Form 5500-SI	Short Form Annu	•	ort of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Pla		Retirement 2015				
Department of Labor Employee Benefits Security Administr	Income Security Act of 197		6057(b) and 6058(a) of the I					
Pension Benefit Guaranty Corpora	Complete all entries in		nstructions to the Form 55	00-SF.				
	ort Identification Information or fiscal plan year beginning 01/01/		and ending 12	/31/2015				
A This return/report is for:	a single-employer plan		er plan (not multiemployer) (g employer information in acc		-			
B This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 mc	onths)				
C Check box if filing under:	X Form 5558 ☐ special extension (enter desc	automatic extensi	on		FVC program	n		
Part II Basic Plan	Information—enter all requested in	. ,						
1a Name of plan GENERAL CAULKING AND	· · · · ·			1b Three- plan no (PN) 1c Effection	umber	001		
					01/01/			
Mailing address (include	mployer, if for a single-employer plan) room, apt., suite no. and street, or P. ovince, country, and ZIP or foreign pos		instructions)	(EIN)	59-128			
ENERAL CAULKING AND C					nsor's telephone number 305-652-1020			
01 NW 176TH STREET 1IAMI, FL 33169				2d Busine	ess code (se 23890	e instructions)		
3a Plan administrator's nan	ne and address \overline{X} Same as Plan Spor	nsor.		3b Admini	istrator's El	N		
				3c Admini	istrator's tel	ephone number		
4 If the name and/or EIN	of the plan sponsor has changed since	e the last return/report fil	ed for this plan, enter the	4b EIN				
	n number from the last return/report.	•		4c PN				
5a Total number of particip	ants at the beginning of the plan year.			5a		99		
	ants at the end of the plan year		1	5b		98		
	with account balances as of the end o			5c		57		
d(1) Total number of activ	e participants at the beginning of the p	blan year		5d(1)		92		
e Number of participants	e participants at the end of the plan ye that terminated employment during th	e plan year with accrued	benefits that were less	5d(2) 5e		87		
Caution: A penalty for the Under penalties of perjury ar SB or Schedule MB complet	late or incomplete filing of this return ad other penalties set forth in the instru- ed and signed by an enrolled actuary,	rn/report will be assess uctions, I declare that I h	sed unless reasonable cau ave examined this return/rep	ort, including	g, if applicat			
belief, it is true, correct, andSIGNFiled with author	ized/valid electronic signature.	10/13/2016	MICHAEL ENGELKE					
HERE	an administrator	Date	Enter name of individu	al signing as	s plan admir	istrator		
SIGN HERE Signature of ou		D-4-			amalassa			
	nployer/plan sponsor irm name, if applicable) and address (Date include room or suite nu	Enter name of individu	Preparer's t				
For Paperwork Peduction Act	Notice and OMB Control Numbers, see t	he instructions for Form 5	500-SF		Fr	orm 5500-SF (2015)		

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	Form 5500-SF 2015		Page Z								
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes 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. X Yes No										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	No	Not detern	nined	
Par	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year		
а	Total plan assets	. 7a		5498576			5590584				
b	Total plan liabilities	. 7b								0	
С	Net plan assets (subtract line 7b from line 7a)	7c		5498	576				559058	34	
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) 1	Fotal		
	Contributions received or receivable from: (1) Employers	8a(1)			007						
	(2) Participants	8a(2)		274	514						
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		-166	018						
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13450	03	
	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	8d		8	566	_					
	e Certain deemed and/or corrective distributions (see instructions) 8e										
	Administrative service providers (salaries, fees, commissions)	8f		33929							
<u>g</u>	Other expenses	8g				_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			4249		
	Net income (loss) (subtract line 8h from line 8c)	8 i				_			9200)8	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the instru	ctions:		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instruct	tions:		
Part	t 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 contribu 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.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	х					500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х					
e				10e	х					670	
f	-			10f		Х					
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Х					68664	
h	 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 					х				-	
i	· · ·			10h 10i							

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 Yes X No 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40... 11a 12 Yes No Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

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Did the plan trust incur unrelated business taxable income?

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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 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	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?			Υe	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						
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th 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 Name 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?		Yes		No	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)?		Design- based safe harbor method			ADP/ACP test	
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		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	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 plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	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 If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/ /							
18						No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
If "Yes," enter amount								
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A	

