## Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service 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 Department of Labor

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

Part I	Annual Report	Identification Information							
For calenda	ar plan year 2016 or fi	scal plan year beginning 07/01/20	<u>16</u>	and ending 06	6/30/2017				
A This ret	urn/report is for:	a single-employer plan  a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) ( ployer information in ac					
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report	learnest (learnest) as 42 mars	onth o)				
		an amended return/report	a short plan year return	n/report (less than 12 m	iontns)				
C Check b	oox if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC program				
Part II	Basic Plan Info	rmation—enter all requested info	,						
1a Name	of plan	ATERPROOFING, INC. 401(K) PLA			<b>1b</b> Three-digit plan number (PN) ▶	001			
		1c Effective date of 07/0	of plan 1/2012						
Mailing	oonsor's name (emplo g address (include roo town, state or province	uctions)	(=::1)	835131					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SKYLINE RESTORATION AND WATERPROOFING, INC.					2c Sponsor's telep 212-34				
11-16 37TH A LONG ISLAN	AVENUE ID CITY, NY 11101		2d Business code (see instructions) 238100						
3a Plan a	dministrator's name a		<b>3b</b> Administrator's EIN						
4 If the r	name and/or FINI of th	e plan sponsor has changed since th	and local material frament filled for	or this plan, optor the	3C Administrator's 4b EIN	telephone number			
	EIN, and the plan nu	mber from the last return/report.	ie iast retuiri/report liieu ic	or triis piari, eriter trie	4c PN				
		at the beginning of the plan year			<u> </u>				
_		at the end of the plan year			5b				
C Numb		account balances as of the end of th			5c				
	,	rticipants at the beginning of the plai	n vear		5d(1)				
` '		rticipants at the end of the plan year	•		5d(2)	2			
<b>e</b> Numb	er of participants that	terminated employment during the p	olan year with accrued ber	nefits that were less	5e	0			
		or incomplete filing of this return/			use is established.				
SB or Sche		her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.							
SIGN HERE	Filed with authorized/	valid electronic signature.	04/16/2018	VASILIOS PIERRAKE	AS				
TILIXE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan ad	ministrator			
SIGN HERE									
	Signature of emplo		Date		ual signing as employ				
Preparers	name (including firm r	name, if applicable) and address (inc	luae room or suite numbe	r)	Preparer's telephone	e number			

Form 5500-SF 2016 Page **2** 

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.)									X Yes	No No	
	rt III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?		res	□ INO	Not dete	rminea	
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	of Year		
а	Total plan assets	7a		101810				(w) =a c	95774		
	Total plan liabilities	7b		0	)				0		
	Net plan assets (subtract line 7b from line 7a)	7c		101810	)				95774		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) To	otal		
а	Contributions received or receivable from:	2 (1)		0							
	(1) Employers	8a(1)		0							
	(2) Participants	8a(2)		0							
<u></u>	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		13241							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13241		
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d		19277							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e		0							
f_	Administrative service providers (salaries, fees, commissions)			0							
<u>g</u>	Other expenses								40077		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	-						19277		
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i							-6036		
j	Transfers to (from) the plan (see instructions)	8j		0							
	t IV Plan Characteristics			01		0					
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3D	reature co	odes from the list of Pi	an Cna	racteri	Stic Co	aes in	tne instri	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	es in t	he instru	ctions:		
_											
Par						N	NI/A				
10	During the plan year:  Was there a failure to transmit to the plan any participant contribu	itiono withi	in the time period		Yes	No	N/A		Amount		
а	described in 29 CFR 2510.3-102? (See instructions and DOL's N		·			X					
	Program)			10a		^					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ					
С	Was the plan covered by a fidelity bond?			10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
e	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.)		10e		X						
f	f Has the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							

Form 5	500	-SF	20	16
--------	-----	-----	----	----

Form 5500-SF 2016	Page <b>3-</b> 1

Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No
11a	Enter t	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C?  s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng
	_	g the waiver			Day	/	Yea	ar	
					12b				
	Enter tr	e minimum required contribution for this plan year							
		e 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				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	No	L N	I/A	
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No	)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	<b>13c(1)</b> N	ame of plan(s):		13c(2)	EIN(s)		13	<b>c(3)</b> PN	(s)
Part		Trust Information			441.				
14a	Name o	f trust			146	Trust's I	EIN		
14c	Name o	f trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		n-based narbor	j [	"Prio	r year" <i>F</i>	ADP
	()(.	,		"Curre	ent year test	,,	N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No		
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	s	No		

