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

2018

This Form is Open to Public Inspection

Part		t Identification Information							
For cale	endar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This	return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
D ·		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 ret	turn/report (less than 12 m	onths)				
C Che	ck box if filing under:	X Form 5558	automatic extension	n	DFVC progra	am			
		special extension (enter desc	ription)						
Part I	I Basic Plan Inf	ormation—enter all requested in	formation						
	me of plan LL & DAWES, LTD. 401	1(K) PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶				
					1c Effective	date of plan 01/01/2005			
		loyer, if for a single-employer plan)	2.5.			Identification Number			
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		structions)	(EIN)	11-3194696			
-		ECTRICAL CONTRACTORS	, ,			s telephone number 18-441-6300			
					2d Business code (see instructions)				
	OTH STREET RDENS, NY 11415				238210				
3a Pla	n administrator's name	and address X Same as Plan Spo	nsor.		3b Administr	ator's EIN			
					3c Administr	rator's telephone number			
		he plan sponsor or the plan name h			4b EIN				
	s plan, enter the plan sp onsor's name	onsor's name, EIN, the plan name	and the plan number from	n the last return/report.	4d PN				
•	n Name				14 110				
5a To	tal number of participant	ts at the beginning of the plan year.			5a	2			
	· · ·	ts at the end of the plan year			. 5b	2			
		h account balances as of the end of		•	5c	2			
d(1)	Total number of active p	participants at the beginning of the p	lan year		5d(1)	1			
	•	participants at the end of the plan ye			5d(2)	1			
		no terminated employment during th			5e	0			
Caution	: A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car					
SB or S		other penalties set forth in the instru and signed by an enrolled actuary, applete.							
SIGN	Filed with authorize	ed/valid electronic signature.	07/30/2019	GARY DAWES					
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	lan administrator			
SIGN	Filed with authorize	ed/valid electronic signature.	07/30/2019	GARY DAWES					
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.)							_	Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									ot determined instructions.)
Par	t III Financial Information	Ī	Т						
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b)	End of Yea	ar
a	Total plan assets	7a	117	73253			2531		
<u>b</u>	Total plan liabilities	7b		0			0		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	117	73253				2531	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		0	Ц				
	(2) Participants	8a(2)	2	24500					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-(94847					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-70347	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0	Ц				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	tions) 8e 0							
f	Administrative service providers (salaries, fees, commissions)	8f		375					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							375
i	Net income (loss) (subtract line 8h from line 8c)	3h from line 8c)						-70)722
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in the	instruction	s:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	cterist	tic Cod	des in the i	nstructions	:
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amour	nt
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		Χ			
С	Was the plan covered by a fidelity bond?			10c	X				100000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			10d		X			
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			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 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 se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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		
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 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Engloyee Dendito Socially Admire fortion

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

2018

This Form is Open to Public inspection

Part I Annual Repo	rt Identification Information	0170172016	and ending	17/31/2019				
For calendar plan year 2018 or		a multiple-employer plan						
A This return/report is for:	a single-employer plan	list of participating emp	loyer Information in acc	ordance with the form	instructions.)			
B = 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	a one-participant plan							
B This return/report is	the first return/report	the final return/report						
	report (less than 12 mor	nths)						
C Check box if filing under:	X Form 5558	automatic extension		DFVC program				
	special extension (enter des	cription)						
Part II Basic Plan In	formation enter all requested i	nformation		44 - 0 0 0				
1a Name of plan				1b Three-digit				
Campbell & Dawes,	Ltd. 401(k) Profit Sh	naring Plan		(PN) .	001			
				1c Effective date of 01/01/2005				
A R CHARLES AND A REST OF THE	ployer, if for a single-employer plan) oom, apt., suite no and street, or P	D ROYI		2b Employer Identifi (EIN)11-3194				
City or town, state or prov. Campbell & Dawns,	ince, country, and ZIP or foreign por Ltd. Electrical	stal code (if foreign, see instru	uctions)	2c Sponsor's teleph (718)441-6	nane number 6300			
Contractors				2d Business code (s	see Instructions)			
84-48 129th Street	:							
Kew Gardens		NY	11415	238210				
	and address 🛭 Same as Plan Sp	onsor		3b Administrator's EIN				
4 If the name and/or EIN of	the plan sponsor or the plan name	has changed since the last re	turn/report filed for	4b EIN				
this plan, enter the plan s a Sponsor's name	ponsor's name, EIN, the plan raime	and the plan number from th	e last return/report.	4d PN				
c Plan Name								
5a Total number of particina	nts at the beginning of the plan year		(5040) 4603559: 17 11 11 11 11	5a	2			
	nts at the end of the plan year			5b	2			
c. Number of participants w	ith account balances as of the end of	of the plan year (only defined	contribution plans	5c	2			
d(4) Total number of active	participants at the beginning of the	plan year	> 444 \ \ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	5d(1)	1			
	participants at the end of the plan y			5d(2)	1			
 Number of participants v 	ho terminated employment during t	he plan year with accrued be	nefits that were less	50	0			
than 100% vested	The second secon	unicopart will be apparent	usless reasonable cau	se is established.				
Under penalties of perjury and	l other penallies set forth in the institution and signed by an enrolled actuary	uctions, I declare that I have , as well as the electronic ven	examined this return/report sion of this return/report	ort, including, if applic , and to the best of my	sable, a Schedulo knowledge and			
belief, it is true, contact, and	mpele	X7/30/19	Gary Dawes					
SIGN X A	a administrator	Date	Enter name of individu	ual signing as plan adr	ninistrator			
Signaturo pi pia	n administrator	57 1 1		The state of the s				
SIGN X		X -INIIA	Lary Dawes		LCO ALONS SOLUTION			
7 - 04 - 11 - 1	Moferiplan sponsor	X 7/20/19	Sary Dawes Entername of Individu	ial signing as employe				

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								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	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							ш	determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea	r			(See in	structions.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year	,		(b) End	of Year		
а	Total plan assets	7a	1,	173,	253			1,	,102,531	
b	Total plan liabilities	7b			0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	173,	253			1,102,531		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)			0					
	(2) Participants	8a(2)		24,	500					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)			-94,	847					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-70,347	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0					
	Certain deemed and/or corrective distributions (see instructions)	ou								
	Administrative service providers (salaries, fees, commissions)	8f		375						
q										
	Other expenses						375			
- "	1 Total expenses (add lines 8d, 8e, 8f, and 8g)								-70,722	
÷	Net income (loss) (subtract line 8h from line 8c)		0				707722			
,										
9a	t IV Plan Characteristics	footure	idea from the List of DI	on Cho	raatari	otio Co	doo in the ine	tru intinunci		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 3D	realure co	des nom the List of Pi	an Cna	racteri	Slic CC	ides in the ins	tructions.		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)		•	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
				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				
е	 by fraud or dishonesty? 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				
f						Х				
g				10f 10g		X				
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10ii		-23				
		-								

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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 Sche (Form 5500) and line 11a below)	edule S	B 	Ye	es 🗵 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?			Y	es 🏻 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
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 Day		of the letter Year	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			
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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)