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

Pa	rt I Annual Repor	t Identification Information	n			
For o	calendar plan year 2015 or f	fiscal plan year beginning 01/01	/2015 and ending 12	2/31/20	15	
A T	his return/report is for:	□ a single-employer plan □ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		_	
Вт	nis return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
C c	Check box if filing under:	X Form 5558 Special extension (enter des	automatic extension		DFVC progr	ram
Pa	rt II Basic Plan Infe	ormation—enter all requested i	nformation			
	Name of plan NC. PENSION PLAN				Three-digit plan number (PN)	001
				1c	Effective date of 01/0	f plan 1/2014
I	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		Employer Identii (EIN) 13-3	fication Number 706215
IJS IN		ce, country, and ZIP or foreign pos	stal code (if foreign, see instructions)	2c :	Sponsor's telep 212-80	hone number 69-1729
				2d [Business code (see instructions)
	TH AVENUE YORK, NY 10036				4239	940
3a	Plan administrator's name a	and address XSame as Plan Spor	nsor.	3b /	Administrator's I	ΞIN
				3c /	Administrator's t	elephone number
4		ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b	EIN	
a	Sponsor's name			4c	PN	
5a	Total number of participant	s at the beginning of the plan year		5a	1	3
b	Total number of participant	s at the end of the plan year		5b)	3
С	Number of participants with complete this item)	account balances as of the end o	f the plan year (defined benefit plans do not	5c	:	
d(1) Total number of active pa	articipants at the beginning of the p	olan year	5d(*	1)	3
	-		ear	5d(2	2)	3
e	Number of participants that than 100% vested	t terminated employment during th	ne plan year with accrued benefits that were less	5e		0
			rn/report will be assessed unless reasonable cau			
			uctions, I declare that I have examined this return/re			

belief, it is true, correct, and complete. Filed with authorized/valid electronic signature. 10/14/2016 JACK SPITZER **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

	Form 5500-SF 2015		Page 2							
b A	Vere all of the plan's assets during the plan year invested in eligib re you claiming a waiver of the annual examination and report of ander 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
	the plan is a defined benefit plan, is it covered under the PBGC in					_	_	No X	Not determi	ined
Part	III Financial Information	-	<u> </u>		-					
	lan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
	otal plan assets	7a	(a) = 0 g		0000			(2) = 110	403413	3
	otal plan liabilities	7b			0				(0
C N	et plan assets (subtract line 7b from line 7a)	7с		200	0000				403413	3
8 In	come, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	Total .	
	ontributions received or receivable from:) Employers	8a(1)		200	0000					
(2	P) Participants	8a(2)								
(3	3) Others (including rollovers)	8a(3)								
b 0	ther income (loss)	8b		3	8413					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							203413	3
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d								
	ertain deemed and/or corrective distributions (see instructions)	8e								
f A	dministrative service providers (salaries, fees, commissions)	8f								
g 0	ther expenses	8g								
h To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i N	et income (loss) (subtract line 8h from line 8c)	8i							203413	3
j T	ransfers to (from) the plan (see instructions)	8j								
Part	IV Plan Characteristics									
B	1A 3D f the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits and the plan provides welfare for the plan provides welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruct	tions:	
10	During the plan year:				Yes	No	N/A		Amount	
a	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				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	and, that was caused	10d		X				
е	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.)	ner persor ne or all of	ns by an insurance the benefits under	10e		X				
	Has the plan failed to provide any benefit when due under the pla			10f		X				
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		Χ				-
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR	10g 10h						
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	he require	d notice or one of the	10i						
	Did the plan trust incur unrelated business taxable income?			10j			Х			
Part \	/I Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•			•			•	X Yes	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			0
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of F	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	١			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's		
	rianio	of tubics of suctorial			telephone		a 11 0		
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP		
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes," enter amount								
20	· · · · · · · · · · · · · · · · · · ·								

