Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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

Pa	rt I Annual Repoi	rt Identification Information											
For o	calendar plan year 2015 or	fiscal plan year beginning 01/01/2	/2015 and ending 12/31/2015										
A T	his return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruction a foreign plan										
Вт	nis return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	eport (less than 12 months)								
C	Check box if filing under:	X Form 5558	automatic extension		DFVC program								
		special extension (enter desci	ription)		_								
Pa	rt II Basic Plan Inf	formation—enter all requested in	formation										
1a	Name of plan	11(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶ 1c Effective da	on on one of plan							
	Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		uctions)	2b Employer Identification Number (EIN) 11-3194696								
		ECTRICAL CONTRACTORS	ai code (ii foreigh, see insti	uctions)	2c Sponsor's telephone number 718-441-6300								
	129TH STREET GARDENS, NY 11415					ode (see instructions) 238210							
3a	Plan administrator's name	and address Same as Plan Spons	sor.		3b Administrat	or's EIN							
					3c Administrat	or's telephone number							
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN								
а	Sponsor's name				4c PN								
5a	Total number of participan	ts at the beginning of the plan year			5a	2							
b	Total number of participan		5b	2									
С	Number of participants wit complete this item)	efit plans do not	5c										
d(1) Total number of active p		5d(1)										
•	•	participants at the end of the plan year	-	-	5d(2)	1							
	Number of participants that	at terminated employment during the	plan year with accrued be	nefits that were less	5e	0							
	tion: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable cau									
SB c		other penalties set forth in the instruction and signed by an enrolled actuary, a mplete.											
SIGN	Filed with authorize	d/valid electronic signature.	08/10/2016	GARY DAWES									

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b A	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 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 sec	an indepe and condit ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.			X Ye	
	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	ermined
Part	III Financial Information		1								
7 F	Plan Assets and Liabilities		(a) Beginning					(b) E	nd of	Year	
	otal plan assets	. 7a		789	9496					852	2761
	otal plan liabilities	7b		700	0					050	0
	let plan assets (subtract line 7b from line 7a)	7c	(5) A		9496				·		2761
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	ınt				(K) Tot	aı	
	1) Employers	8a(1)		35	5000						
(2) Participants	8a(2)		24	1000						
(3) Others (including rollovers)	8a(3)			0						
b (Other income (loss)	8b		6	389						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								65	389
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	. 8d			0						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
	dministrative service providers (salaries, fees, commissions)	. 8f		2	2124						
g	Other expenses	. 8g			0						
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								2	2124
i N	let income (loss) (subtract line 8h from line 8c)	. 8i							63265		
jΤ	ransfers to (from) the plan (see instructions)	8j			0						
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in t	the ins	truction	ons:	
В	2E 2H 2J 3D If the plan provides welfare benefits, enter the applicable welfare f	antura and	don from the List of Dis	n Char	o otoriot	io Coo	laa ia th	o inatr	atio		
	in the plan provides wellare benefits, enter the applicable wellare i	eature cod	des from the List of Fla	ii Cilai	acterisi	ic Coc	165 111 111	ie ilisti	uctioi	15.	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		-	Amoun	t
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					V					
	reported on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X						100000
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	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.)			10e							
	Has the plan failed to provide any benefit when due under the plan?					X					
	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X					
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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part '	VI Pension Funding Compliance			,				1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA	?	Ye	s 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 Month Day Year									
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		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		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 Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
140 Name of trustee of custoulan					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	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	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).								
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								
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?								

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a single-employer plan A This return/report is for: a list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan 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) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number CAMPBELL & DAWES, LTD. 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2005 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) 11-3194696 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number CAMPBELL & DAWES, LTD. ELECTRICAL CONTRACTORS (718) 441-6300 2d Business code (see instructions) 84-48 129th STREET 238210 US KEW GARDENS NY 11415 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number 4b FIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 2 5a Total number of participants at the beginning of the plan year 5a 5b b Total number of participants at the end of the plan year 2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 2 complete this item) 5d(1) 1 **d(1)** Total number of active participants at the beginning of the plan year 5d(2) 1 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 5e 0 less 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 returnity and to the best of my knowledge and belief, it is true, correct, and complete. GARY DAWES SIGN Enter name of individual signing as plan administrator HERE Date Signature of plan administrator GARY DAWES SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's telephone number Preparer's name (including firm name, if applicable) and address; include room or suite number