## Form 5500-SF

Department of the Tressury Internal Revenue Service

## 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)

OMB Nos, 1210-0110 1210-0089

2016

Employee Benefits Security Administration	the Interna	I Revenue Code (the	Cade).	This F	orm is Open to Public				
Pension Senelit Guaranty Corporation	► Complete all entries in accord	ance with the instru	ctions to the Form 550	0-SF.	Inspection				
Part   Annual Report le	dentification Information	A STATE OF THE PARTY OF THE PAR							
For calendar plan year 2016 or fisca	al plan year begirming	07/01/2016	and ending	06/30/201	7				
A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  a one-participant plan  a foreign plan  the first return/report  an amended return/report  an amended return/report  a short plan year return/report (less than 12 months)									
C Check box if filing under:	x Form 5558	automatic extension		[] DFVC p	rogram				
Part II Basic Plan Inform	mation enter all requested inform	nation							
1a Name of plan  Skyline Restoration and Waterproofing, Inc. 401(k) Plan					er 001				
		10 Effective d 07/01/2	•						
2a Plan sponsor's name (employe Mailing Address (include room City or town, state or province,	uctions)		dentification Number -3835131						
Skyline Restoration	and Waterproofing, Inc.		r	(212) 3	telephone number 43-1988				
11-16 37th Avenue				2d Business c 238100	ode (see instructions)				
US Long Island City NY 111		AND THE RESERVE OF THE PARTY OF							
3a Plan administrator's name and	address 🛣 Same as Plan Sponsor			3b Administra 3c Administra	tor's telephone number				
4 If the name and/or EIN of the p	sian sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b EIN					
name, EIN, and the plan numb a Sponsor's name	er from the last return/report.			4c PN					
58 Total number of participants at	the beginning of the plan year	~~~***********************************	######################################	5a	5.				
	the end of the plan year			5b	4				
complete this item)	count balances as of the end of the pla	*******************		5c	4				
d(1) Total number of active partic	ipants at the beginning of the plan year	# # # # # # # # # # # # # # # # # # #	**************************************	5d(1)	2				
	ipants at the end of the plan year			5d(2)	2				
	minated employment during the plan yo			5e	.0				
Caution: A penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	use is established	Í.				
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct and complete.	er penallies set forth in the instructions, i signed by an enrolled actuary, as well et	, I declare that I have I as the electronic ver	examined this return/re sion of this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and				
SIGN LY V		4/16/200	Vasilios	Kierrak					
HERE Signature of plan admin	istrator	Date,	Enter name of individua	al signing as plan (	ıdministrator				
SIGN L-V-V-L-J-J		4/14/2016	Vasilios	hierra!	Keus				
HERE Signature of employer/p		Date	Enter name of individua	are the contract of the contra	The development of the contract of the contrac				
Prepare's name (including firm name Skip this question	me, il applicable) and address (include	room or suite numbe	*)	Preparer's telept Skip this qu					
venovinia postava da la composita de la compos									

-	Form 5500-SF 2016		Page 2		······································						
6a	Were all of the plan's assets during the plan year invested in eligible	asseis? (	See instructions.)			*********	, o a coa coo aco	····	]Yes [	No	
b	Are you claiming a walver of the annual examination and report of a	n independ	lent qualified public accor	untant	(IQP/	A)					
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a		· ·					<u>I</u>	]Yes [	□No	
	If you answered "No" to either line 6a or line 6b, the plan canno							Summing" Summaria			
G	If the plan is a defined benefit plan, is it covered under the PSGC ins	surance or	ogram (see ERISA sectio	n 402	1)? .	• • • • • • • • • • • •	Yes	No	Not dete	amined	
P	rf III Financial Information	***************************************	galandida un negering gegenerang ang mananan an anananting gang gang dipidah di di dinah da da	***************************************			urA juliilisisisisis juga muungang		······································	, Marini marine pure anno de m	
7	Plan Assets and Liabilities		(a) Beginning o	f Year	r 			(b) End of Ye	98r		
2	Total plan assets	7a	1:	01,8	10		Decel: Hegitips for the manager	"] <u>&amp;</u>			
	Total plan liabilities	7b	***************************************				2000-000-000-00-00-00-00-00-00-00-00-00-	-		<u> </u>	
C	Net plan assets (subtract line 7b from line 7a)	7c	1	<u> </u>	**********	,	95,7	74			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amouni		***********	12:50 Local	ayaanaaa	(b) Total	98843889 BASI	500000000000000000000000000000000000000	
€2	(1) Employers	8a(1)	:		0				90 W 18		
	(2) Participants	8a(2)		**********	0				69 E. 150		
MAN THE STREET	(3) Others (including rollovers)	8a(3)	A serving her planning a serving and a serving of the best serving and the ser		O.						
ь	Other income (loss)	8b		13,2	41		· · · · · · · · · · · · · · · · · · ·				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2.5000000000000000000000000000000000000	***************************************					13,2	41	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		19,2	77						
6	Certain deemed and/or corrective distributions (see instructions)	8e		-	0						
f	Administrative service providers (salaries, fees, commissions)	81			0						
q	Other expenses	89			0						
h	Total expenses (add lines 8d. 8e, 8f, and 8g)	8h						19,277			
į	Net income (loss) (subtract line 8h from line 8c)	81						(6.036)			
	Transfers to (from) the plan (see instructions)	8)			0				<u> </u>		
22	rt IV Plan Characteristics				J. A SORRESTING					+.1	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ci	haract	eristic	Code	es in the	e instructions:			
emiliano.	2A 2E 2H 2J 3D				must Mathelia Assessment						
b	if the plan provides welfare benefits, enter the applicable welfare fea	iture codes	from the List of Plan Ch	aracte	ristic (	Codes	s in the	instructions:			
Pa	art.V Compliance Questions	<del>teamban agana, gan</del> ige an anno nai Ultaili			a	MANA PROPERTY AND STREET	9407- <del>1</del>	entire did the second	mustin I republish to a papagagagagaga	ange (colling) AFRA	
10	During the plan year:	Marian San Land Control of Contro	The foreign of the control of the co		Yes	No	N/A	Am	ount		
2		ions withir	the time period		<b>,</b>	h			OF THE PARTY OF TH	MATRICE STREET, AND ADDRESS.	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fic	luciary Correction								
International State and	Program) ************************************		\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10a	~	X	- propagation and pro-		and the state of t	onespeineles electron ditentites	
'n	Were there any nonexempt transactions with any party-in-interest'			10b		X	(5) (3)				
C	Was the plan covered by a fidelity bond?			10c	energies management controller	X		y (i mangiliya), mamana an banani ibar kalaninini ibay bili bajaniya (iya	Orient Control of College Co.	Colonia a minima de la colonia	
D						<b></b>			<del>4</del>	A	
4181814 <b></b>	by fraud or distionesty?	******************************	**************************************	100		X		**************************************		An exercise had a resolution by the delication of the delication o	
8	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.)			10e		Z					
f	f Has the plan failed to provide any benefit when due under the plan?					ж			ордингон эт төминий ро <b>лу</b> ан төөсө	navagagani((((nimb))nimi(()	
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	TÁ.)	10g	·	X		THE MAN POR PORT OF THE PROPERTY OF THE PROPER	e general accol de manuel (4000), gagernell 4		
h	If this is an individual account plan, was there a blackout period? (	See instru	ctions and 29 CFR	10h		x		d en la litera del prista la lorda del la	·····	B	
**************************************	If 10h was answered "Yes," check the box if you either provided the required notice or one of the					military and a second	Marine Sanda				