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

		File as an a	ttachment to Form	5500 or 5	500-SF.			
For	calendar plan year 2015 or fiscal p	olan year beginning 01/01	/2015		and end	ding 12/3	1/2015	
▶ I	Round off amounts to nearest do	ollar.						
<u> </u>	Caution: A penalty of \$1,000 will b	e assessed for late filing of this	s report unless reaso	nable cau	use is establisl	hed.		
	lame of plan				B Three-d	igit		
MJ	S INC. PENSION PLAN			_	plan nur	mber (PN)	•	001
<u> </u>	Plan sponsor's name as shown on I	ing 2g of Form FEOO or FEOO S			D Employe	r Idontificati	on Number /I	=INI)
	S INC.	ine za di Form 3300 di 3300-3			Lilipioye	13-3706	on Number (I	_11N)
						13-3700	213	
Ет	ype of plan: X Single Multipl	e-A Multiple-B	F Prior year pla	n size: X	100 or fewer	101-50	00 More th	nan 500
Pa	art I Basic Information							
1	Enter the valuation date:	Month 01 Day	01 Year 2	2015				
2	Assets:	•						
	a Market value					2a		191682
	b Actuarial value					2b		191682
3	Funding target/participant count b	oreakdown		` '	lumber of ticipants	,	ed Funding	(3) Total Funding Target
	a For retired participants and ber	neficiaries receiving payment		Pan	0	18	arget 0	rarget
	b For terminated vested participa	ants			0		0	
	C For active participants				3		0	233545
			l e		2		0	
_	d Total		•	1	<u></u>	1	U	233545
4	If the plan is in at-risk status, che	·	` , ` , ` ,	·				
	a Funding target disregarding pre	•				4a		
	b Funding target reflecting at-risk	c assumptions, but disregarding five consecutive years and disr				4b		
5	Effective interest rate					5		6.11%
6	Target normal cost					6		156557
	ement by Enrolled Actuary							
Т	To the best of my knowledge, the information s							
	accordance with applicable law and regulations combination, offer my best estimate of anticipa		s reasonable (taking into ac	count the ex	perience of the pia	in and reasona	ole expectations)	and such other assumptions, in
S	SIGN							
	ERE						10/14/2	016
		Signature of actuary					Date	
DAN	NIEL LISS, EA, MSPA	, ,					14-073	95
		or print name of actuary			•	Most re	cent enrollme	
ECC	ONOMIC GROUP PENSION SVCS						212-49	
		Firm name			-	Telephone r		ding area code)
	SEVENTH AVENUE						(J
INEV	W YORK, NY 10001							
		Address of the firm			-			
If the	actuary has not fully reflected any	regulation or ruling promulasts	ed under the statute i	n comple	ting this sched	fule check	the hox and s	see \square
11 1116	actually has not fully followed ally	rogulation of railing promitingate	o andor the statute i	comple	ang ana sonet	auto, official	the box and s	,,,,

Page	2	_

Pa	art II	Begi	nning of Year	Carryov	er and Prefunding Ba	alances						
							(a) (Carryover balance		(b) i	Prefundi	ng balance
7		-			cable adjustments (line 13 f	•			0			0
8			•	•	unding requirement (line 35				0			0
9									0			0
10					urn of%				0			0
11	Prior ye	ar's exc	cess contributions to	o be added	to prefunding balance:							
	a Prese	ent value	e of excess contribu	utions (line	38a from prior year)							140492
					Ba over line 38b from prior ye interest rate of $\underline{6.32}\%$							0070
	b(2) In	iterest o	n line 38b from prid	or year Sch	nedule SB, using prior year's	actual						8879
												0
	_				ear to add to prefunding balar							149371
	d Portion	on of (c)	to be added to pre	funding ba	ılance							0
12	Other re	eduction	s in balances due	to elections	s or deemed elections				0			0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												0
P	art III	Fur	nding Percenta	ages								
14	4 Funding target attainment percentage											
15	Adjuste	d fundin	g target attainmen	percentag	je						15	82.07 %
16					of determining whether car						16	100.00 %
17	If the cu	ırrent va	alue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	%
Pa	art IV	Co	ntributions and	d Liquid	ity Shortfalls							
18	Contrib	utions m	nade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
(N/	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0	•	int paid by oyees
	9/15/2016		cripicycri	200000	О	(WINT DE	, , , , , ,	cripicycr	3)		СПР	oyees
- 00	<i>3/</i> 10/2010			200000	V							
				•		Totals ▶	18(b)		200000	18(c)		
19	Discour	nted emp	ployer contributions	s – see inst	tructions for small plan with	a valuation	date after th	ne beginning of the	year:			
	a Contr	ributions	s allocated toward u	ınpaid min	imum required contributions	from prior	years		19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20		•	butions and liquidit	•								
			_		he prior year?						<u> </u>	Yes X No
				-	installments for the current	-	-	manner?	г			Yes No
	C If line	20a is	"Yes," see instructi	ons and co	mplete the following table a							
		(1) 1	st		Liquidity shortfall as of e	nd of quarte	er of this pla (3)	n year 3rd			(4) 4th	า
		(.,			(-)		(0)				1.7 74	

