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 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

Par	rt I	Annual Report	de	ntification Information											
For ca	alenda	r plan year 2015 or f	iscal _I	olan year beginning 07/01/2	2015		and ending 06	/30/2	016						
A Th	nis retu	urn/report is for:	_	a single-employer plan a one-participant plan	lis	st of participating emp		oyer) (Filers checking this box must attach a n in accordance with the form instructions)							
B Th	B This return/report is the first return/report a foreign plan the final return/report an amended return/report a short plan year return/report (less than 12 months)														
C C	heck b	ox if filing under:		Form 5558 special extension (enter descr	au	utomatic extension		DFVC program							
Par	t II	Rasic Plan Info		ation—enter all requested in		an .									
1a №	lame c	of plan		I CO., INC. 401(K) PROFIT SI				1b	Three-digit plan number (PN)	001					
								1c	Effective date of 07/1	f plan 5/1971					
N	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							2b Employer Identification Number (EIN) 16-0955283							
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MITH BROTHERS CONSTRUCTION CO., INC.						ictions)	2c Sponsor's telephone number 716-297-3600							
		EY DRIVE LLS, NY 14304						2d	Business code (,					
3a F	Plan ad	Iministrator's name a	nd ac	Idress XSame as Plan Spons	sor.			3b	Administrator's E	ΞIN					
								3с	Administrator's t	elephone number					
				n sponsor has changed since from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN						
a S	Sponso	r's name						4c							
5a ⊺	Total n	umber of participants	at th	e beginning of the plan year				5	а	8					
b 1	Γotal n	umber of participants	at th	e end of the plan year				5	b	5					
		er of participants with ete this item)	acco	unt balances as of the end of	the plar	n year (defined bene	fit plans do not	5		5					
d(1) Tota	I number of active pa	articip	ants at the beginning of the pl	an year	r		5d		2					
d(2	d(2) Total number of active participants at the end of the plan year							5d(2)							
	than 1	00% vested		inated employment during the				5		0					
Unde SB or	r pena · Sche	Ities of perjury and o	ther p	complete filing of this return enalties set forth in the instruction gned by an enrolled actuary, a	ctions, I	declare that I have e	examined this return/rep	ort, i	ncluding, if applic						
SIGN		Filed with authorized	l/valid	electronic signature.		01/13/2017	DONALD SMITH								
HERE		Signature of plan	admii	nistrator		Date	Enter name of individu	nter name of individual signing as plan administrator							
SIGN		<u>.</u>						`							
HERE						1 5 /	_ , , , , , , , ,								

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

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 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 a 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	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		□ .	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		814	223				7	43876
b Total plan liabilities	7b		04.4	0				7	0
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A		223			4.1.		43876
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(D)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		4	365					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4365
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		74	562					
e Certain deemed and/or corrective distributions (see instructions)	8e			150					
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								74712
i Net income (loss) (subtract line 8h from line 8c)	8i							_	70347
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 2G 2J 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in tl	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:	
— In the plant provides worker sollients, other the appropriate workers.	odialo oodi	oo nom the Election had	T Onarc	20101101	10 000		o mondo		
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					100000
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				
f Has the plan failed to provide any benefit when due under the pla					Χ				
			10f						
g Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?		,	10g		X				
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?			10j						
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.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing			
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 custodian						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)-	Yes No						
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	Ratio Average benefit t						
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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OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

		Complete all entries in act	cordance with the instr	ictions to the Form 55	00-SF.									
		eport Identification Information												
-0	r calendar plan year 20	15 or fiscal plan year beginning	07/01/2015	and ending	06/30/20)16								
	This return/report is fo	a one-participant plan a foreign plan												
		an amended return/report	a short plan year rete	ırn/report (less than 12 i	months)									
С	Check box if filing und	er: Form 5558 special extension (enter descrip	automatic extension		DFVC program									
P	art II Basic Pla	In Information enter all requested in	aformation											
	Name of plan	citter air requested if	IJOHINALIOH		1b Three-dig	.;,								
	Smith Brothers	plan number (PN) ▶ 001												
					1c Effective date of plan 07/15/1971									
2a	Mailing Address (incl	e (employer, if for a single-employer plan) lude room, apt., suite no. and street or P.O. province, country, and ZIP or foreign posta	Box) I code (if foreign, see ins	ructions)	2b Employer Identification Number (EIN) 16-0955283									
		Construction Co., Inc.	-	ŕ		s telephone number 297–3600								
	3305 Haseley I			2d Business 236110	code (see instructions)									
3 a		name and address X Same as Plan Spor	seor Name		3b Administrator's EIN									
			Administrator's Env											
4	If the name and/or F	N of the plan sponsor has changed since th	o last saturn/conset filed		3c Administra	ator's telephone number								
	name, EIN, and the p	lan number from the last return/report.	le last return/report filed t	or this plan, enter the	4D EIN									
	Sponsor's name				4c PN									
		cipants at the beginning of the plan year				8								
b		cipants at the end of the plan year			5b	5								
С	complete this item)	ts with account balances as of the end of th		efit plans do not	5c	5								
d(1) Total number of act	tive participants at the beginning of the plan	year	***************************************	5d(1)	2								
d(2) Total number of act	tive participants at the end of the plan year	************************************	*}***********************************	5d(2)	2								
e	Number of participant less than 100% veste	ts that terminated employment during the plant			5e	0								
Ca	ution: A penalty for the	ne late or incomplete filing of this return/	report will be assessed	unless reasonable car	use is establishe	ч								
Un SB	der penalties of perjury	and other penalties set forth in the instruct oleted and signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port including if	applicable a Schedule								
s	IGN Vanale	d N Saruti	1/13/17	DonaldH	Smit	4								
5-3750	75500000000000000000000000000000000000	an administrator	Date	Enter name of individu		administrator								
				and hame of starvide	ar signing as pials	administrator								
Section.	IGN Signature of en	phougafalan ananaga	n											
300000	Enter traine of individual signing as employer of plan sponsor													
	para o name (moladin	g mm name, ir applicable) and address, inc	ade room of suite numb	31	Preparer's telep	none number								

