## 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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	art I		rt Identification Information								
Fo	r calenda	ar plan year 2015 or	fiscal plan year beginning 01/01/201			2/31/2015					
Α	This ret	urn/report is for:	x a single-employer plan	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box m list of participating employer information in accordance with the form inst							
		·	a one-participant plan	a foreign plan							
В	This retu	ırn/report is	the first return/report	the final return/report							
_			an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)					
C	Check b	oox if filing under:	Form 5558 special extension (enter descript	automatic extension		DFVC	program				
D	ort II	Pacia Blan Int	<u> </u>	<u> </u>							
	art II		formation—enter all requested infor	mation		<b>1b</b> Three-digit					
	Name		HEATING CORPORATION PENSION I	PI AN		plan numbe	er				
	J. 1. J. 1.					(PN) ▶	001				
						1c Effective date of plan					
					12/31/1974						
2a	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. E			<b>2b</b> Employer Identification Number (EIN) 11-1882393					
ROC	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  ROCKFORD PLUMBING AND HEATING CORPORATION						telephone number 18-373-9300				
1900	1900 BATH AVENUE						2d Business code (see instructions)				
	SROOKLYN, NY 11214						238220				
3a	Plan a	dministrator's name	and address XSame as Plan Sponsor	·.		<b>3b</b> Administrat	or's EIN				
						<b>3c</b> Administrat	or's telephone number				
4			he plan sponsor has changed since the umber from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
а		or's name	umber from the last return/report.			4c PN					
			ts at the beginning of the plan year			5a	5				
b			ts at the end of the plan year			5b	2				
C	Numbe	er of participants wit	h account balances as of the end of the	e plan year (defined ben	i	5c	2				
d			participants at the beginning of the plan			5d(1)	4				
	` '			•	i	5d(2)	0				
	d(2) Total number of active participants at the end of the plan year  e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				5e	0					
Ca	ution: A	penalty for the late	e or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	use is established	d.				
SB	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as a malete								
SIC	SN SN		d/valid electronic signature.	04/04/2016	PHILLIP FIORIGLIO						
HE	RE	Signature of plan	administrator	Date	Enter name of individu	ual signing as plar	administrator				
SIC	3N										
HE	RE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ual signing as em	oloyer or plan sponsor				
Pre	eparer's		name, if applicable) and address (incli	Preparer's telephone number							

	Form 5500-SF 2015		Page <b>2</b>								
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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi not use Fo	ndent qualified public ations.)orm 5500-SF and mus	ccount	ant (IQ	PA)  Form	5500.			X Yes	
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	<u> </u>	Not dete	rmined
Par	t III   Financial Information	1	1			1					
	Plan Assets and Liabilities		(a) Beginning					(b) Eı	nd of	Year	
	Total plan assets	7a		512	2927					389	
	Total plan liabilities	7b		510	0 2927					389	0
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		.921			/ -	\ T=		040
	Contributions received or receivable from:		(a) Amou	ınt				<u>a)</u>	) Tot	lai	
	(1) Employers	8a(1)			0						
	2) Participants	8a(2)			0						
	3) Others (including rollovers)	8a(3)			0						
	Other income (loss)	8b		9	801						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9	801
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		133	080						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
f	Administrative service providers (salaries, fees, commissions)	. 8f			0						
g	Other expenses	. 8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								133	080
	Net income (loss) (subtract line 8h from line 8c)	8i							-123279		
j	Transfers to (from) the plan (see instructions)	8j			0						
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2C 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in t	he inst	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctio	ns:	
	4B										
Part	V Compliance Questions										
10	During the plan year:			Ī	Yes	No	N/A			Amount	
а	Was there a failure to transmit to the plan any participant contributed 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										
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X						15000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner persor ne or all of	s by an insurance the benefits under			X					
	the plan? (See instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan			10f		X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i		Χ					
Part	VI Pension Funding Compliance			,			<u>I</u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				<u> </u>
12	Is this a defined contribution plan subject to the minimum funding		•				302 of E	RISA?	,	X Ye	s No