	-4.37			F dia T	4 N 1 O 4				
		•	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21			1st sagment:	2nd sagment:	3rd cogmont:				
	a Segm	nent rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yield	d curve	used
	b Applic	cable month (enter code)			21b			0
22	Weighte	d average ret	irement age			22			62
23	Mortality	table(s) (see	e instructions) X Pro	escribed - combined Pres	scribed - separate	Substitute	e		
Pa	rt VI N	liscellane	ous Items						
24		•	•	uarial assumptions for the current			· · · –	d Yes	X No
25	Has a m	ethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the pla	an required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	× No
27	If the pla	an is subject to	o alternative funding rules, en	er applicable code and see instruc	tions regarding	27	<u>L</u>		
Pa				ım Required Contributions		l l			
28			•	years		28			0
29				I unpaid minimum required contribu					
						29			0
30	Remaini	ing amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target r	normal cost ar	nd excess assets (see instruct	ions):					
	a Target	normal cost ((line 6)			. 31a			156557
	b Exces	s assets, if ap	pplicable, but not greater than	line 31a		. 31b			0
32	Amortiza	ation installme	ents:		Outstanding Bala	ance	Installn	llment	
	a Net sh	nortfall amortiz	zation installment			41863			10756
	b Waive	er amortization	n installment			0			0
33				ter the date of the ruling letter gran) and the waived amount		33			
34	Total fur	nding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			167313
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		0			0
36	Addition	al cash requir	ement (line 34 minus line 35)			36			167313
37				ontribution for current year adjusted		37			179081
38	Present	value of exce	ss contributions for current ye	ar (see instructions)					
	a Total (excess, if any	, of line 37 over line 36)			38a			11768
	b Portio	n included in l	line 38a attributable to use of	prefunding and funding standard ca	arryover balances	. 38b			0
39	Unpaid ı	minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over I	ine 37)	. 39			0
40	Unpaid ı	minimum requ	ired contributions for all years	i		40			0
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)			
41	If an elec	ction was mad	de to use PRA 2010 funding re	elief for this plan:					
	a Sched	lule elected				<u></u>	2 plus 7 years	15 y	/ears
	b Eligibl	e plan year(s)	for which the election in line	41a was made		2008	3 2009 201	0 :	2011
42						42	<u> </u>		
			celeration amount to be carrie			43			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Bonotite Security Administration Pension Benefil Guaranty Corporation

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).