Form 5500-SF 2016 Page 3 -		SOUTH CONTRACT OF THE PERSON O					
Part VI Pension Funding Compliance					**************	ikabidi di EEStiro barraga ayiya	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500 and line 11a below)					Yes 🛚	] No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			exercision and executive and	782H Lannaudrine (a.e.a) with	
12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No							
(If "Yes," complete fine 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						ing	
granting the waiver  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Programme Annual Continues of the Contin	Ds	i.	Yea	<u>E</u>	***************************************	
b Enter the minimum required contribution for this plan year.		12b	**************************************	, , , , , , , , , , , , , , , , , , ,		nnerumerekulskille	
C Enter the amount contributed by the employer to the plan for the plan year	***************************************	12c	Name and Address of the Owner, where		WHO NO LINE WHO HE		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to to negative amount)	12d	p-/-e3-a			The second secon		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		T	Yes [	T No	i N	IA:	
Part VII Plan Terminations and Transfers of Assets	erande dituration of group appropriate annual school opposite	924.000	eletite	A CONTRACTOR OF THE PARTY OF TH	HOLDERS PARKETON		
13a Has a resolution to terminate the plan been adopted in any plan year?	·F+2************		]: Yes		No	<del>, managan tagan tagan</del>	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	AN					
b Were all the plan assets distributed to participants or beneficiaries; transferred to another plan, or brocontrol of the FBGC?		[ Yes [K] No					
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred (See instructions.)	to and the second second second second	www.enselethallelethere.	A. Caracas and Mary and Paris		······································	NO THE RESERVE OF THE PARTY OF	
13c(1) Name of plan(s):	EIN(s)	iN(s) 13c(3) PI					
		-	-		and the same graph (A)		
Part VIII Trust Information - Skip These Questions		were were the second			payeen property and property an		
	indonesia in managan kanangan	446	Trust's E	**************************************	***************************************		
14a Name of trust		140	rusts e	:18%			
14c Name of trustee or custodian	a garanta and a marka and	1 1	Trustee :			<u>,</u>	
			•				
Part IX IRS Compliance Questions - Skip These Questions	ere-in-community of the community of the	manager and the second		boroccombon W. Wickins Sort nettected		<del>- gatin välli</del> ttiinin manniilisti	
15a is the plan a 401(k) plan? If "No," skip b	······· [	Yes			Vo	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	I downward	Design-b				ear" ADP	
401(k)(3) for the plan year? Check all that apply:	3342	safe harb "Gurrent		*********	est		
		ADP test			NIA		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:	1600000000	Ratio percenta test	ge 🔲	Averaç benefit		D N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)( for the plan year by combining this plan with any other plan under the permissive aggregation rules?	4)	Yes			No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable I the letter/ and serial number	RS opinion le	itier or ad	visory le	iter, ente	er the d	ate of	

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service?

☐ Yes ☐ No

18 Defined Benefit Pian or Money Purchase Pension Plan Only: