## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		ldentification Information										
For calend	ar plan year 2017 or f	iscal plan year beginning 01/01/20	)17		and ending 1	2/31/2017						
A This ret	turn/report is for:	X a single-employer plan			n (not multiemployer) ( ployer information in ac	_						
		a one-participant plan	a foreign plan									
<b>B</b> This retu	urn/report is	the first return/report	the final return	•								
		an amended return/report	a short plan ye	ear return	turn/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic exte	ension		DFVC progra	am					
	T	special extension (enter descrip										
Part II	Basic Plan Info	ormation—enter all requested info	rmation			T						
1a Name	•					<b>1b</b> Three-dig						
SOUTHERN	SUBSTATION 401(k	() PROFIT SHARING PLAN				plan num	ber	001				
						(PN) •						
						1c Effective		/2016				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				<b>2b</b> Employer (EIN)		ication Number				
AJ'S ELECT	town, state or province RICAL TESTING AND SUSTATION	ce, country, and ZIP or foreign posta D SERVICES, LLC	I code (if foreign, s	see instru	ictions)	2c Sponsor's	s teleph 04-384					
						2d Business	code (	see instructions)				
4522 APPLE	TON AVENUE LLE, FL 32210						2382	10				
JACKSONVI	LLL, FL 32210											
3a Plan a	dministrator's name a	and address X Same as Plan Spons	sor.			<b>3b</b> Administra	ator's F	EIN				
						3c Administr	ator's t	elephone number				
						JC Auministr	3101 3 1	elephone number				
		ne plan sponsor or the plan name has onsor's name, EIN, the plan name an				4b EIN						
	or's name	, , ,	·		·	4d PN						
C Plan N	lame											
<b>5a</b> Total	number of participants	s at the beginning of the plan year				5a		14				
		s at the end of the plan year				5b		14				
<b>C</b> Numb	er of participants with	account balances as of the end of th	ne plan year (only	defined of	contribution plans	5c						
d(1) Total number of active participants at the beginning of the plan year				5d(1)		13						
d(2) Total number of active participants at the end of the plan year				5d(2)		11						
		terminated employment during the				5e						
Caution: A	penalty for the late	or incomplete filing of this return/	report will be as	sessed u	ınless reasonable ca							
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as polete.										
SIGN		d/valid electronic signature.	10/15/2018	B	ANDREW S. DOBSO	N						
HERE	Signature of plan	administrator	Date		Enter name of individ	ual signing as pl	an adn	ninistrator				
SIGN	Filed with authorized	d/valid electronic signature.	10/15/2018	3	ANDREW S. DOBSON							

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2** 

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							10 10	
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes N	Not determined	
Pai	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) E	nd of Year	
<u>a</u>	Total plan assets	. 7a		54539				130863	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c		54539				130863	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(k	o) Total	
а	Contributions received or receivable from:	0-(4)		15040					
	(1) Employers	8a(1)		15340					
	(2) Participants	. 8a(2)		60280	-				_
	(3) Others (including rollovers)	8a(3)		00.40					
	Other income (loss)	. 8b		3248					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						78868	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		2544					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						2544	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i					76324		
j	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 2G 2J 2K 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the i	instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	les in the in	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		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		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		X			
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 pla	in?		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					