Short Form Annual Return/Report of Small Employee

2015

OMB Nos. 1210-0118

1210-0069

This Form is Open to Public Inspection

Pension Benefil Guaranty Corporation	► Complete all entries in a	ccordance with the Inst	ructions to the Form 550	0-SF.	and the state of the section of the
	Identification Information	1	And the second s	12/31/201	5
or calendar plan year 2015 or fis		01/01/2015	and ending r plan (not multiemployer)	(Filors checking th	is box must attach
This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	g employer information in i	accoloration with a	e form instructions)
	T su sinelided terminyeboli	a short plan your to	the state of the s	P1	
Check box if filing under:	X Form 5558 special extension (enter desc	automatic extension aription).	1	∐ DFVC p	rogram
Part II Basic Plan Infor	rmation enter all requested	information		T #8	
a Name of plan MJS Inc. Pension Pla	an			1b Three-digil plan numb (PN) ▶	
				1c Effective d 01/01/2	014
Mailing Address (include roor	ver, if for a single-employer plan) n, apt., suite no. and street or P. e, country, and ZIP or foreign pos	D. Box)	nstructions)	(EIN) 13	dentification Number -3706215
MJS Inc.	of locality, and an or locality pos	THE WORLD TO LEGISTIC MAN II		(212) 8	telephone number 69–1729
580 5th Avenue				2d Business (423940	code (see instructions)
US New York NY 10036					Market Control
Plan administrator's name and	d address 🗓 Same as Plan Sp	onsor Name		3b Administra	tor's EIN
JAL SPISZE	2 1423 49 50	BRUN NY	-1619	3c Administra	tor's telephone number
If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since per from the last returnfreport.	the last return/report filed	l for this plan, enter the	4b EIN	
Sponsor's name T M	< 242,7%0-			4c PN	
Total number of participants at	the beginning of the plan year	*****************		5a	3
Total number of participants at				5b	3
Number of participants with accomplete this item)				5c	
1) Total number of active partic		GNASA KRASA SA PASARA PARA PARA PARA PARA PARA	Aces des communes and second description of the second sec	5d(1)	3
2) Total number of active particle	ipants at the end of the plan yea	r	************	5d(2)	3
Number of participants that terr less than 100% vasted	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	######################################	5e	Ō
ution: A penalty for the late or der penalties of penilty and othe or Schedule MB completed and lef, it is true, collect, and comple	r penalties set forth in the instru- signed by an enrolled actuary.	ctions. I declare that I ha	ve examined this return/r	anort includion t	
GN \		10-14-16	1 JACK STR	716	**************************************
ERE Signature of plan admini	sirator	Date	Enter name of individu	al signing as st	
			TAVK (D		administrator
GN Signature premployer(p)	en sponsor	Date	Entar name at 1	12415	
parer's name (including firm nam			Enter name of individu	ai signing as emi	ployer or plan aponsor
				Preparer's teler	thone number

	Form 5500-SF 2015		Page 2			_			
	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)				*****	X Yes]No
b	Are you claiming a waiver of the annual examination and report of a		•	ountai	nt (IQI	PA)			•
	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 cannot	ot use For	m 5500-SF and must in						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	on 40	21)?		Yes	No X Not deter	mined
Pa	art III Financial Information								
7	Plan Assets and Liabilities	DALA H	(a) Beginning o	of Yea	ır		(1	b) End of Year	
а	Total plan assets	7a	2	00,0	00			403,41	.3
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	00,0	00			403,41	3
8	Income, Expenses, and Transfers for this Plan Year	AMA M	(a) Amoun	t				(b) Total	
а	Contributions received or receivable from:	8a(1)	2	00,0	100				
	(1) Employers	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		3,4	13	VIEW.			<u> </u>
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						203,41	3
d	Benefits paid (including direct rollovers and insurance premiums								-
	to provide benefits)	8d	***************************************						<u> </u>
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	***************************************						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							<u>1864.</u> 1881.
<u>g</u>	Other expenses	8g				- (* * * * * * * * * *		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i	<u>, , , , , , , , , , , , , , , , , , , </u>					203,41	<u> </u>
7	Transfers to (from) the plan (see instructions)	8j							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Ch	aract	eristic	Code	s in the ir	nstructions:	
Pa	rt V Compliance Questions								
<u>10</u>	During the plan year:			1	Yes	No	N/A	Amount	
а	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	•	•	4.0		37			
b	Program)			10a		X	Table 5		
	reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?		***************************************	10c		х	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	•	•	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth- carrier, insurance service, or other organization that provides some	e or all of t	he benefits under						
	the plan? (See instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		X			
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					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
j	Did the plan trust incur unrelated business taxable income?	•••••		10j			х		
Par	t VI Pension Funding Compliance		444-4-20-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4						
11	ls this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and	com	piete	Sched	ule SB (F	Form X Yes] No
112	Enter the unpaid minimum required contribution for current year fro						11a		0
12	Is this a defined contribution plan subject to the minimum funding r							SA? Yes X	No

