For	rm 5500-SF	Short Form Annual	Return/Report	of Small Empl			OMB Nos. 1210-0110
_		Short i onn Anndar	Benefit Plan		byee		1210-0089
	artment of the Treasury mal Revenue Service	This form is required to be filed ur	nder sections 104 and 4			.t	2014
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (ER	RISA), and sections 605 evenue Code (the Code		Internal		Form is Open to lic Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in acce	ordance with the inst	ructions to the Form 55	500-SF.	Pub	lic inspection
Part I		dentification Information			104/0044		
For calend	lar plan year 2014 or fisc		1	U	/31/2014		
	uturn/report is for: urn/report is	X a single-employer plan I a one-participant plan I the first return/report I an amended return/report	of participating emplo a foreign plan the final return/report	olan (not multiemployer) (over information in accord m/report (less than 12 mo	dance wit	-	
C Charle	have if filling words a	□ Form 5558	automatic extension		Π	DFVC progra	am
C Check	box if filing under:	special extension (enter description	3			2. To progre	
Part II		mation—enter all requested inform	nation				T
1a Name	of plan BING & HEATING CORI					hree-digit lan number	
						PN)	001
					1c Ef	ffective date o 01/01	of plan 1/2009
2a Plan s	ponsor's name and add	Iress; include room or suite number (e	employer, if for a single	-employer plan)			ification Number 615191
59-68 55TH I	DRIVE				2c S		ohone number 34-7966
MASPETH, N					2d Bu	usiness code (2382	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor.			3b Ac	dministrator's	-
		plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b E		
	e, EIN, and the plan num sor's name	ber from the last return/report.			4c PI	N	
·		at the beginning of the plan year					4
		at the end of the plan year					2
C Numb	per of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	5c		2
•	,	ticipants at the beginning of the plan y			5d(1)	,	2
d(2) Tot	tal number of active part	ticipants at the end of the plan year			5d(2))	2
e Numbe	er of participants that ter	minated employment during the plan	year with accrued bene	efits that were	5e	<u>,</u>	0
		r incomplete filing of this return/re				tablished	
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction d signed by an enrolled actuary, as w	ns, I declare that I have	e examined this return/rep	port, inclu	uding, if applic	able, a Schedule / knowledge and
SIGN		alid electronic signature.	07/01/2015	MICHAEL SEYLAR			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signir	ng as plan adr	ministrator
SIGN							
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address (includ	de room or suite numbe	∍r) (optional)	Prepare	er's telephone	e number (optional)

	Were all of the plan's assets during the plan year invested in eligible						X Yes No
b	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						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan canne						
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
	t III Financial Information		5 (,			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
<u>'</u> a	Total plan assets	7a	(a) Beginning of Tea 3773				271760
	Total plan liabilities	7a 7b		0			
	Net plan assets (subtract line 7b from line 7a)	7c	3773	867			271760
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)		891			
	(2) Participants	8a(2)	141	52			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	206	53	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		39196
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1448	303			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>_</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					144803
	Net income (loss) (subtract line 8h from line 8c)						-105607
j	Transfers to (from) the plan (see instructions)	8i					
Pa	t IV Plan Characteristics	IJ					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E 2F 2G 2J 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in th	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution	tions withi	n the time period described in		163	NO	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		х	
c						Х	
d				10c		^	
u	or dishonesty?			10d		x	
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,				
	insurance service, or other organization that provides some or all instructions.)			10e		x	
f	·			10c		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х	
h				iog			
	2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr					11a	
12	Is this a defined contribution plan subject to the minimum funding		· · · · · ·			302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					-	
а	If a waiver of the minimum funding standard for a prior year is beir		1	ctions,	and e	nter th	e date of the letter ruling

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If 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		
C 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 onegative amount)	of a	12d		
e 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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

Form 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed u	Benefit Plan nder sections 104 and 40	65 of the Employee Ret	irement		2014		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (El	ct of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). This Form is Open to Public Inspection						
Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.				
Part I Annual Report	dentification Information							
For calendar plan year 2014 or fis		01/01/2014	and ending	12/	31/201	.4		
	a single-employer plan	a multiple-employer pla	n (not multiemployer) (F	ilers check	king this be	ox must attach a list		
A This return/report is for:	a one-participant plan	of participating employe a foreign plan	er information in accorda	ance with th	he form in:	structions)		
		the final return/report						
B This return/report is	the first return/report an amended return/report	a short plan year return/	report (less than 12 mor	nths)				
	☐ Form 5558 [automatic extension		По	FVC progr	am		
C Check box if filing under:	special extension (enter description	_						
Part II Basic Plan Info	rmation—enter all requested inforr	nation		41	12 11	T		
1a Name of plan	ng Corp. 401(k) Plan			1b Thre plan	e-digit number	001		
THO FIGHDING & HEACT	ng corp. ior(k) rian			(PN)				
			-	1c Effec	tive date			
2a Plan sponsor's name and add	dress; include room or suite number (employer, if for a single-e	mployer plan)	2b Empl	loyer Ideni	ification Number		
TMJ Plumbing & Heati	ng Corp		-) 11-26			
59-68 55th Drive				2c Sponsor's telephone number 718-784-7966				
59 00 550m 211.0			-			(see instructions)		
Magneth	NY 11378			238220				
Maspeth	d address XSame as Plan Sponsor			3b Admi	inistrator's	EIN		
4 If the name and/or EIN of the name, EIN, and the plan nur	e plan sponsor has changed since the mber from the last return/report.	e last return/report filed for	this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
	at the beginning of the plan year			5a		4		
b Total number of participants	at the end of the plan year			5b		2		
c Number of participants with	account balances as of the end of the	e plan year (defined benef	it plans do not	5c		2		
complete this item) d(1) Total number of active pa	rticipants at the beginning of the plan	year		5d(1)		2		
d(2) Total number of active pa	rticipants at the end of the plan year.			5d(2)		2		
e Number of participants that te	erminated employment during the pla	n year with accrued benef	its that were	5e		C		
				eo le oetal	hlishod			
Caution: A penalty for the late	or incomplete filing of this return/r her penalties set forth in the instruction	eport will be assessed u	miess reasonable cau	ort includi	ing, if appl	icable, a Schedule		
SB or Schedule MB completed a	nd signed by an enrolled actuary, as	well as the electronic vers	ion of this return/report,	and to the	e best of m	y knowledge and		
belief, it is true, correct, and com	121		Michael Seylar	2				
SIGN Kart	11				an kasan sara	Provide the Association		
HERE Signature of plan a	dministrator	Date 6-29-15	Enter name of individu	ual signing	as plan ad	uministrator		
SIGN				5 A V				
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	al signing	as employ	ver or plan sponsor ne number (optional)		
Preparer's name (including firm r	name, if applicable) and address (incl	ude room or suite number) (optional)	reparer	a telephor	ie number (optional)		