	Form	5500-SF 2015 Page <b>3</b> - 1					
	(If "Yes," co	omplete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		of the minimum funding standard for a prior year is being amortized in this plan year, see insee waiver		enter the Day	e date of t	he letter ru Year	ling
If		ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day _		rear	
b	Enter the m	inimum required contribution for this plan year		12b			0
С	Enter the an	nount contributed by the employer to the plan for this plan year		12c			0
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			0
		nount) nimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A
Part		Terminations and Transfers of Assets		1			
		ution to terminate the plan been adopted in any plan year?			X Yes	s No	
		ter the amount of any plan assets that reverted to the employer this year		13a			(
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or broud		ontrol		Yes X	No
С	-	s plan year, any assets or liabilities were transferred from this plan to another plan(s), identits or liabilities were transferred. (See instructions.)	fy the plan(s) to	)			
	<b>13c(1)</b> Name	of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	: VIII Tru	st Information		ı			
14a	Name of trus	st		14b ⊺	rust's EI	١	
14c	Name of tru	ustee or custodian		14d Trustee's or custodian's			
					telephone	e number	
Par	t IX IR	S Compliance Questions					
		a 401(k) plan?		Ye		No	
-134	i is the plant	a 401(K) plait:			esign-		
15b		w does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ontributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	ased safe arbor ethod	ADP/ACP test	
15c	If the ADP/A	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c	urrent year	Ye		No	
		nod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4					
16a	, , , , , , ,	ox to indicate the method used by the plan to satisfy the coverage requirements under secti		1 1 1	atio ercentage	Average benefit test	
16b		an satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comh any other plans under the permissive aggregation rules?		Ye		No	
17a	•	n been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		st plan amendment/restatement for the required tax law changes was adopted//	Enter the ap	plicable	code	(See ins	tructions
	If the plan s advisory let	ponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plater, enter the date of that favorable letter/ and the letter's serial r	number			-	or
17d	If the plan is determination	s an individually-designed plan and received a favorable determination letter from the IRS, e on letter/	nter the date of	the plar	n's last fa	vorable	
18	Is the Plan	maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 erican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in-ser	vice distributions made during the plan year?		Ye	s	No	
	If "Yes," ent	er amount		19			
20		ed minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w required under section 401(a)(9)?		Ye	s	No	N/A

## 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 section 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

2015

This Form is Open to Public Inspection

Par			Identification Information	<u></u>							
For ca	lendar plan yea	ar 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/2015	<u>}</u>				
<b>A</b> Th	is return/report	is for:	x a single-employer plan a one-participant plan			er) (Filers checking this in accordance with the					
<b>B</b> Th	is return/report	is:	the first return/report	the final return/report							
			an amended return/report	port							
<b>C</b> Ch	neck box if filing	g under:		DFVC pro	ogram						
Par	III Raeic	Plan Infe	ormation enter all requested	information							
	vame of plan	· · · · · · · · · · · · · · · · · · ·	Cimation - enter an requested	mormadori	n	1b Three-digit					
	•	T.TIMBTNG	and HEATING CORPORATION	PENSION PLAN		plan numbe	r   001				
	ACCICL OILD 1	201202110				(PN) ►  1c Effective da					
			12/31/19								
N.	Plan sponsor's Vailing Address	s (include ro	<b>2b</b> Employer Id (EIN) 11-	entification Number 1882393							
	-		nce, country, and ZiP or foreign pos and HEATING CORPORATION		,		elephone number				
						(718) 37					
_	1000 7037777	***********	•			2d Business co 238220	ode (see instructions)				
-	1900 BATH .	AVENUE			ė <sup>;</sup>	236220					
	JS BROOKLYN N				*						
3a F	Plan administra	itor's name	and address 🗴 Same as Plan Sp	onsor Name		<b>3b</b> Administrate	or's EIN				
<del></del> 4 1	f the name and	i/or EIN of t	he plan sponsor has changed since	the last return/report filed	for this plan, enter the		or's telephone number				
	name, EIN, and	the plan n	umber from the last return/report.	•	·						
***	Sponsor's nam					4c PN					
			s at the beginning of the plan year				5				
			s at the end of the plan year								
C	Number of part complete this it	icipants with em)	account balances as of the end of	the plan year (defined be	ent plans do not	5c	2				
d(1)	<b>)</b> Total number	of active pa	articipants at the beginning of the p	an year	***************************************	5d(1)	4				
			articipants at the end of the plan ye			5d(2)	O				
	Number of part less than 100%		t terminated employment during the	e plan year with accrued be	nefits that were	5e	0				
Caus	tion: A nenalti	v for the lat	e or incomplete filing of this retu	rn/report will be assesse	d unless reasonable	cause is established	d.				
Unde SB o	er nenalties of	perjury and 3 completed	other penalties set forth in the instr and signed by an enrolled actuary	uctions, I declare that I ha	e examined this retur	n/report, including, if a eport, and to the best o	applicable, a Schedule				
SIG	N Ph	With	Francis	<u> </u>	PHILIP 1	10R16410					
HE	(A) (A)	of polan ad	ministrator //	Date ,	Enter name of indiv	idual signing as plan a	ıdministrator				
	R	111/10	Fe outelles	4/1/16	PHILIP	FIREGULO					
SIG		of employ	er/plan sponsor	Date	Enter name of indiv	idual signing as emplo	yer or plan sponsor				
1000000			n name, if applicable) and address;			Preparer's teleph					
		3									