	Form 5500-SF 2015	Page 3-				.,,	
	(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 tigranting the waiver.	his plan year, se		d enter t Dav	the date of Ye		ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li					
b	Enter the minimum required contribution for this plan year			12b		·	
	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			40.3			
	negative amount)			12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes L	No L	N/A
Part	VII Plan Terminations and Transfers of Assets			T			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		<u> </u>	es X N	10	
	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 ar of the PBGC?		************************	**********		☐ Yes	X No
	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)	other plan(s), id	entify the plan(s) t	.0		1	
1	13c(1) Name of plan(s):		13	c(2) EIN	(s)	13c(3)	PN(s)
Part	VIII Trust Information					1	
14a	Name of trust			14b ⊤	rust's EIN		
14c	Name of trustee or custodian				rustee or phone nu		's
				lele	phone na	mbei	
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:		***************************************	☐ Ye	:S	☐ No	
					sign-	fe	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				sed safe rbor	test	ACP
	matching contributions (as applicable) under sections 40 (K)(3) and 40 ((ii)(2)?	*****************		me	ethod	1031	
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin	-		☐ Ye	:S	☐ No	
	testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?						
	2(2)(2)(1));			Ra	itio		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requir	ements under s	ection 410(b):	└─ Pe	rcentage	Avera Bene	age fit Test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are	nd 401(a)(4) by	combining	Te:	······································	□ No	
	this plan with any other plans under the permissive aggregation rules?			☐ Ye		□ No	
	Date of the last plan amendment/restatement for the required tax law changes was a				able code		
	instructions for tax law changes and codes).						
17c	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volui advisory letter, enter the date of that favorable letter / / , and the	me submitter pla e letter's serial	an that is subject t number	o a favo	rable IRS	opinion o	f
17d	If the plan is an individually-designed plan and recieved a favorable determination let determination letter / /			te of plai	n's last fav	vorable	
	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands			☐ Ye	s	□ No	
19	Were in-service distributions made during the plan year?	***************************************	***************************************	☐ Ye	s	☐ No	
	If Yes, enter amount	•••••	19				
	Were minimum required distributions made to 5% owners who have attained age 70 to retired) as required under section 401(a)(9)?	☐ Ye	s	☐ No	□ N/A		

Schedule SB, line 22 - Description of Weighted Average Retirement Age

MJS Inc. Pension Plan 13-3706215 / 001 For the plan year 01/01/2015 through 12/31/2015

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

MJS Inc. Pension Plan 13-3706215 / 001

For the plan year 01/01/2015 through 12/31/2015 Valuation Date: 01/01/2015

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	09/15/2016	\$200,000					
Applied to Additional Contribution	01/01/2015	13,020	11,768	0	0	6.11	0
Applied to MRC	01/01/2015	147,184	133,030	0	0	6.11	0
Applied to Quarterly Contribution	04/15/2015	9,949	8,423	0	9,949	6.11	11.11
Applied to Quarterly Contribution	07/15/2015	9,949	8,520	0	9,949	6.11	11.11
Applied to Quarterly Contribution	10/15/2015	9,949	8,620	0	9,949	6.11	11.11
Applied to Quarterly Contribution	01/15/2016	9,949	8,720	0	9,949	6,11	11.11
Totals for Deposited Contribution		\$200,000	\$179,081	\$0	\$39,796		

Schedule SB, line 32 - Schedule of Amortization Bases

MJS Inc. Pension Plan 13-3706215 / 001 For the plan year 01/01/2015 through 12/31/2015

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2014	194,593	Shortfall	173,013	6	32,567
	01/01/2015	-131,150	Shortfall	-131,150	7	-21,811
Totals:				\$41,863		\$10,756

Schedule SB, Part V **Summary of Plan Provisions**

MJS Inc. Pension Plan 13-3706215 / 001

For the plan year 01/01/2015 through 12/31/2015

Employer:

MJS Inc.