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)			******			XYes	□No	
b	Are you claiming a waiver of the annual examination and report of a	ın indepen	dent qualified public accou	ıntan	t (IQP	A)				□No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									determined	
146	art III Financial Information				,-		bauard .				
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year										
a	Total plan assets	. 7a	81	14,2	23	1			743	,876	
b	Total plan liabilities	7b			0					0	
C	Net plan assets (subtract line 7b from line 7a)	7c		4,2	23	-				,876	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount						otal		
	(1) Employers	8a(1)			0						
**********	(2) Participants	8a(2)			0						
<u>.</u>	(3) Others (including rollovers)	8a(3)			0						
<u>b</u>	Other income (loss)	8b		4,3	65						
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	,365	
	to provide benefits)	8d	7	4,5	62						
	Certain deemed and/or corrective distributions (see instructions)	8e		1	50						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0		SCHOOL STATE				
	Other expenses	8g			0				74	710	
- <u>''</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i						74,712 (70,347)			
i	Transfers to (from) the plan (see instructions)				0					347)	
Pε	rt IV Plan Characteristics	1 -2	<u> </u>	·····							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Ch	arac	teristic	Cod	es in the	instructio	ns:		
	2E 2G 2J 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	eristic (Code	s in the	instruction	s:		
	rt V Compliance Questions	~~~~	<u>.</u>								
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 Vo										
	Program)			10a		x					
b	the state and th										
C	reported on line 10a.)			10b	7.	Х					
d				10c	Х		+		ل م	100,000	
	by fraud or dishonesty?	•	3	10d		x					
е	and the second part to any district and the second part to any										
	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)			10e		x					
f				10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear er	nd.)	10g		x					
h	If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR								
	2520.101-3.)			10h		X					
***************************************	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					100000		
j	Did the plan trust incur unrelated business taxable income?	****************		10j							
Pai	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								│ │	s X No	
118	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 40										
12	Is this a defined contribution plan subject to the minimum funding i							RISA?	Ye	s X No	
	, , , , , , , , , , , , , , , , , , , ,										

Form 5500-SF 2015	Page 3-						
(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 th granting the waiver.	is plan year, see ins Mon		enter th	e date of the Year	eletter	uling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),			ay	ı caı		~-	
b Enter the minimum required contribution for this plan year		***************************************	12b				
- Enterthe annual and the state of the state	********************		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to the le	ft of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadlin	e?		🖂	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?	Yes X No						
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 and of the PBGC?	other plan, or brough	t under the co	ontrol		Yes	X No	
C If during this plan year, any assets or liabilities were transferred from this plan to ano which assets or liabilities were transferred. (See instructions.)	ther plan(s), identify	the plan(s) to					
13c(1) Name of plan(s):		130	(2) EIN(:	s)	13c(3)	PN(s)	
Part VIII Trust Information				·	• • • • • • • • • • • • • • • • • • • •		
14a Name of trust			14b Tr	ust's EIN			
14c Name of trustee or custodian				ustee or cus hone numb		s	
Part IX IRS Compliance Questions							
15a is the plan a 401(k) plan:	***************************************		☐ Yes] No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emplimatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	oyee deferrals and e	employer			ADP// test	ACP	
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii))?	2(a)(2)(ii) and 1.401(m)-	Yes] No		
16a Check the box to indicate the method used by the plan to satisfy the coverage required		ì	Rati Perd Test	centage L	Avera Benef	ge it Test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?	401(a)(4) by combir		Yes		No		
17a Has the Plan been timely amended for all required law changes?	***************************************	***************************************	Yes		No	□ N/A	
17b Date of the last plan amendment/restatement for the required tax law changes was ad instructions for tax law changes and codes).				ole code		•	
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volum advisory letter, enter the date of that favorable letter / / and the	letter's serial numb	ar .					
17d If the plan is an individually-designed plan and recieved a favorable determination letter / /			of plan's	last favora	ole		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA s made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands of the Norther	ection 1022(i)(2) has or the U.S. Virgin Isla	s been ands)?	Yes		No		
19 Were in-service distributions made during the plan year?	*************	••••••	Yes		No		
If Yes, enter amount			19				
Were minimum required distributions made to 5% owners who have attained age 70 ½ not retired) as required under section 401(a)(9)?	(regardless of wheth	ner or	Yes		No	□ N/A	