if filing under:	□ pp/c								
• Check b	ox it filling under.	Form 5558	automatic extension		☐ DFVC pro	ogram				
		special extension (enter des	cription)							
Part II	Basic Plan Info	ormation—enter all requested in	nformation							
1a Name	of plan				1b Three-digit					
LOCHRAN	E ENGINEERING	G, INC. 401(K) PROFI	T		plan number					
SHARING	PLAN				(PN)	001				
					1c Effective date	-				
					10/01/19					
		oyer, if for a single-employer plan)			2b Employer Ide					
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		uctions)	(EIN) 59-2					
	E ENGINEERING		otal dede (il refelgit, ede illen		2c Sponsor's tel					
100111111		3, 11.0.			(407)896					
					2d Business code (see instructions)					
201 S.	BUMBY AVE.				541330					
ODT ANIDO			Total	32803						
ORLANDO	Aministrator's name a	nd address XSame as Plan Spor		32003	3b Administrator	'e EIN				
Ja Plan ac	ininistrator s name a	ind address Asame as Flan Spor	IISUL.		JD Administrator	2 EliA				
					3c Administrator's telephone number					
					3C Administrator	s telepriorie number				
					3C Administrator	s teleprione number				
					3C Administrator	s telephone number				
					SC Administrator	s telephone number				
		e plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN	s telephone number				
name,	EIN, and the plan nu	ne plan sponsor has changed since imber from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN	s telephone number				
name, a Sponso	EIN, and the plan nu or's name	imber from the last return/report.			4b EIN 4c PN					
name, a Sponso	EIN, and the plan nu or's name				4b EIN 4c PN 5a	49				
name,	EIN, and the plan nu or's name number of participants number of participants	s at the beginning of the plan years at the end of the plan years	-		4b EIN 4c PN	49				
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	Form 5500-SF 2015		Page 2									
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	' (See instructions.)						X	Yes	П	No
	b Are you claiming a waiver of the annual examination and report of an independent qualified public a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					,			X	Yes	П	No
	If you answered "No" to either line 6a or line 6b, the plan cann										_	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?	[Yes [No [Not	deterr	mine	b
Par	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T		(b) End	of Ye	ar		
а	Total plan assets	7a		4,13	5,49	8				4,07	70,	626
b	Total plan liabilities	7b				0						0
С	Net plan assets (subtract line 7b from line 7a)	7c		4,13	5,49	8				4,07	70,	626
8	ncome, Expenses, and Transfers for this Plan Year (a) Amour							(b) T	otal			
	Contributions received or receivable from: (1) Employers	8a(1)				0						
	(2) Participants	8a(2)		23	7,61	5						
	(3) Others (including rollovers)	8a(3)				0						
b	Other income (loss)	8b		-1	9,45	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								21	18,	162
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		23.	5,65	5						
е (Certain deemed and/or corrective distributions (see instructions)	8e			5,25	8						
f	Administrative service providers (salaries, fees, commissions)	8f		4:	2,12	1						
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								28	33,	334
i	Net income (loss) (subtract line 8h from line 8c)	8i								-6	54,	372
j	Transfers to (from) the plan (see instructions)	8j				0						
Par	t IV Plan Characteristics											
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 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.											
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Am	ount		
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 Vergram)	/oluntary l	iduciary Correction	10a		х						
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х					5(00,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	ond, that was caused	10d		х						
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	her persor ne or all of	ns by an insurance the benefits under	10e		Х						
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	s of year	end.)	10g	Х						53,	412
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х						
ī	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								
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						1					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection	302 of E	RISA?		Yes	X	No
		· · ·										