## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification information										
For calend	dar plan year 2017 or fi	iscal plan year beginning 01/01/2	2017	and ending	12/31/2017							
<b>A</b> This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a								
		a one-participant plan	a foreign plan	op.o, ooao		o						
<b>B</b> This ret	turn/report is	the first return/report	the final return/repo									
		an amended return/report	a short plan year re	turn/report (less than 12 r	months)							
C Check	box if filing under:	Form 5558	automatic extension DFVC program									
	special extension (enter description)											
Part II	Basic Plan Info	ormation—enter all requested inf	formation									
1a Name FEDERAL F			1b Three-digit plan number (PN) ▶	. 002								
			1c Effective dat	L								
					0	7/01/1985						
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		atomat's and		entification Number 1-1519560						
-	r town, state or province PUMP REPAIR CO., IN	ce, country, and ZIP or foreign post NC.	ai code (if foreign, see if	istructions)	<b>2c</b> Sponsor's te	lephone number 451-2000						
					2d Business cod	de (see instructions)						
4909 CLARE					811490							
BROOKLYN	I, NY 11203											
33 Plan 6	administrator's name a	nd address X Same as Plan Spor	noor		<b>3b</b> Administrato	r'c EIN						
Ja Flalla	duministrator s name a	nd address A Same as Flam Spor	1501.		3D Administrato	I S LIIV						
					3c Administrator's telephone number							
4 If the	name and/or EIN of th	e plan sponsor or the plan name ha	as changed since the las	t return/report filed for	4b EIN							
		onsor's name, EIN, the plan name a	and the plan number fror	n the last return/report.	Ad Du							
•	sor's name				4d PN							
C Plan N	vame											
<b>5a</b> Total	number of participants	s at the beginning of the plan year			. 5a							
		s at the end of the plan year			5b	3						
		account balances as of the end of			5c	2						
d(1) Total number of active participants at the beginning of the plan year						3						
d(2) Total number of active participants at the end of the plan year						2						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested												
Caution: /	A penalty for the late	or incomplete filing of this return	n/report will be assess	ed unless reasonable ca								
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, and lete.										
SIGN	Filed with authorized	d/valid electronic signature.	01/09/2018	JOHN J. MARR								
HERE	Signature of plan a	administrator	Date	Enter name of indivi	dual signing as plan	administrator						
SIGN	Filed with authorized	d/valid electronic signature.	01/09/2018	JOHN J. MARR								

Date

**HERE** 

Enter name of individual signing as employer or plan sponsor

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>										
С	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.	X Yes No  Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			. (See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year			
а	Total plan assets	7a		32478				92706			
b	Total plan liabilities	7b									
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с		32478				92706			
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Total			
_а 	Contributions received or receivable from:  (1) Employers	8a(1)		769							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	,	10887							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11656			
d	to provide benefits)	paid (including direct rollovers and insurance premiums be benefits)									
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						1428			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						10228			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		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 V-Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X			25000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
е	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 the plan? (See instructions.)					X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		Χ					
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							

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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 contributions for all years from Schedule SB (Form 5500) line 40											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
а	<b>a</b> 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 y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year	12b									
С	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 a minus sign to the left of a negative 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?		Ye	s X N	0						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a									
b		Yes X No									
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to									
1	<b>3c(1)</b> Name of plan(s): 13c(2	) EIN(s)		13c(3	<b>)</b> PN(s)						

From: 5614791839

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## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

