## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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

A This return/report is for	Part I	Annual Report	i Identification Information	n								
A This return/report is for:    a one-participant plan   a foreign plan   a short plan year return/report (less than 12 months)    C C Check box if filing under:     Form 5558   automatic extension   DFVC program   DFVC prog	For calend	dar plan year 2018 or f	iscal plan year beginning 01/01/2	/2018		and ending 12	2/31/2018					
B This return/report is	A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a										
C Check box if filing under:    an amended return/report   las short plan year return/report (less than 12 months)		•	a one-participant plan									
C Check box if filing under:	<b>B</b> This ret	s return/report is the first return/report the final return/report										
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   Ta Name of plan   Part II			an amended return/report	a sho	rt plan year return	/report (less than 12 m	onths)					
Part II   Basic Plan Information—enter all requested information   1a Name of plan BAC ELECTRICAL CONSTRUCTION CO., INC. 401(K) PLAN   1c Effective date of plan plan number (PN)   001   2a Plan sponsor's name (employer, if for a single-employer plan)   1c Effective date of plan 09/29/2004   2a Plan sponsor's name (employer, if for a single-employer plan)   2b Employer information number (PN)   10-2054357   2b Employer Institution of 09/29/2004   2b Employer Institution of 09/29/2004   2c Employer Institution of 09/29/2004   2d Business code (see Instructions)   238210   2d Business code (see Instructions)   248210   2d Bu	C Check	box if filing under:	X Form 5558	autor	matic extension		DFVC pr	ogram				
18 Name of plan BAC ELECTRICAL CONSTRUCTION CO., INC. 401(K) PLAN  29 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BAC ELECTRICAL CONSTRUCTION CO., INC.  20 Employer identification Number (EIN) 13-2954357  20 Sponsor's telephone number 914-781-6104  21 Business code (see instructions) 238210  31 Plan administrator's name and address Same as Plan Sponsor.  32 Administrator's telephone number 14-781-16104  32 Administrator's telephone number 24-781-16104  33 Plan administrator's name and address Same as Plan Sponsor.  34 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report.  4 Description of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.  4 Description of participants at the beginning of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of participants at the end of the plan year.  5 Description of the pla			<u> </u>	' '								
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Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN  HERE				nic signature. 10/14/2019 BRUNO CAVALLAI			)					
HERE	HERE	Signature of plan	administrator	D	ate	Enter name of individ	dual signing as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN											
	HERE	Signature of empl	oyer/plan sponsor	D	ate	Enter name of individ	of individual signing as employer or plan sponsor					

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	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No X Yes No		
	If you answered "No" to either line 6a or line 6b, the plan cann 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 No	Not determined see instructions.)		
Pa	rt III   Financial Information		T							
_7_	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of	Year		
a	Total plan assets	7a	5	01565				506188		
<u>b</u>	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	5	501565			506188			
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Tota	<u>.I</u>		
а	Contributions received or receivable from: (1) Employers	8a(1)		11531						
	(2) Participants	8a(2)	1	27247						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-	-31661						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					7117			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		2494						
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2494			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						4623		
	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the instruct	iions:		
b	<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							ons:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	Ame	ount		
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	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?		10c	X			55000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		Х				
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	Х			3709		
f	<b>f</b> Has the plan failed to provide any benefit when due under the plan?					X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X				
h	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 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?		f	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		of the letter ruling Year
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	s 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 control of the PBGC?	he		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	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)		<b>13c(3)</b> PN(s)