Form 5500-SF 2017	Page <b>3-</b> 1
-------------------	------------------

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)		В	Ye:	s 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 of		Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter r Year	uling
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?		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 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information				
For calendar plan year 2017 or fiscal plan year beginning	aı	nd ending		
X a single-employer plan	a multiple-employer	plan (not multiemployer) (Filers che	ecking this box mu	st attach a
A This return/report is for:	list of participating e a foreign plan	mployer information in accordance	with the form instr	uctions.)
B This return/report is the first return/report		_		
an amended return/report	the final return/repo			
<u></u>		urn/report (less than 12 months)	DE) (0	
C Check box if filing under: X Form 5558	automatic extension		DFVC program	
special extension (enter descripti		makement		
Part II Basic Plan Information—enter all requested info	ormation		- There 31:11	
1a Name of plan SOUTHERN SUBSTATION 401(K) PROFIT SHA	ARING PLAN		1b Three-digit plan number (PN)	001
			1 <b>c</b> Effective date of p 01/01/20	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.C.	). Box)		2b Employer Identific	ation Number
City or town, state or province, country, and ZIP or foreign post.  AJ'S ELECTRICAL TESTING AND SERVICES,		e instructions)	(EIN) 27-4	639366
SOUTHERN SUSTATION	110		2c Sponsor's telepho	ne number
4522 APPLETON AVENUE			904-384	
			2d Business code (se	ee instructions)
JACKSONVILLE FL 32210			,	·
			238210	
3a Plan administrator's name and address X Same as Plan Spo	onsor.		3b Administrator's El	IN
4 If the name and/or EIN of the plan sponsor or the plan name ha	as changed since the	last return/report filed for		
this plan, enter the plan sponsor's name, EIN, the plan name a				
a Sponsor's name	·		4b EIN	
C Plan Name			4d PN	
5a Total number of participants at the beginning of the plan year.		.,,,,	5a	14
b Total number of participants at the end of the plan year			5b	14
Number of participants with account balances as of the end of complete this item)			5c	14
<b>d(1)</b> Total number of active participants at the beginning of the pla			5d(1)	13
d(2) Total number of active participants at the end of the plan yea			5d(2)	11
e Number of participants who terminated employment during the	plan year with accrue	ed benefits that were less	5e	<u></u>
than 100% vested			<u> </u>	0
Caution: A penalty for the late or incomplete filing of this return/	report will be asses	sed unless reasonable cause is e	established.	
Under penalties of perjury and other penalties set forth in the instructions, I declar	are 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	e electronic version of thi	s return/report, and to the best of my know	wledge and	
belief, it is true, correct, and complete.				
SIGN Club D Dela	1915118	ANDREW S. DOBSON		
HERE Signature of plan administrator	( Date	Enter name of Individual signing	as plan administra	tòr
SIGN V Men & Aller	aldie	ANDREW S. DOBSON		
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing	as employer or pla	n sponsor

Page 2- [

AJ'S ELECTRICAL TESTING AND

 6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						XY	es N	40 
	Are you claiming a waiver of the annual examination and report of an independent qualified public								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						XY	es 🗍 N	No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and mus						• •		
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?						No N	ot determin	ed
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			, , , , , , ,	·			(See instruc	tions.)
	t III Financial Information								
7	Plan Assets and Liabilities	9640	(a) Be	ginni	ng of	Year	(b) E	nd of Yea	ır
а	Total plan assets	7a				539		130	863
b	Total plan liabilities	7b				0			0
С	Net plan assets (subtract line 7b from line 7a)	7c			54	539		130	863
8	Income, Expenses, and Transfers for this Plan Year		(	(a) An	nount		(£	) Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		<b></b>	15,	340			
	(2) Participants	8a(2)			60,	280			
	(3) Others (including rollovers)	8a(3)							1900
b	Other income (loss)	d8			3,	248		ASTRACT:	制度
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	14 May 1		3 13 13 3 13 13 13 13 13 13 13 13 13 13 13 13 13			78,	868
d	Benefits paid (including direct rollovers and insurance premiums						eki ke ke ki se e meni kanada		
	to provide benefits)	8d			2,	544			
е	Certain deemed and/or corrective distributions (see instructions)	8e					THE WA		
f	Administrative service providers (salaries, fees, commissions)	8f					10.10		N HIN
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					544		
<u>       i                             </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1450	A-PART		76,	324
i_	Transfers to (from) the plan (see instructions)	8j							2,200
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	f Plan	Chara	cteris	tic Co	des in	the instru	ctions:	
	2E 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of I	Plan C	harac	teristi	c Code	es in ti	he instruc	tions:	
								····	
	rt V Compliance Questions			\/					
<u>10</u>	During the plan year:		П	Yes	No		А	mount	
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)		10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	;							
_	reported on line 10a.)		10b		x				
					х				
<u>c</u>			100	\	-	<b>-</b>			
d	·				_				
	by fraud or dishonesty?		. 10d		X			<del></del>	
е	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.)		. 10e		x				
			1		x				
<u>f</u>					<del>                                     </del>	<del>                                     </del>			
9	······································		. 10g		X	- رئين - رئين جي -	receivable and	aradalar in ar	sila jiwa i
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		. 10h		x				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the		1	$\vdash$	<del>-</del>	Constant Property		#4554 St. 1255 43541 St. 1255	
'	overtions to providing the notice applied under 20 CER 2520 101-3		101						

11a

12

AJ'S ELECTRICAL TESTING AND 27-4639366

Page 3-Form 5500-SF 2017 Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes (Form 5500) and line 11a below) ..... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b Enter the minimum required contribution for this plan year ..... 12c Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a d 12d negative amount) ...... N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets Yes X No Has a resolution to terminate the plan been adopted in any plan year? 13a If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):