OM8 Nos. 1210-0110 1210-0089

2017

This Form is Open to Public

	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
P	Part I Annual Report Identification Information										
For	calendar plan year 2017 or fi	iscal plan year beginning		01/0	1/2017	and ending	12/	/31/2017			
	This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating amployer information in accordance with the form instructions.)  a one-participant plan  a foreign plan  the first return/report  an amended return/report  a short plan year return/report (less than 12 months)										
Ç	Check box if filing under:	Form 5558			extension			DFVC progra	m		
_	special extension (enter description)										
		ormation enter all requeste	d infon	mation			T 41 =				
14	1a Name of plan Federal Pump Repair Co., Inc. Profit Sharing Plan						1b T	002			
								ffective date o 7/01/1985	fplan		
2a	Mailing Address (include roo	loyer, if for a single-employer plan om, apt., suite no. and street, or l nce, country, and ZIP or foreign po	P.Q. Bo	ox) de (if fore	ign, see ins	structions)	2b ∈	mployer identi IN) 11-15:			
	Federal Pump Repair	r Co., Inc.						ponsor's telepi 718) 451–:			
	4909 Clarendon Rd.		2d Business code (see instructions) 811490								
<u> </u>	US Brooklyn NY 11203	and address X Same as Plan S					3b Administrator's EIN				
4	If the name and/or FIN of th	ne plan sponsor or the plan name	hae ch	ongad cir	oo the last	ratura/rapart Stad For	3¢ A		elephone number		
а		nsor's name, EIN, the plan name					4d PI				
5a	Total number of participants	at the beginning of the plan year	r	************			5a		3		
Ь		at the end of the plan year					5b		3		
C	Number of participants with a complete this item)	account balances as of the end o	of the pl	an year (	only defined	contribution plans	5c		2		
q(	Total number of active par	rticipants at the beginning of the p	plan ye:	ar ,	*********	**************************************	5d(1)		3		
d(;		rticipants at the end of the plan ye terminated employment during th		vear with	accrued be	nefits that were	5d(2)		2		
_		***************************************	-	-			5e				
Und SB	der penalties of perjury and of	or incomplete filing of this return other penalties set forth in the inst and signed by an enrolled actuary aplote.	ruction	s, I declar	s that I hav	s examined this return/r	eport, incl	uding, if applie	able, a Schedule knowledge and		
SI	GN \	na.		119	Ÿı	Tomot	MAR	NO2D			
HE	RE Signature of plan tolm	ninistrator		Date		Enter name of individu		as <u>plan admir</u>	nistrator		
	ON \\	201		1/9	18	JOAR	1 12	ALDOS			
	RE Signature of employer	ripian sponsor		Date	`	Enter name of individu	aı sıgning	as employer o	or plan sponsor		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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6a	Were	all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)						/es □No		
		ou claiming a waiver of the annual examination and report of a							21.	ш		
	under	29 CFR 2520.104-46? (See instructions on waiver eligibility s	ind condition	ons.)	*********				X	∕es ⊟No		
		answered "No" to either line 6a or line 6b, the plan cannot							_	_		
C	If the (	plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA secti	ion 40	21)?	******	Yes	No 🔲 N	ot determined		
	if "Yes	is checked, enter the My PAA confirmation number from the	e PBGC pr	emlum filing for this year					(See in	structions.)		
D.		Einenelei iuf										
<del></del>	art III	Financial Information			F 3.4							
_		ssets and Liabilities	1 .	(a) Beginning o			-		(b) End of Yea			
a		plan assets	7a	<u> </u>	82,4	78	+			92 <u>,706</u>		
<u>b</u>		olan liabilities	7b 7c									
C	Net plan assets (subtract line 7b from line 7a)				82,4	78	_			92,706		
8 a	Income, Expenses, and Transfers for this Plan Year			(a) Amoun	t		_		(b) Total			
a		outions received or receivable from:	8a(1)		7	69						
	(2) Participants						+					
		hers (including rollovers)	8a(2) 8a(3)				<del> </del>					
Ь		ncome (loss)	8b		10,8	87	+					
		ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10,0							
		ts paid (including direct rollovers and insurance premiums					+			11,656		
		ide benefits)	8d	-,,,,,	1,4	28			· ·			
e	Certair	deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Admin	strative service providers (salaries, fees, commissions)	8f									
g	Other	expenses	8g				Ш.					
h	Total e	xpenses (add lines 8d, 8e, 8f, and 8g)	8h							1,428		
i	Net inc	come (loss) (subtract line 8h from line 8c)	81					10,228				
<u> </u>	Transf	ers to (from) the plan (see instructions)	8j				$\top$					
Pa	art IV	Plan Characteristics										
9a		lan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan C	hara	terist	ic Cod	les in ti	ne instructions:			
4		E 3D										
b	If the p	lan provides welfare benefits, enter the applicable welfare fea	iture codes	s from the List of Plan Ch	aract	eristíc	Code	s in the	instructions:			
Pa	ırt V	Compliance Questions										
0	Durir	g the plan year:				Yes	No	N/A	Amou	nt		
a		there a failure to transmit to the plan any participent contribut										
		ribed in 29 CFR 2510.3-102? (See instructions and DOL's Vo		•								
	Prog	(am)			10a		х					
D	Were	there any nonexempt transactions with any party-in-interest?	(Do not ir	nclude transactions	405		x					
C		ted on line 10a.)the plan covered by a fidelity bond?			10b			$\vdash$				
ď		the plan have a loss, whether or not reimbursed by the plan's			10c	X		<del>                                     </del>		25,000		
	by fre	aud or dishonesty?	-		10d		х					
е	Were	any fees or commissions paid to any brokers, agents, or oth	er persons	by an insurance								
	the o	er, insurance service, or other organization that provides some lan? (See instructions.)	or all of t	he benefits under	100		x					
f		he plan falled to provide any benefit when due under the plan			10f		x		• • •			
g		ne plan have any participant loans? (If "Yes," enter amount as			10g		x					
		is an individual account plan, was there a blackout period? (			39	-						
	2520	101-3.)	····		10h		х					
i	if 10h	was answered "Yes," check the box if you either provided the	e required	notice or one of the								
	exce	ptions to providing the notice applied under 29 CFR 2520.101	3	***************************************	101							

From: 5614791839 Page: 11/11 Date: 1/10/2018 10:10:44 AM

Form 5500-SF 2017					Page 3 -	<u> </u>					
Par	: VI	Pension Funding Compli	 ance								<u> </u>
11	Is this a	defined benefit plan subject to mi	nimum funding req	uirements? (If "Ye	s," see instructions and	d complete S	chedule	SB		Yes X	] No
11a		ne unpaid minimum required contril				TOTOGREGE	11a				-
12	ERISA	a defined contribution plan subject s," complete line 12a or lines 12b,		**********************			tion 302	of		∕es 🗓	] No
a		ver of the minimum funding standa									ling
H v		the waiverpleted line 12a, complete lines 3,			MACO) and skip to line		De	iy	Yea	r	
b		ne minimum required contribution for					12b				
Ç	Enter th	e amount contributed by the emplo	yer to the plan for	the plan year		****	12c				
đ		t the amount in line 12c from the a					12d				
е	Will the	minimum funding amount reported	on line 12d be me	et by the funding d	eadline?		Yes No N/A				
Part	VII	Plan Terminations and Tr	ansfers of Ass	sets							
13a	Has a r	esolution to terminate the plan bee	າ adopted in any pl	lan year?	*************	***************************************		Yes	X	No	
	If "Yes,	enter the amount of any plan asse	ts that reverted to	the employer this	year	************	13a				
Ь	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes X No										
С		g this plan year, any assets or liabi ssets or liabilities were transferred.			to another plan(s), ider	ntify the plan(	s) to				
13	3 <b>c(1)</b> Na	me of plan(s):				13c(2) E	N(s)		13c	(3) PN(	3)