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6a Were all of th	e plan's assets during the plan year invested in eligib	le assets? (See instructions.)				2022220	Х	Yes	No
b Are you claim	ing a waiver of the annual examination and report of	an independ	lent qualified public accountar	nt (IQI	PA)			X	Yes	No No
under 29 CFF	3 2520.104-46? (See instructions on waiver eligibility red "No" to either line 6a or line 6b, the plan cann	ot use Forr	n 5500-SF and must instead	l use	Form	5500.	*********			
	defined benefit plan, is it covered under the PBGC in						No 🗍	Not	determ	ined
	incial Information									
7 Plan Assets a			(a) Beginning of Yea		T		(b) End	of Ye	ar	
	sets	7a		736	7		(4)			71760
	ilities	7b			0					
	ets (subtract line 7b from line 7a)	70	37	736	7				2'	71760
	enses, and Transfers for this Plan Year	10	(a) Amount		-		(b) T	otal		
	received or receivable from:		(a) Amount		-		(10)	0 cui		
	IS	8a(1)		439	1				_	
(2) Participa	nts	8a(2)	1	415	2					
(3) Others (in	ncluding rollovers)	8a(3)				_		_	_	
b Other income	(loss)	8b	2	2065	3					
c Total income	(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								39196
	(including direct rollovers and insurance premiums		14	1480	3					
	nefits)	8d								_
	ed and/or corrective distributions (see instructions)	80				-		-		
Contraction of the second seco	e service providers (salaries, fees, commissions)	8f								
	es	8g			-	-			1	44803
	es (add lines 8d, 8e, 8f, and 8g)	8h								05607
	oss) (subtract line 8h from line 8c)	8i		-				-	1	
	from) the plan (see instructions)	· 8j		_				_	_	
	In Characteristics				4 · · · · ·	den in i	lb a linateur	tione		
	ovides pension benefits, enter the applicable pension 2F 2G 2J 3D	feature cod	es from the List of Plan Chara	acteris		des in	me instruc	uons.		
	ovides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plan Charac	terist	ic Cod	es in th	ne instruct	ions:		
	ondes wenale benefits, enter the applicable working i	outor o o o o o							_	
Part V Com	pliance Questions									
10 During the					Yes	No		Amo	unt	
a Was there	a failure to transmit to the plan any participant contribu	utions within	the time period described in			x				
	10.3-102? (See instructions and DOL's Voluntary Fid			10a				-	_	
b Were there	any nonexempt transactions with any party-in-interes	t? (Do not ir	iciude transactions reponed	10b		Х				
	an covered by a fidelity bond?			10c		x				
	have a loss, whether or not reimbursed by the plan's			100					_	
d Did the pla or dishones	ty?			10d		X				
e Were any f	ees or commissions paid to any brokers, agents, or ot	her persons	by an insurance carrier,							
insurance s	ervice, or other organization that provides some or al	l of the bene	fits under the plan? (See	10e		Х				
	.)					x			_	
	n failed to provide any benefit when due under the pla			10f		<u> </u>			_	
-	n have any participant loans? (If "Yes," enter amount			10g		X		_	_	
2520.101-3	individual account plan, was there a blackout period?			10h		x		_		
i If 10h was exceptions	answered "Yes," check the box if you either provided to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i						
Part VI Pens	ion Funding Compliance									
11 Is this a de	ined benefit plan subject to minimum funding requirer	ments? (If "\	es," see instructions and con	nplete	Sche	dule SE	3 (Form		Yes	No
	npaid minimum required contribution for current year					11a				
	fined contribution plan subject to the minimum fundin					302 of	ERISA?		Yes	K No
	omplete line 12a or lines 12b, 12c, 12d, and 12e below									

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lfy	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	B (Form 5500), and skip to line 13.		1
b	Enter the minimum required contribution for this plan year		12b	
c	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 negative amount)		12d	
е	Will the minimum funding amount reported on line 12d be met by the fi	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 emplo	loyer this year	13a	
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?		e control	Yes X No
с	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), identify the plan(s) to	
1	13c(1) Name of plan(s):		13c(2) E	IN(s) 13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN