## 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

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information	]									
For calend	lar plan year 2015 or	fiscal plan year beginning 01/01/2	2016	and ending 05	5/09/2016							
A This re	turn/report is for:	X a single-employer plan				lers checking this box must attach a dance with the form instructions)						
	·	a one-participant plan		,								
<b>B</b> This ret	urn/report is	the first return/report										
		an amended return/report	a short plan year retur	onths)								
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension	tension DFVC program								
Dort II	Pagis Blan Inf	<u> </u>	• • •									
Part II		ormation—enter all requested in	formation		1b Throng disale							
1a Name ROCKFOR		EATING CORPORATION PENSIC	N PLAN		1b Three-digit plan number	er 001						
					(,							
					1c Effective date of plan 12/31/1974							
Mailin	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0				lentification Number 11-1882393						
		ce, country, and ZIP or foreign posi EATING CORPORATION	tal code (if foreign, see inst	ructions)	2c Sponsor's t	elephone number						
						ode (see instructions)						
1900 BATH A					238220							
3a Plan administrator's name and address Same as Plan Sponsor.			<b>3b</b> Administrator's EIN									
				3c Administrat	3c Administrator's telephone number							
		ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN							
	sor's name	umber from the last return/report.			4c PN							
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	2						
		s at the end of the plan year			5b	0						
		account balances as of the end of		efit plans do not	5c	0						
<b>d(1)</b> Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	0						
		articipants at the end of the plan ye			5d(2)	0						
than	100% vested				5e	0						
		or incomplete filing of this retur										
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.										
SIGN	Filed with authorized	d/valid electronic signature.	06/17/2016	PHILIP FIORIGLIO								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plar	administrator						
SIGN												
HERE		oyer/plan sponsor	Date	Enter name of individ								
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numbe	er)	Preparer's teleph	none number						

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b.</li> </ul>	an indepen and condition ot use For	dent qualified public a ons.)	ccount	ant (IQ	PA)  <b>For</b> m	5500.		X Ye	
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not dete	ermined
Part III Financial Information	1				_				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		389	648	_				0
<b>b</b> Total plan liabilities	7b		000	0					0
C Net plan assets (subtract line 7b from line 7a)	7c			648					0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
<b>b</b> Other income (loss)	8b		4	120					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								4120
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		393	768					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							393	3768
i Net income (loss) (subtract line 8h from line 8c)	8i							-389	9648
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2C 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Char	octoriet	ic Coc	les in the	e inetructi	one:	
4B	cature cout	cs from the List of Flat	ii Onaie	actorist	10 000	103 111 111	c mondon	J113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
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 Fi	duciary Correction	10a		X				
<b>b</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
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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 t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla					Χ				
			10f						
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>		,	10g		X				
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						
j Did the plan trust incur unrelated business taxable income?			10j			Χ			
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Ye	es X No
11a Enter the unpaid minimum required contribution for all years from						11a	-		_
12 Is this a defined contribution plan subject to the minimum funding							RISA?	X Ye	es No

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	(If "Yes," o	complete 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		eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		rear				
b	Enter the m	inimum required contribution for this plan year		12b			0			
С	Enter the ar	nount contributed by the employer to the plan for this plan year		12c			0			
d		ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			0			
		mount) nimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A			
Part		n Terminations and Transfers of Assets								
		lution to terminate the plan been adopted in any plan year?			X Yes	s No				
		nter the amount of any plan assets that reverted to the employer this year		13a			(			
b		ne plan assets distributed to participants or beneficiaries, transferred to another plan, or brough		ontrol	X	Yes 🗌	No			
С	-	is plan year, any assets or liabilities were transferred from this plan to another plan(s), identiets or liabilities were transferred. (See instructions.)	fy the plan(s) to	ı						
	<b>13c(1)</b> Name	e of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	: VIII Tr	ust Information		1						
14a	Name of tru	st		<b>14b</b> Trust's EIN						
14c	Name of tr	ustee or custodian			14d Trustee's or custodian's					
						telephone number				
Par	t IX IR	S Compliance Questions								
		a 401(k) plan?		Ye	s	No				
13a	i is the plan	a 40 T(K) plan?			esign-	Пио				
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)?		based safe ADP/AC						
15c	If the ADP/	ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c	urrent year	Yes No						
		hod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4								
16a	, , , , , , ,	pox to indicate the method used by the plan to satisfy the coverage requirements under secti		∐ ре	atio ercentage	Average benefit test				
16b		lan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come that any other plans under the permissive aggregation rules?		Yes No						
17a	·	in been timely amended for all required tax law changes?		Ye	s	No	N/A			
17b	Date the la for tax law	plicable	code	(See ins	tructions					
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter/ and the letter's serial number									
17d	If the plan in the determinat	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	Yes No					
19	Were in-se	rvice distributions made during the plan year?		Ye	Yes No					
	If "Yes," en	ter amount	<u></u>	19						
20		red 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