_	Form 5500-SF 2015		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes No		
	Are you claiming a waiver of the annual examination and report of a								[A] 100 [
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar								X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must in								
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sect	ion 40	21)?	•••••	Ye	s No	Not determine		
Pá	art III Financial Information										
7	Plan Assets and Liabilities								of Year		
а	Total plan assets	7a		89,4		\top			852,761		
b	Total plan liabilities	7b			0				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	7	89,4	9,496				852,761		
8	Income, Expenses, and Transfers for this Plan Year	PACKET.		(a) Amount				(b) Total			
а	Contributions received or receivable from:					14	112				
	(1) Employers	8a(1)		35,0	_	100		-	7		
-	(2) Other Section 1	8a(2)		24,0	_	-	-				
b	(3) Others (including rollovers)	8a(3)			0	+-	_	_	1 - 1		
C	Other income (loss)	8b		6,3	889	-					
d	Benefits paid (including direct rollovers and insurance premiums	8c				-			65,389		
	to provide benefits)	8d			0						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				- 2		
f	Administrative service providers (salaries, fees, commissions)	8f		2,1	.24						
g	Other expenses	8g			0			-8 1			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,124		
	Net income (loss) (subtract line 8h from line 8c)	8i							63,265		
j	Transfers to (from) the plan (see instructions)	8j			0						
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code:	s from the List of Plan C	Chara	cterist	ic Co	des in t	he instruct	ions:		
	2E 2H 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Ch	naract	eristic	: Code	es in th	e instructio	ns'		
								0 111011 40111			
Pa	rt 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 contributi	ons within	the time period								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fidu	iciary Correction				× -				
	Program)			10a		х					
b	Were there any nonexempt transactions with any party-in-interest?										
_	reported on line 10a.)			10b		Х					
- d	Was the plan covered by a fidelity bond?			10c	Х	-			100,000		
u	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	•		10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other			100							
	carrier, insurance service, or other organization that provides some	or all of th	e benefits under								
	the plan? (See instructions.)			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 en	d.)	10g		х	4 ,7				
h	If this is an individual account plan, was there a blackout period? (S						34		- 1 - 1 MSV		
i	2520.101-3.)	required r	notice or one of the	10h		х	5-9%; 5-1-5-1	Sell Y	Tagasa M		
i	exceptions to providing the notice applied under 29 CFR 2520.101- Did the plan trust incur unrelated business taxable income?			10i							
, D-				10j			<u> </u>				
	t VI Pension Funding Compliance				-	_					
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)				********	********	dule SE	3 (Form	Yes X No		
	Enter the unpaid minimum required contribution for current year from		THE PROPERTY				11a				
12	Is this a defined contribution plan subject to the minimum funding re	equirement	s of section 412 of the (Code	or sec	ction 3	302 of E	RISA?	Yes X No		

DI	Form 5500-SF 2015 Page 3-						
(If	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
gran	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		d enter t	he date of Yea		ruling	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
b En	er the minimum required contribution for this plan year		12b				
_ c En	er the amount contributed by the employer to the plan for this plan year	***************************************	12c				
d Su	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)	ft of a	12d				
e Wi	I 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 Ha	s a resolution to terminate the plan been adopted in any plan year?		□ Y				
	Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	t under the c	ontrol	ſ	T Yes	X No	
C If d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)				100	140	
-) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)		
						(5)	
Part VII	Trust Information						
	L SECOND SECTION SECTI						
14a Nam			14b Ti	rust's EIN			
14c Nan	ne of trustee or custodian			rustee or cohone num		's	
Part IX	IRS Compliance Questions						
15a Is th	e plan a 401(k) plan:		☐ Yes	\$	□No		
	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and entire contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas har	sign- ed safe bor thod	ADP/ test	ACP	
testi	OP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ng method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(c)(2)(ii))?		Yes	;	☐ No		
	ck the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rat Per Tes	centage I	Avera Bene	age fit Test	
16b Doe this	s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combination with any other plans under the permissive aggregation rules?		Yes Yes	. [☐ No		
	the Plan been timely amended for all required law changes?	************	Yes	[☐ No	□ N/A	
	of the last plan amendment/restatement for the required tax law changes was adopted//	Enter the	applica	ble code _	(Se	е	
17c If the	e plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that sory letter, enter the date of that favorable letter	is subject to	a favor	able IRS o	pinion or		
17d If the	e plan is an individually-designed plan and recieved a favorable determination letter from IRS, please e mination letter / /	nter the date	e of plan	's last favo	orable		
18 Is the	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla	s been ands)?	☐ Yes	[☐ No		
19 Were	in-service distributions made during the plan year?	0)10)10)00010	☐ Yes	[□ No		
If Ye	s, enter amount		19	=			
20 Were not re	minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth etired) as required under section 401(a)(9)?	ner or	Yes	[] No	□ N/A	