## 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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Parti	Annual Report	identification information								
For calend	lar plan year 2016 or fi	scal plan year beginning 01/01/2	016	and ending 12	2/31/2016					
<b>∆</b> This re	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) ( ployer information in ac		-				
71 1111010	turn/roport to for.	a one-participant plan	a foreign plan							
<b>B</b> This ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name	of plan	K) PROFIT SHARING PLAN				umber				
					(PN)  1c Effect	ive date of plan				
<b>2a</b> Plan s	sponsor's name (emplo	oyer, if for a single-employer plan)			2h Emplo	01/01/2005 yer Identification Num	her			
Mailin	g address (include roo	m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		uctions)	(EIN)	11-3194696				
		CTRICAL CONTRACTORS	( <b></b> ,	,	2c Spons	sor's telephone number 718-441-6300	ŧr			
34-48 129TH	H STREET				2d Busine	ess code (see instructi	ons)			
	ENS, NY 11415					238210				
<b>3a</b> Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.		<b>3b</b> Admin	istrator's EIN				
					3C Admin	istrator's telephone nu	ımber			
1 If the	nome and/or FINI of th	o plan anappar has shanged since	the leat return/renert filed fo	ar this plan anter the	4h FINI					
name	e, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN					
	sor's name	at the headers's met the other comm			<b>4c</b> PN <b>5a</b>		2			
_		at the beginning of the plan year			5a 5b		2			
		at the end of the plan yearaccount balances as of the end of					2			
'	,				5c					
		articipants at the beginning of the plants	•		5d(1) 5d(2)		1			
` '	·	articipants at the end of the plan year terminated employment during the			5e					
than	100% vested	or incomplete filing of this return	Vrenort will be assessed	unless reasonable car		lished				
Under pen SB or Sch	alties of perjury and ot	ther penalties set forth in the instructed nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, includin	g, if applicable, a Sch				
SIGN		/valid electronic signature.	10/11/2017	GARY DAWES						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing a	s plan administrator				
SIGN										
HERE Proparer's	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date			s employer or plan spo telephone number	onsor			
Preparers	name (including ilm r	iame, ii applicable) and address (iii	icidde foom of Suite numbe	1)	Preparers	telephone number				

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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 a 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 condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account t instea	ant (IC	PA)  Form	5500.		×	Yes No
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	surance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	∐ Not (	determined
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(h) Enc	l of Year	
<u>.</u>	Total plan assets	7a		852761				(b) Liic		240
	Total plan liabilities	7b		0	)					0
	Net plan assets (subtract line 7b from line 7a)	7c		852761					970	240
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Total		
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)		35000	_					
-	(2) Participants	8a(2)		24000						
	(3) Others (including rollovers)	8a(3)		60636						
	Other income (loss)	8b		00030					440	000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							119	636
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
e	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		2157	,					
g	Other expenses	8g		0	)					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	157
i	Net income (loss) (subtract line 8h from line 8c)	8i							117	479
j	Transfers to (from) the plan (see instructions)	8i		С	)					
Pai	rt IV Plan Characteristics	٠,	L							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in t	he instr	ructions:	
Par	t 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 contributed by the contribution of the plan and participant contributed by the contribution of the plan and participant contributions and DOL's V								741100	
	Program)	-	-	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	X					100000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		Χ				
е		ner person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	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			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	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 l tive amount)			12d			
		he 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Luber Employee Benedia Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under anctions 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and sections 6067(b) and 6058(a) of the Internal Revenus Code (the Code).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

Complete all antries in accordance with the instructions to the Form 6600-SF. Part I | Annual Report Identification Information 01/01/2016 12/31/2016 and ending For calendar plan year 2016 or liscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach a 🔣 a single-employer plan list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant plan the final return/report the first return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report DFVC program C Check box if filing under: automatic extension X Form 5558 special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number Campbell & Dawes, Ltd. 401(k) Profit Sharing Plan (PN) 001 1c Effective date of plan 01/01/2005 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) Malling 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 (718) 441-6300 Contractors 2d Business code (see instructions) 238210 84-48 129th Street NY 11415 Kew Gardens 3b Administrator's EIN 3a Plan administrator's name and address K Same as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan aponeor has changed since the last return/report filed for this plan, enter the 4b EIN name. EIN, and the plan number from the last return/report. 4c PN 2 5a 5a Total number of participants at the beginning of the plan year ...... 2 5b b Total number of participants at the end of the plan year ..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 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 less 0 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 partiers 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 return/report, and to the best of my knowledge and belief. It is true/compct) and complete. Gary Dawes SIGN Date |0|11|17 HERE Enter name of individual signing as plan administrator Signature of plan administrator Gary Dawes SIGN HERE Signature of imployer/plan sponsor Date [Ulil] 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

