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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	dar plan year 2017 or f	fiscal plan year beginning 01/01/2	<u>2017</u>	and ending 1	2/31/2017	
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac		
		a one-participant plan	a foreign plan			
b This ret	turn/report is	the first return/report	the final return/repor			
_		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC program	
	T	special extension (enter descr	• ,			
Part II	Basic Plan Info	ormation—enter all requested inf	formation		T	T
1a Name	•				1b Three-digit	
CAMPBELL	. & DAWES, LTD. 401	(K) PROFIT SHARING PLAN			plan number (PN) ▶	001
					1c Effective date	
						/01/2005
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O				ntification Number
		ce, country, and ZIP or foreign posta CTRICAL CONTRACTORS	al code (if foreign, see in	structions)	2c Sponsor's tel	lephone number
					2d Business cod	le (see instructions)
84-48 129Th					23	38210
KEW GARD	ENS, NY 11415					
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administrator	's EIN
					3c Administrator	's telephone number
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	
•	sor's name	misor s name, Life, the plan name a	ind the plan number nom	the last return/report.	4d PN	
C Plan I	Name					
					F-	
		s at the beginning of the plan year			5a 5b	2
		s at the end of the plan year a account balances as of the end of the			1	2
comp	olete this item)				5c	2
		articipants at the beginning of the pla	-		5d(1)	1
` '	·	articipants at the end of the plan yea o terminated employment during the			5d(2)	1
than	100% vested				. 5e	0
		or incomplete filing of this return other penalties set forth in the instruc-				nlicable a Cabadula
SB or Sch		and signed by an enrolled actuary, a				
SIGN	Filed with authorized	d/valid electronic signature.	10/14/2018	GARY DAWES		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN	Filed with authorized	d/valid electronic signature.	10/14/2018	GARY DAWES		

Date

HERE

Enter name of individual signing as employer or plan sponsor

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If you answered "No" to either line & or line &b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is It covered under the PBGC insurance program (see ERISA section Acut)? If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year		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	an indeper and condit	ndent qualified public a	account	ant (IC	QPA)		_	
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 970240 1173253 0 0 0 0 0 0 0 0 0	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No		
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 970240 1173253 0 0 0 0 0 0 0 0 0	Pa	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) Fr	d of Year	
b Total plan liabilities	a		7a					(2) =:		3
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Ba(3) 0 (7) Description (loss). (8) Ba(3) 0 (8) Description (loss). (9) Description (loss). (10) Description (loss). (10) Description (loss). (10) Description (loss)					0					0
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	91	70240				117325	3
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
(3) Others (including rollovers)	а		8a(1)		0					
b Other income (loss)		(2) Participants	8a(2)	2	24000					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	b	Other income (loss)	8b	18	81555					
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						20555	5
f Administrative service providers (salaries, fees, commissions)	d		. 8d		0					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		2542					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0					
Transfers to (from) the plan (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						254	2
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 2H 2J 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: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u> </u>		. 8i						20301	3
b If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V		Transfers to (from) the plan (see instructions)	8j							
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: 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
Part V Compliance Questions 10 During the plan year: 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)	9a 		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
10 During the plan year: 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)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
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)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions 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	b				10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			10	0000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d				10d		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
	h				10h		Х			
	i				10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you 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			
С	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 left of a negative 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?		Ye	s X 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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of Labor Firstleyer Borates Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

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).

Short Form Annual Return/Report of Small Employee

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Rep	ort Identification Information	n	W20 VEH V8 /	LIE WE
For calendar plan year 2017	or fiscal plan year beginning	01/01/2017 and end		
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multien list of participating employer informa	ployer) (Filers checking this fion in accordance with the f	pox must attach a orm 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 the	nan 12 months)	
C Check box if filing under:	Form 5558	automatic extension	DFVC program	
	special extension (enter des	cription)		
Part II Basic Plan I	nformation—enter all requested i	nformation		1
1a Name of plan Campbell & Dawes,	Ltd. 401(k) Profit Sh	naring Plan	1b Three-digit plan number (PN)	001
			1c Effective date 01/01/20	of plan
2a Plan sponsor's name (er	mployer, if for a single-employer plan room, apt., suite no. and street, or P	O Box	2b Employer Ide (EIN)11-31	ntification Number
City or town, state or pro	wince, country, and ZIP or foreign po-	stal code (if foreign, see instructions)	2c Sponsor's te	
Campbell & Dawes,	Ltd. Electrical		(718) 441	
Contractors				le (see instructions)
84-48 129th Stree	+			
84-48 129th Stree	5 C	Debty of 2 4 7 5	220210	
Kew Gardens	ne and address 🗵 Same as Plan Sp	NY 11415	23B210 3b Administrator	de CINI
4 If the name and/or EIN of this plan, enter the plan	of the plan sponsor or the plan name sponsor's name, EIN, the plan name	has changed since the last return/report file and the plan number from the last return/n	eport.	
a Sponsor's name			4d PN	
c Plan Name				
			5a	2

b Total number of particip	eants at the end of the plan year	of the plan year (only defined contribution p		
c Number of participants complete this item)	With account palatices as of the end of	The plan year (only defined continuence)	5c	2
		plan year		
		ear		1
Number of participants	who terminated employment during t	he plan year with accrued benefits that wer	e less 5e	
than 100% wester!		rn/report will be assessed unless reaso	0.00000000000	_
I be store a market and a market on	ad attack populities eat forth in the instr	uctions, I declare that I have examined this, as well as the electronic version of this rei	turn/report, including, if ap- turn/report, and to the best o	plicable, a Schedule
SIGN / NI			ęs	
	lan administrator		of Individual signing as plan	administrator
SIGN		10/14// Sary Daw	es	
A SAME AND DOT	noloyer/plan sponsor	Date Enter name	of individual signing as emp	over or plan sponsor

_				0
ч	а	a	е	_

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6a 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independand condition	dent qualified public at ons.)	ccount	ant (IQ	PA) ,,,	X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and must	instea	d use	Form 550	0	
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pr e PBGC pr	ogram (see ERISA se emium filing for this pl	ction 4 an year	021)? .	Yes	S No Not determine (See instruction	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
a	Total plan assets	7a		370,2	240		1,173,2	253
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		970,2	240		1,173,3	253
8	income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)			0			
	(2) Participants	8a(2)		24,0	000			_
	(3) Others (including rollovers)	8a(3)			0			_
b	Other Income (loss)	8b		181,	555			7T - 2
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		205).	555
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		2,	542			
g	Other expenses	8g			0			_
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		2_{I}	
i	Net income (loss) (subtract line 8h from line 8c)	8i			_		203,	013
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							_
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D							
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Char	acteris	tic Codes i	n the instructions:	
Pa	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
ē		/oluntary Fi	duciary Correction	10a		X		
ł	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х	0000	
	Was the plan covered by a fidelity bond?			10c	Х		100	000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		Х		
•		her persons ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?	, ayaa aa a	10f		Х		
ç				10g		X		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		X		
i		he required	notice or one of the	10i				

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Part \	/I Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	411-1111	В	Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (It "Yes" complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 01		Yes X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and	enter t Day	he date of t	he letter ruling Year
lf v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
-	Enter the minimum required contribution for this plan year	12b		
	Inter 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 left of a negative amount)	12d		- H
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part '	The state of the s			
	Has a resolution to terminate the plan been adopted in any plan year?		Yes	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 another plan, or brought under the control of the PBGC?			Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)