Form 5500-	SF Short Form Ann	Short Form Annual Return/Report of Small Employ				MB Nos. 1210-0110 1210-0089			
Department of the Trease Internal Revenue Service					2015				
Pension Benefit Guaranty Cor	Complete all entries in		nstructions to the Form 55	00-SF.	Fublic	mspection			
	eport Identification Informatio		and ending 12	/31/2015					
For calendar plan year 20	X a single-employer plan		er plan (not multiemployer) (		ring this how	must attach a			
A This return/report is for			employer information in acc		-				
<b>B</b> This return/report is	the first return/report	the first return/report the final return/report							
	an amended return/report					nonths)			
C Check box if filing und		automatic extension							
	special extension (enter des				-1-5-				
Part II Basic Pla	In Information—enter all requested i								
1a       Name of plan         JJS TRANSPORTATION COMPANY, INC. 401(K) & PROFIT SHARING PLAN				1b Three- plan n (PN)	n number				
				1c Effecti					
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer Identification Number (EIN) 11-3572248					
City or town, state or JJS TRANSPORTATION C	province, country, and ZIP or foreign pos OMPANY, INC.	stal code (if foreign, see i	nstructions)	2c Sponsor's telephone number 516-997-1320					
			-	2d Busine		ee instructions)			
647 FRANKLIN AVE GARDEN CITY, NY 11530					48532	,			
<b>3a</b> Plan administrator's r	name and address Same as Plan Spor	nsor.		<b>3b</b> Admin	istrator's El	N			
IJS TRANSPORTATION C		ANKLIN AVE EN CITY, NY 11530	-	11-3572248 <b>3c</b> Administrator's telephone number					
					516-997	-1320			
	IN of the plan sponsor has changed since plan number from the last return/report.	e the last return/report file	ed for this plan, enter the	e <b>4b</b> EIN					
a Sponsor's name				<b>4c</b> PN					
	icipants at the beginning of the plan year		ř	5a		5			
	icipants at the end of the plan year ts with account balances as of the end o			5b		5			
• •	its with account balances as of the end o			5c		5			
d(1) Total number of a	ctive participants at the beginning of the	plan year		5d(1)		5			
d(2) Total number of a	ctive participants at the end of the plan y	ear		5d(2)		5			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			benefits that were less	5e		0			
	he late or incomplete filing of this retu								
	and other penalties set forth in the instru- bleted and signed by an enrolled actuary, nd complete.								
SIGN Filed with aut	horized/valid electronic signature.	05/18/2017	JOE SARCONA						
	f plan administrator	Date	Enter name of individu	f individual signing as plan administrator					
SIGN HERE									
Signature o	<b>f employer/plan sponsor</b> Ig firm name, if applicable) and address (	Date	Enter name of individu	al signing as Preparer's t					
	g		,						
	Act Notice and OMB Control Numbers, see t					orm 5500-SF (2015)			

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

	<ul><li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li><li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li></ul>						Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.						X Yes No			
с									Not determined	
-	rt III Financial Information	·	5 (		,					
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) En	d of Year	
<u>.</u> a	a Total plan assets		(u) Beginning	312			348948			
	Total plan liabilities	7a 7b								
	Net plan assets (subtract line 7b from line 7a)	7c		312492			348948			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ount			(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		ount						
	(2) Participants			35962						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		494						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36456	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)					_			36456	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2F$ $2J$ $2K$ $3B$ $3D$	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instr	uctions:	
В	<b>B</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).			10a		X				
b	<ul> <li>b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)</li> </ul>			10b		x				
c				10c	Х				40000	
	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused			100	X	X			40000	
е	<ul> <li>by fraud or dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under</li> </ul>			IUU						
	the plan? (See instructions.)			10e	Х	~			125	
I	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				
	<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
j	j Did the plan trust incur unrelated business taxable income?			10j						
Part	Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)										

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

Yes ) No

11a

Form 5500-SF 2015

Page **3** - 1

	(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 instructions, and enter the date of the letter ruling granting the waiver										
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>					
<b>b</b> Enter the minimum required contribution for this plan year										
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year										
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)										
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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-		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.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	e of trust		14b Trust's EIN						
14c Name of trustee or custodian				<b>14d</b> Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es					
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					esign- ased safe arbor nethod	P/ACP				
15c If the ADP/ACP test is used, 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 sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?						S No				
<b>16a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						tage Average benefit test				
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?				Ye	es	No				
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A			
	17b Date 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).									
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/										
18	8 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)?				es No					
19 Were in-service distributions made during the plan year?				Ye	es	No				
If "Yes," enter amount										
20						No	N/A			