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b .	Were all of the plan's assets during the plan year invested in eligib Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on walver eligibility If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use For	dent qualified public e ns.) n 5600-9F and must	ccount	ant (IQ	PA) Form	5500.	Yes No
	till   Financial Information	nsurance pro	ogram (see Ekiok se	9011011 4	021)1		) , e. (1)	10 U Not determines
_	Plan Assets and Liebilities		(a) Beginning (	of Year			(b) I	ind of Year
	Total plan assets	78		852,			101	970,240
	Total plan liabilities	7b			0	_		0
	Net plan assets (subtract line 7b from line 7a)	70		852,	761			970,240
	Income, Expenses, and Transfers for this Plan Year	- 10	(a) Amoun					b) Total
	Contributions received or receivable from:		(a) y (ii) Call	_	$\neg$			
	(1) Employers	8a(1)		35,	000			
	(2) Participants	8a(2)		24,	000			
	(3) Others (including rollevers)	8a(3)			0			
b	Other Income (loss)	8b		60,	636			
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						119,636
	Benefits paid (including direct rollovers and insurance premiums to provide banefits).	8d			0			
	Certain deemed and/or corrective distributions (see instructions)	8e			0			
	Administrative service providers (salaries, less, commissions)	Bf		2,	157			
	Other expenses	8g			0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2,157
	Net Income (loss) (subtract line 8h from line 8c)	81						117,479
	Transfers to (from) the plan (see instructions)	ві			0			7,211
Par	t IV Plan Characteristics	1 4 1						
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Pi	an Cha	racterl	stlc C	odes in the	Instructions:
-	2E 2H 2J 3D  If the plan provides welfare benefits, enter the applicable welfare f	antura codo	s from the Liet of Pie	n Char	actories	lle Co	des in the	netructions:
ь	If the plan provides wellare benefits, enter the applicable wellare t	eature code	B ITOM the cist of Pia	II CITAII	COM		JOG 111 1110 1	TION WOULD IN
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 contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary Flo	juciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest imported on line 10a.)	t? (Do not In	clude transactions	10b		х		
C	Was the plan covered by a fidelity bond?	***********	······································	10c	х			100,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
0	Were any fees or commissions paid to any brokers, agents, or other organization that provides son the plan? (See instructions.)	her persons ne or all of t	by an Insurance he benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
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	he required	notice or one of the	101				

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ı	Form	550	0.0	E 20	146	
	roim.	DDU	U-3	- 41	,,,	

Part V	7 T	Pension Funding Compliance						
11	is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con n 5500) and line 11a below)				В		Yes 🛛 N
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			18			
	<b>ERIS</b>	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code A?						Yes 🛭 N
а	If a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver,	ction	ns, and e	nter t Day	he date	of the le	tter ruling
If y	ou co	ompleted line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	2		_			
bε	nter	the minimum required contribution for this plan year		1	2b			
CE	nter	the amount contributed by the employer to the plan for this plan year	.,,,,,,,,		2c			
d	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left live amount)	of a	1	2d		-	E water
0	VVIII t	he minimum funding amount reported on line 12d be met by the funding deadline?	0011553	restes.		Yes	No	N/A
art V	111	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Ye	s 🛚	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year		1	3a			
		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC7			h+Histori		Yes	No №
С	lf, du which	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)			_			
13	Ic(1)	Name of plan(s):		13c(2) E	N(B)		13	c(3) PN(s)
Part \	_	Trust Information		1	4h	Trust's	FIN	
14a N	ame	of trust			40	iiuats	CIN	
14c N	Vame	of trustee or custodian		1			s or cus	
Part	ΙX	IRS Compliance Questions						
15a i	s the	plan a 401(k) plan? If "No," skip b	0	Yes			☐ No	
15b +	low o	tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		Design-l safe har	bor		Prio test	r year" ADP
			11 1	"Current ADP les	year t	J1	□ N/A	
		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age		verage enefit te:	st N/A
10	or the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) as plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	_		□ No	
1	the le							
17b		plan is an individually-designed plan that received a favorable determination letter from the IRS, ente	r the	date of	the n	nost re	cent dete	rmination
1	Vere	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separa o?		from [	] Ye	8	□No	
		any pian parlicipant a 5% owner who had attained at least age 70 ¼ during the prior plan year?			] Ye	5	☐ No	