*******	Form 5500-SF	Dependent Diene of Children Entproyee (1210-0048							
	Department of the Treasury Internet Revenue Service	This form is required to be		9	015				
Em	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).						s Open to Public		
	Pension Banefit Gustanty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						spection		
	Partie Annual Report Identification Information								
For	For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
A	A This return/report is for: a one-participant plan a multiple-employer plan (not multilemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan								
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	m/report (less than 12 m	onths)				
С	Check box if filing under:	x Form 5558	automatic extension		Г	DFVC progra	m		
	-	special extension (enter descr	iption)		L] pa			
P	Basic Plan Info	rmation enter all requested i	nformation						
1a	Name of plan	· ·				Three-digit			
	General Caulking an	d Coatings 401(k) Plan				olan number PN) ►	001		
	······································				1c 1	Effective date o 01/01/1997	fplan		
2a	Plan sponsor's name (emplo Mailing Address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street or P.C æ, country, and ZIP or foreign posi). Box)				fication Number		
	City or town, state or provinc	e, country, and ZIP or foreign position of Coatings Co, Inc.	tal code (if foreign, see inst	ructions)		(EIN) 59-121 Sponsor's telep	the second se		
	Converse Contrary da	a coacinga co, inc.				(305) 652-:	1020		
	101 NW 176th Street	;			2d Business code (see instructions) 238900				
	US Miami FL 33169								
3a		nd address 🗶 Same as Plan Sp	onsor Name		3b Administrator's EIN				
					3c /	Administrator's	telephone number		
4	If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b	EIN			
<u>a</u>	Sponsor's name				4c	PN			
5a	Total number of participants	at the beginning of the plan year			<u>5a</u>		99		
b C	Total number of participants	at the end of the plan year account balances as of the end of	Manalan and Indiana be-		55		98		
	complete this item)	******	** ******		5c		57		
d	(1) Total number of active par	rticipants at the beginning of the pi	an year	[-] +] + c d] + j + (any anno) + + + 7 (1 + 4) + 4 + 1 + 1	5d(1)	92		
d		rlicipants at the end of the plan ye		********	5d(2)	87		
e	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued be	nefits that were	50	3	1		
c	aution: A penalty for the late	or incomplete filing of this retu	ويستكان فاجاز والمتجليل البراج والبرنج متابع بعدين ومصبول بالمبدر فسينت الكيا		use is	established.			
S	nder penalties of perjury and c B or Schedule MB completed a allef, it is true, correct, and con	other penalties set forth in the instr and signed by an enrolled actuary nolete.	uctions, i declare that I hav , as well as the electronic v	ve examined this return/reported the return/reported to the return/r	eport, l art, end	including, if app I to the best of r	licable, a Schedula my knowledge and		
150		NOME.	BOOT 11,	Michael Engelke					
	HERE Signature of plan ad		Date	Enter name of individu		ing as plan adn	nistrator		
623		INDANS	13000 14	Michael Engelke	in the second	and the second sec			
1.00	ERE Signature of employe		Date	Enter name of individu	ial sign	ing as employe	r or plan sponsor		
P	reparer's name (including firm	name, if applicable) and address;	include room or suite num	ber	Prep	arer's telephon	e number		
					223				
L	an a		uun ka maana ka						
F	or Paperwork Reduction Ac	t Notice and OMB Control Numb	ers, see the instructions	for Form 5500-SF.			Form 5500-8F (2015)		

Form 5500-SF 2015 Page 2 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No 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.) X Yes 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. С Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year а Total plan assets ... 7a 5,498,576 5,590,584 b Total plan liabilities 7b 0 Net plan assets (subtract line 7b from line 7a) C 7c 5,498,576 5,590,584 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: (1) Employers 8a(1) 26,007 (2) Participants 8a(2) 274,514 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b (166,018)Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) С 8c 134,503 Benefits paid (including direct rollovers and insurance premiums d to provide benefits) 8d 8,566 е Certain deemed and/or corrective distributions (see instructions) . 8e f Administrative service providers (salaries, fees, commissions) 8f 33,929 g Other expenses 8g Total expenses (add lines 8d, 8e, 8f, and 8g) h 8h 42,495 i Net income (loss) (subtract line 8h from line 8c) 81 92,008 Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) x 10b C Was the plan covered by a fidelity bond? 10c х 500,000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused d by fraud or dishonesty? х 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance е carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) х 10e 670 f Has the plan failed to provide any benefit when due under the plan? 10f X Did the plan have any participant loans? (If "Yes," enter amount as of year end.) g х 10g 56,764 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h х i 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 10i í Did the plan trust incur unrelated business taxable income?

Par	rt VI Pension Funding Compliance				
11	1 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)				
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40 11a	Yes X No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes 🗶 No			

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	Form 5500-SF 2015 Page 3-	2				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		1			
a g	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ranting the waiver. Month		d enter t ay	he date of Ye		r ruling
lf y	ou completed 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			
<u> </u>	Enter the 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 leinegative amount)	ft of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [] No	
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?		ΠY	es 🗶 N	0	
	If "Yes," 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 of the PBGC?	t under the c	control		Yes	X No
C	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.)	the plan(s) to	D	.		
1:	3c(1) Name of plan(s):	130	(2) EIN	 (s)	13c(3) PN(s)
Part	VIII Trust Information				•	
14a N	lame of trust		14b т	rust's EIN		
14c	Name of trustee or custodian		1	rustee or phone nu		n's
Part	IX IRS Compliance Questions	11002.011.012.011.02.011.02.011.011.011.				
15a	is the plan a 401(k) plan:	*******	🗌 Ye	S	No No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		🔲 ba ha	esign- ised safe rbor ethod	ADF test	PIACP
t	If ADP/ACP test, 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. section 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	☐ Ye	:5	□ No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage est	Ave Ben	rage efit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?		T Ye	18	No No	
	Has the Plan been timely amended for all required law changes?	*****	T Ye	S.	No No	🗌 N/A
	Date of the last plan amendment/restatement for the required tax law changes was adopted//		••	able code	,	
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the advisory letter, enter the date of that favorable letter / / / and the letter's serial numb		to a favo	orable IRS	opinion	or
17d	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter	enter the da	te of pla	ın's last fa	vorable	
18 1	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) ha made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been lands)?		98	No	
19	Were in-service distributions made during the plan year?	******	🗌 Ye	18	No No	
	If Yes, enter amount		19			
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whe not retired) as required under section 401(a)(9)?		T Ye	:s	No No	🗌 N/A