Form 550	00-SF	Short Form Annu	oyee	MB Nos. 1210-0110 1210-0089					
Department of the Internal Revenue		This form is required to be fil	Benefit Pla		etirement	2015			
Department of Employee Benefits Securit	y Administration			s 6057(b) and 6058(a) of the			rm is Open to Inspection		
Pension Benefit Guaran		•		instructions to the Form 5	500-SF.				
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
		X a single-employer plan		yer plan (not multiemployer)		ng this boy	must attach a		
A This return/report		a one-participant plan	list of participation	ng employer information in a	ccordance with	n the form i	nstructions)		
B This return/report	is	the first return/report	\times the final return/re	port					
		an amended return/report	a short plan year	return/report (less than 12 m	nonths)				
C Check box if filing	g under:	Form 5558	automatic extens	sion	DF	VC progra	m		
		special extension (enter desc	cription)		_				
Part II Basic	Plan Infor	mation—enter all requested in	nformation		-				
1a Name of plan					1b Three-	-			
TMJ PLUMBING & HI	EATING CORF	P. 401(K) PLAN			plan nu (PN)		001		
					1c Effectiv	ve date of p			
		er, if for a single-employer plan)					ation Number		
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) TMJ PLUMBING & HEATING CORP.					(EIN) 11-2615191 2c Sponsor's telephone number 718-784-7966				
					2d Busine		e instructions)		
59-68 55TH DRIVE MASPETH, NY 11378						23822	0		
						20022	0		
3a Plan administrat	or's name and	address XSame as Plan Spor	isor.		3b Admini	strator's El	N		
					3c Admini	strator's te	ephone number		
		plan sponsor has changed since ber from the last return/report.	the last return/report	iled for this plan, enter the	4b EIN				
a Sponsor's name	•				4c PN				
5a Total number of	participants at	t the beginning of the plan year.			5a		2		
		t the end of the plan year			5b		0		
•	•	ccount balances as of the end o		•	5c		0		
	,	cipants at the beginning of the p			5d(1)		2		
. ,		cipants at the end of the plan ye	-		5d(2)		0		
e Number of part	icipants that te	erminated employment during th	e plan year with accrue	ed benefits that were less	5e		0		
		incomplete filing of this retu				shed			
Under penalties of pe	erjury and othe	er penalties set forth in the instru	ctions, I declare that I	have examined this return/re	port, including	, if applica			
SB or Schedule MB of belief, it is true, corre		I signed by an enrolled actuary, ete.	as well as the electron	ic version of this return/repo	rt, and to the b	est of my k	nowledge and		
	n authorized/va	alid electronic signature.	06/07/2016	MICHAEL SEYLAR					
HERE Signature of plan administrator Date Enter name of indiv				Enter name of individ	lual signing as	plan admi	nistrator		
SIGN									
		er/plan sponsor	Date	Enter name of individ					
Preparer's name (inc	cluding firm nar	me, if applicable) and address (nclude room or suite n	umber)	Preparer's te	elephone n	umber		
For Paperwork Reduct	tion Act Notice	and OMB Control Numbers, see the	ne instructions for Form	5500-SF.		F	orm 5500-SF (2015)		

	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.)									es 🗌 No
c	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 in								Not dot	ermined
Pa		isulatice p	logram (see ERISA se		JZ1)?		Tes		Not det	ermined
	Plan Assets and Liabilities		(a) Beginning		ar			(b) End	of Year	
	Total plan assets	7a	(a) Beginning		760				orrear	0
	Total plan liabilities	78 7b								Ŭ
										0
-	Income, Expenses, and Transfers for this Plan Year (a) Amou							(b)]	Fotal	
	Contributions received or receivable from: (1) Employers	8a(1)						()		
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-	797					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-797
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		270	888					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f			75					
	Other expenses	8g				_				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				0963
	Net income (loss) (subtract line 8h from line 8c)	8i				_			-27	1760
-	Transfers to (from) the plan (see instructions)	8j								
Par		fa a tuma a a	dee from the List of D	on Cha				4h a :		
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	leature co			acteri				cuons.	
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instruc	tions:	
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
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		х				
b		? (Do not	include transactions	10b		х				
С	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х				
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j		Х				
Part	VI Pension Funding Compliance			,			1	1		
11										

11a	Enter the unpaid minimum required contribution 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 3	302 of F	RISA?	Yes	X

5500) and line 11a below).....

Yes No

No

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-					Т			
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling	
lf	you c	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			X Y	es No		
		es," 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 brought under the c							0	
D		e PBGC?				X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I				
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Dert	1/111	Truck Information						
Part		Trust Information		116	T	15.1		
14a	Name	e of trust		14b Trust's EIN				
14c	Nam	ne of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1				
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	L1	ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es	No	No	
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цp	Ratio ercentag est		verage enefit test	
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No		
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Ye	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	es	No	N/A	