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	► Complete all entries in ac	cordance with the instru	cuons to tile Form 55	00-3F.						
	Identification Information									
or calendar plan year 2015 or fis	scal plan year beginning	01/01/2016	and ending	05/09/201						
A This return/report is for:	x a single-employer plan a one-participant plan	a list of participating e	lan (not multiemployer) imployer information in							
B This return/report is:	the first return/report	the final return/report								
	an amended return/report	x a short plan year retu								
C Check box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program								
	<u> </u>									
	rmation enter all requested i	nformation	···············	1b Three-digit						
1a Name of plan ROCKFORD PLUMBING a	and HEATING CORPORATION	PENSION PLAN		plan numbe (PN) ▶	or 001					
			***************************************	1c Effective da 12/31/19	· · · · · · · · · · · · · · · · · · ·					
Mailing Address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street or P.C ce, country, and ZIP or foreign post	). Box) al code (if foreign, see ins	tructions)	2b Employer Id (EIN) 11-	dentification Number -1882393					
-	and HEATING CORPORATION			<b>2c</b> Sponsor's t (718) 37	elephone number 73–9300					
1900 BATH AVENUE				2d Business of 238220	ode (see instructions)					
US BROOKLYN NY 11214				2h Administration	ada CINI					
3a Plan administrator's name a	nd address 🗓 Same as Plan Spo	onsor Name		<b>3b</b> Administrat	OFS EIIN					
				3c Administrat	or's telephone number					
	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name				4c PN						
	at the beginning of the plan year				2					
	at the end of the plan year			. 5b	0					
complete this item)	account balances as of the end of		*******	1 1	0					
d(1) Total number of active pa	rticipants at the beginning of the pla	an year	***************************************		0					
	rticipants at the end of the plan yea		***************************************	. 5d(2)	0					
e Number of participants that less than 100% vested	terminated employment during the			. 5e	0					
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable o	ause is establishe	d					
Under penalties of perjury and of SB or Schedule MB completed a belief, it is true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, inplete	ctions, I declare that I hav as well as the electronic v	e examined this return/ ersion of this return/rep	report, including, if a port, and to the best	applicable, a Schedule of my knowledge and					
SIGN Heley	trongho		CHILIP FIDE	216613						
HERE Signature of plan adn	ninistrator /	Date 6/11/16	Enter name of individ	ual signing as plan	administrator					
He le us	Februsho	•	PHILIP 71	o RICLIO						
SIGN   Signature of employe		Date 6/17/16	Enter name of individ	ual signing as empl	oyer or plan sponsor					
manager and and the second of	name, if applicable) and address; i	The second secon	L	Preparer's teleph						

	Form 5500-SF 2015		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	******					XYes	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 and conditions.)								No		
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must ins	stead	use F	orm	5500.				
C	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pi	ogram (see ERISA sectio	on 402	21)?	[	Yes	☐ No	Not de	termined	
P:	rt III Financial Information									***************************************	
7	Plan Assets and Liabilities	10031110000	(a) Beginning o	f Year	r			(b) End o	Year		
a	Total plan assets	7a		39,6		+		<del></del>		0	
b	Total plan liabilities	7b			0					0	
c	Net plan assets (subtract line 7b from line 7a)	7c	38	39,6	48	1					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from:				_						
	(1) Employers	8a(1)			0	16 CONT					
	(2) Participants	8a(2)			0	100000					
	(3) Others (including rollovers)	8a(3)			0	District.					
b	Other income (loss)	d8		4,1	20						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				er e	944666446694	orástatett til til til til til til til til til t	4,	120	
d	to provide benefits)	8d	3.9	93,7	68						
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						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					393,768				
. i	Net income (loss) (subtract line 8h from line 8c)	8i					(389,648)				
j	Transfers to (from) the plan (see instructions)	8j			0	Vicinia.					
Pa	ert IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan C	harac	teristi	c Coc	des in th	ne instructi	ons:		
	2C 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instruction	ns:		
	4B										
P	art V Compliance Questions										
10	During the plan year:		W		Yes	No	N/A	1	mount		
3	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					•			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fid	duciary Correction								
	Program)			10a		x					
k	Were there any nonexempt transactions with any party-in-interest			10b		x					
	reported on line 10a.)			10c	×					5,000	
				100	<u></u>	<u> </u>				.5,000	
C	by fraud or dishonesty?			10d		x					
		ner person	s by an insurance					*****************	·····		
	carrier, insurance service, or other organization that provides som	e or all of	the benefits under	40							
	the plan? (See instructions.)			10e		X	(255,000) (255,000)		<del></del>		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
2	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x					
r											
	2520.101-3.)			10h		Х					
1		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3									
j	Did the plan trust incur unrelated business taxable income?	*************	***************************************	10j		<u></u>	x				
Pa	rt VI Pension Funding Compliance		·						f · · ·		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions an	d com	plete	Sche	dule SE	3 (Form	Yes	X No	
11	a Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line	40			11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? X Yes No										
				_							

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	(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 inst granting the waiver.		d enter th ay	ne date of Yea		ruling -		
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			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 negative amount)		12d			0		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🔲	Yes [	No 🗵	] N/A		
Par	t VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u>X</u> Ye	es □ N	0			
	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?			[	X Yes [	□ 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) t	0					
	13c(1) Name of plan(s):	130	(2) EIN(	s)	13c(3)	PN(s)		
				***************************************				
Par	t VIII Trust Information	· · · · · · · · · · · · · · · · · · ·						
14a	Name of trust	14b Trust's EIN						
140	Name of trustee or custodian	14d Trustee or custodian's telephone number						
Pai	t IX IRS Compliance Questions							
15a	l is the plan a 401(k) plan:	**************	☐ Ye	3	☐ No			
15h	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)?		Design- based safe ADP/ACP harbor test method					
<b>15c</b> 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(m)-2(a)(2)(ii))?					Yes No			
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio Percentage Average Test Benefit Test					
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combiting this plan with any other plans under the permissive aggregation rules?		☐ Ye	3	☐ No			
	Has the Plan been timely amended for all required law changes?	*****************	Ye:	3	☐ No	□ N/A		
17k	17b Date of the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
170	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 numb	to a favo	rable IRS	opinion or				
170	If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please determination letter / /		te of plar	ı's last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) hamade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	is been lands)?	☐ Ye	S	☐ No			
19	Were in-service distributions made during the plan year?	************	☐ Ye	3	☐ 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		