Type of Entity - S-Corporation

EIN: 13-3706215

TIN:

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 01/01/2014

Year end - 12/31/2015

Valuation - 01/01/2015

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - N/A

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction. However, those employed on 01/01/2014 enter on 01/01/2014

Retirement:

Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the unit credit benefit formula below:

2% of average monthly compensation per year of service beginning year 1 limited to 20 year(s)

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit --

Present Value of Accrued Benefit

Top Heavy Minimum:

None

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Percent Years 0-1 0% 2 20% 3 40% 4 60% 5 80% 100%

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

MJS Inc. Pension Plan 13-3706215 / 001

For the plan year 01/01/2015 through 12/31/2015

Rate %

1.48

3.77 4.79

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates - Segment #
Segment 1
Segment 2

Mortality Table - 15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5.5%

Years 0 - 5

6 - 20

> 20

Mortality Table -

Segment 3

None

Post-Retirement - Interest -

5.5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2015

OMB No. 1210-0110

This Form is Open to Public Inspection

▶ File as an attachm	ent to Form 5500 or	5500-SF.				
For calendar plan year 2015 or fiscal plan year beginning 01/01	/2015	and ending	12/31/2	015		
▶ Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reasonable ca	ause is established.				
A Name of plan		B Three-digit				
MJS Inc. Pension Plan		plan number	(PN)	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer Ident	ification Nur	mber (EIN)		
MJS Inc.		13-	3706215			
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:	K 100 or fewer ☐ 1	01-500	More than 500		
Part I Basic Information						
1 Enter the valuation date: Month 01 Day 01	Year 2015			, , , , , , , , , , , , , , , , , , , ,		
2 Assets:						
a Market value	***************************************		2a	191,682		
b Actuarial value			2b	191,682		
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Fu Target	٠ ١	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment	0		0	0		
	0	· · · · · · · · · · · · · · · · · · ·	o	0		
b For terminated vested participants	3		0	233,545		
C For active participants	3		0	233,545		
d Total						
a Funding target disregarding prescribed at-risk assumptions	, ,		la			
b Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding	tion rule for plans that	h h i	lb			
5 Effective interest rate			5	6.11 %		
6 Target normal cost			6	156,557		
Statement by Enrolled Actuary				130,337		
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.						
SIGN 10/14/2016						
Signature of actuary	Signature of actuary Date					
Daniel Liss, EA, MSPA 14-07395						
Type or print name of actuary Most recent enrollment number						
Economic Group Pension Svcs., Inc. (212) 494-9060						
Firm name Telephone number (including area code)						
333 Seventh Avenue						
US New York NY 10001						
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated unde	er the statute in comple	eting this schedule,	check the bo	ox and see		

Pag	e	2

Cabadula C	D /Corm	EEOO\	2015
Schedule S	ווווטיד) בו	5500)	2010

Pai	rt II Be	ginning of Year	r Carryov	er and Prefunding Bal	lances							
ļ		-				(a)	Carryover balance		(b) l	^o refund	ing balance	
	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						0			0		
8				funding requirement (line 35				0			0	
9	Amount rema	aining (line 7 minus	line 8)					0			0	
10	Interest on li	ne 9 using prior yea	r's actual re	turn of0.00%				0			0	
11	Prior year's e	excess contributions	to be adde	d to prefunding balance:								
	a Present v	alue of excess cont	ributions (lir	ne 38a from prior year)							140,492	
	• •		•	38a over line 38b from prior your interest rate of 6.3						8,879		
		· ·	•	hedule SB, using prior year's						0		
	C Total avai	ilable at beginning o	f current pla	an year to add to prefunding b	alance .						149,371	
			•	palance						0		
12				s or deemed elections		ļ		0	0			
13			······································	+ line 10 + line 11d - line 12)				0				
Pa	rt III F	unding Percent	Panes			<u>!</u>						
14									1	14	82.07 %	
	·····			ge						15	82.07 %	
16	Prior year's f	unding percentage f	for purposes	s of determining whether carr	yover/pref	unding bala	ances may be used	to red	ıce	16	100.00 %	
				is less than 70 percent of the						17	<u>100.00 %</u>	
1000	N 16 17 17 17	ontributions ar					ouc porconitugo		11111111			
		· · · · · · · · · · · · · · · · · · ·		vear by employer(s) and empl								
10	(a) Date	(b) Amount		(c) Amount paid by) Date	(b) Amount	naid by	,	c) Amo	unt paid by	
(MN)	/l-DD-YYYY)		employer(s) (c) Amount paid by (d) Amount paid by (employer(s) (MM-DD-YYYY) employer(s)				oyees					
09/	15/2016	2	200,000									