	n 5500-SF	Short Form Annu	of Small Emplo	oyee	/ee OMB Nos. 1210-011 1210-008				
	nent of the Treasury al Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	065 of the Employee Re	etirement		2015		
Employee Ben	artment of Labor lefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		Internal	This Form is Open to Public Inspection			
	efit Guaranty Corporation		accordance with the instru	uctions to the Form 55	00-SF.				
		Identification Information scal plan year beginning	01/01/2015	and ending	12	/31/201	5		
1 Of Galerida	pian year 2010 or in	X a single-employer plan		an (not multiemployer)		Contraction of the Contraction o			
A This retu	rn/report is for:	a one-participant plan		ployer information in ac					
B This retur	n/report is	the first return/report	x the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558	automatic extension			DFVC prog	Iram		
		special extension (enter desc							
Part II	Basic Plan Info	rmation—enter all requested in	formation						
1a Nameo TMJ Plum		ng Corp. 401(k) Plan	1		1b Thre plar (PN	number	001		
						ctive date o			
2a Plan spe Mailing	onsor's name (emplo address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0	D. Box)		2b Emp		ification Number		
City or t		e, country, and ZIP or foreign post		uctions)			phone number		
1110 111	ambing a near	eing corp.		i i		3 - 784 - 7 iness code	966 (see instructions)		
59-68 5	55th Drive					3220			
Maspetl	n	NY 11378							
				:	3c Adm	ninistrator's	telephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Sponso	r's name				4c PN				
5a Total nu	umber of participants	at the beginning of the plan year.			5a		2		
		at the end of the plan year			5b		0		
		account balances as of the end of			5c		0		
d(1) Tota	I number of active pa	rticipants at the beginning of the p	lan year		5d(1)		2		
		rticipants at the end of the plan ye terminated employment during the			5d(2)		0		
than 1	00% vested				5e	hllahad	0		
Caution: A	penalty for the late	or incomplete filing of this return her penalties set forth in the instru	n/report will be assessed	examined this return/ret	nort includ	ling if appli	cable a Schedule		
SB or Sched	ule MB completed a ue correct, and com	nd signed by an enrolled actuary,	as well as the electronic ver	sion of this return/repor	t, and to th	e best of m	y knowledge and		
SIGN	Mark	4	6-7-16	Michael Seyla	r				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing	as plan ad	ministrator		
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing	as employ	er or plan sponsor		
Preparer's n	name (including firm r	name, if applicable) and address (i				's telephone			
							Earm EEOA SE /201EL		

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Ρ	а	g	e	2

6a b	Were all of the plan's assets during the plan year invested in eligible 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and conditi	ident qualified public a ons.)	account	ant (IQ	PA)			X Yes X Yes	No No
C	If the plan is a defined benefit plan, is it covered under the PBGC in							No ∏ No	ot detern	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	Silbra	(a) Beginning	g of Ye	ar			(b) End of	(ear	
a	Total plan assets	7a			7176	0		5.7		0
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		2	7176	0				0
8	Income, Expenses, and Transfers for this Plan Year	124	(a) Amoi	unt				(b) Tota	1	
а	Contributions received or receivable from: (1) Employers	9-14				00	in in		1	
	(2) Participants	8a(1) 8a(2)				12	1111		1.1	-
	(3) Others (including rollovers)	8a(3)				16.0	100			S.W20
b	Other income (loss)	8b			-79	7			18.15	1.5
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1999	- 1 5	1			ALC: N	-797
	Benefits paid (including direct rollovers and insurance premiums						1540		0.12	-191
	to provide benefits)	8d		2	7088	8		1	Sec. 10	
	Certain deemed and/or corrective distributions (see instructions)	8e				_	1.)	10.0		
	Administrative service providers (salaries, fees, commissions)	8f			7	5	her el		-12-0	1
	Other expenses	8g				12	0.055	5,5 (0) -	1.30 %	A diam.
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				70963
-	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i	181 15.1	1.20.1		-		CT 9 1890	-2'	71760
1	t IV Plan Characteristics	8j					10	1. 1. 1.	1.48	
B	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fer the applicable welfare fer the applicable welfare fer the applicable welfare fer the applicable welfare for the applicable welfare									
10	During the plan year:				Yes	No	N/A	Δn	nount	
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fi	duciary Correction	10a		x			Iount	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	clude transactions	10b		х				
C	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	ı?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х		us" Sinduse	h S	
I	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		х				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and con	plete \$	Sched	ule SB (Form] Yes	No
11a	Enter the unpaid minimum required contribution for all years from S						11a			
12	Is this a defined contribution plan subject to the minimum funding						302 of Ef	RISA?	Yes	X No

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()	f "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a lf	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and en ranting the waiver	ter the Day	date of the	letter rulin ear	g
lf yo	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Er	ter the minimum required contribution for this plan year	12b			
C Er	ter the amount contributed by the employer to the plan for this plan year	12c			
ds	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d			
	/ill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part V					
13a ⊦	las a resolution to terminate the plan been adopted in any plan year?		X Yes	No	
li	"Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b v	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cor f the PBGC?	ntrol	X	res 🗌 N	o
CI	f 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.)				
	c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3) PM	V(s)
Part \			Trust's EIN		
	ame of trust	14d Trustee's or custodian's			
140			telephone r	number	
Part	IX IRS Compliance Questions	_			
15a	s the plan a 401(k) plan?	[] Ye	es	No	
15b.	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		esign- ased safe arbor nethod	ADP/ACP test	
1	f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)- 2(a)(2)(ii))?		Yes No		
16a (Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	ЦЦр	Ratio percentage est		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining his plan with any other plans under the permissive aggregation rules?		es	No	
17a	Has the plan been timely amended for all required tax law changes?	Y	es	∐ No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	applica	able code	(See ir	nstruction
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number	_	· · · ·		or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	r		orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Y		No	
19	Were in-service distributions made during the plan year?	чЦ.	′es	No No	
	If "Yes," enter amount	. 19			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	0	/es	No	□ N/A