	Form 5500-SF 2015		Page 2							
6a v	Vere all of the plan's assets during the plan year invested in eligible	e assets? (	See instructions.) `			******			X Yes	]No
	are you claiming a waiver of the annual examination and report of a								X Yes	<del>-</del>
ι	under 20 CER 2520 104-462 (See instructions on waiver eligibility and conditions.)									
•	f you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	ot use For	m 5500-SF and must ins	tead n 400	use F	orm 5	1500. □ ∨oc		□ Not deter	rmined
······	5	isurance pr	Ogram (see E1 (13A section	11 402						
Par	t III Financial Information	- Carana	(-)	. V		1		(b) End o	f Vanu	
	Plan Assets and Liabilities		(a) Beginning of					(b) End o		
	otal plan assets	. 7a	21	.2,9:		<u> </u>			389,64	0
	otal plan liabilities	7b	E1	.2,9	<u>0</u>	<b>-</b>			389,64	
***************************************	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7с	(a) Amount		21	(b) Total				
	Contributions received or receivable from:	1974/00/1974	(4) / 11104111			195.34				
	1) Employers	. 8a(1)			0	14930				
(	2) Participants	. 8a(2)			0					
(	3) Others (including rollovers)	. 8a(3)			0	Ville Market	galgrigatek : Azərbayak			
	Other income (loss)	. 8b		9,8	01	10000				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		11677118	(COASAN)	A CANAGE	Sie Wares	narakaki/silealaan	9,80	( <b>1</b> Blacker
	Senefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d	13	3,0	80					
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
	Administrative service providers (salaries, fees, commissions)	. 8f			0					
	Other expenses	. 8g			0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)					3			133,08	10
i	Net income (loss) (subtract line 8h from line 8c)	. 8ì				(123,27			(123,279	)
j	Transfers to (from) the plan (see instructions)	. 8j			0					
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension									
	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructio	ns:	
	rt V Compliance Questions	<del> </del>	**************************************		V	N	N/A		A	
10	During the plan year:  Was there a failure to transmit to the plan any participant contrib	utions with	in the time period		Yes	NO	IVA		Amount	
а	described in 29 CFR 2510.3-102? (See instructions and DOL's V									
	Program)			10a		x				
b		t? (Do not	include transactions	10b		x				
c	Was the plan covered by a fidelity bond?			10c	х				15	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides sor	ther persor me or all of	ns by an insurance the benefits under							
	the plan? (See instructions.)			10e	<u> </u>	X				
f	Has the plan failed to provide any benefit when due under the plant the plan	an?	******************************	10f	ļ	X				
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		x				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	ed the required notice or one of the								
j	Did the plan trust incur unrelated business taxable income?			10j		x				
Pa	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions an	d con	nplete	Sche	dule S	B (Form	Yes	X No
11:	a Enter the unpaid minimum required contribution for current year						11a			
12	Is this a defined contribution plan subject to the minimum fundin						302 of	ERISA?	X Yes	□No

	Form 5500-SF 2015 Page <b>3-</b>						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.		d enter to ay	he date of Yea		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			0	
С	Enter the amount contributed by the employer to the plan for this plan year		12c			0	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le		12d		~	0	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************	🖂	Yes [	] No 🗵		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	•••••	XY	es 🔲 No	3		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough 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 which assets or liabilities were transferred. (See instructions.)	the plan(s) to	>				
	13c(1) Name of plan(s):	130	(2) EIN	(s)	13c(3)	PN(s)	
Part	t VIII Trust Information		r				
14a	Name of trust		14b ⊤	rust's EIN			
140	Name of trustee or custodian		14d Trustee or custodian's telephone number				
Par	t IX IRS Compliance Questions						
15a	is the plan a 401(k) plan:	*********	☐ Ye	s	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ ba ha	esign- sed safe rbor ethod	ADP/	ACP	
150	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?		☐ Ye	s	☐ No		
	1 Check the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage est	Avera	ige fit Test	
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb this plan with any other plans under the permissive aggregation rules?		☐ Ye	s	☐ No		
	Has the Plan been timely amended for all required law changes?		☐ Ye	:S	☐ No	□ N/A	
	Date of the last plan amendment/restatement for the required tax law changes was adopted//instructions for tax law changes and codes).			able code			
	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan the advisory letter, enter the date of that favorable letter / / and the letter's serial number of the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please	er.				<del></del>	
18	determination letter / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been slands)?	☐ Ye	!S	□ No		
19	Were in-service distributions made during the plan year?		☐ Ye	:S	☐ No		
	if Yes, enter amount	***************	19				
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whe not retired) as required under section 401(a)(9)?		☐ Ye	s	☐ No	□ N/A	