					A							
						1				r		
	Totals ▶ 18(b) 200,000 18(c)											
19	19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:											
i	a Contributions allocated toward unpaid minimum required contributions from prior years											
b Contributions made to avoid restrictions adjusted to valuation date												
(c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 179,081											
20	Quarterly con	tributions and liquid	lity shortfalls	3.				Į			da turke e Tejt	
a Did the plan have a "funding shortfall" for the prior year?												
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?												
•	c If line 20a i	is "Yes," see instruc	tions and c	omplete the following table as	applicab	e:	.,			18 - 1		
	***	4-4	1	Liquidity shortfall as of end	of quarte			Т		43		
	(1)	1st		(2) 2nd		(3)	3rd			4) 4tl	1	

P	art V Assumptio	ons Used To Determine	e Funding Target and Targ	jet Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment 6.81	: %	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22	Weighted average re	tirement age			22	62
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	scribed - separate [Substitu	te
Pa	rt VI Miscellane	ous items				
24		·	ctuarial assumptions for the curren			
25			lan year? If "Yes," see instructions			t the base of the same of the
26	Is the plan required to	provide a Schedule of Active	e Participants? If "Yes," see instru	ctions regarding require	d attachme	nt Yes 🕱 No
27		-	nter applicable code and see instru		27	
Pa	4 2 5 5 5 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6		ım Required Contribution			
28	Unpaid minimum requ	uired contributions for all prior	years		28	. 0
29	Discounted employer	contributions allocated towar	d unpaid minimum required contrib	outions from prior years	29	0
30			ntributions (line 28 minus line 29)		30	0
	1417403471111	Required Contribution	117 Attalent			
31	Target normal cost ar	nd excess assets (see instruc	tions):	4-9/		1
					31a	156,557
			line 31a		31b	0
32	Amortization installme		Addigitary being the second of	Outstanding Bal	ance	Installment
					41,863	10,756
	b Waiver amortization	n installment			0	0
	If a waiver has been a	approved for this plan year, er	nter the date of the ruling letter gra		33	
34			/prefunding balances (lines 31a - 3		34	167,313
			Carryover balance	Prefunding Bala		Total balance
35	Balances elected for u	ise to offset funding				A
-		• • • • • • • • • • • • • • • •	0		0	0
36	Additional cash requir	ement (line 34 minus line 35)			36	167,313
37	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			d to valuation date	37	179,081
38 Present value of excess contributions for current year (see instructions)						
	a Total (excess, if any	, of line 37 over line 36)			38a	11,768
					38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39	0	
40 Unpaid minimum required contributions for all years					40	0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)						
41	If an election was made	e to use PRA 2010 funding re	lief for this plan;	\$*************************************		**************************************
		——————————————————————————————————————			🗆	2 plus 7 years 15 years
	b Eligible plan year(s) for which the election in line 41a was made					
42 Amount of acceleration adjustment						
			l over to future plan years		43	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

MJS Inc. Pension Plan 13-3706215 / 001

For the plan year 01/01/2015 through 12/31/2015

Valuation Date:

01/01/2015

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.22
Segment 2	6 - 20	4.11
Segment 3	> 20	5.20

Segment rates as of September 30, 2014 As permitted under IRC 430(h)(2)(C)(iv)(II) -HATEA Segment # Year Rate % Segment 1 0 - 5 4.72 Segment 2 6 - 206.11 Segment 3 > 20 6.81

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -

None

Expense Load -

None

Ancillary Ben Load -

None

Post-Retirement - Mortality Table -

15C - 2015 Combined - IRC 430(h)(3)(A)

Cost of Living -

None

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

15E - 2015 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

Mortality Table -

Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

MJS Inc. Pension Plan 13-3706215 / 001 For the plan year 01/01/2015 through 12/31/2015

401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older