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 calenda	ar plan year 2017 or fi	scal plan year beginning 07/01/2	2017		and ending 0	5/25/2018					
a single-employer plan 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	af			,,					
B This retu	urn/report is	the first return/report	the first return/report								
		an amended return/report	x a short plan year return/report (less than 12 months)								
C Check I	box if filing under:	Form 5558	au	tomatic extension		DFVC prog	ıram				
		special extension (enter descr	<u>' </u>								
Part II		ormation—enter all requested in	formation	on		T					
1a Name	•		1b Three-d	-							
SKYLINE RE	ESTORATION AND W	/ATERPROOFING, INC. 401(K) PL	LAN			plan nui (PN) ▶		001			
						1c Effective date of plan					
								1/2012			
2a 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) 27-3835131				
-		ce, country, and ZIP or foreign post /ATERPROOFING, INC.	tal code	(if foreign, see instru	uctions)	2c Sponsor's telephone number					
11-16 37TH	AVENUE					2d Business code (see instructions) 238100					
LONG ISLAN	ND CITY, NY 11101						2301	00			
3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN					
						3c Adminis	trator's t	elephone number			
						3c Administrator's telephone number					
		e plan sponsor or the plan name ha				4b EIN					
	an, enter the plan spo or's name	onsor's name, EIN, the plan name a	and the	plan number from th	e last return/report.	4d PN					
C Plan N						40 PN					
5a Total	number of participants	at the beginning of the plan year				5a		4			
		at the end of the plan year				5b		0			
		account balances as of the end of				5c	5c 0				
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year	·		5d(1)	(1) 2				
d(2) Total number of active participants at the end of the plan year						5d(2)	0				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0					
Caution: A	penalty for the late	or incomplete filing of this return	n/repor	t will be assessed (unless reasonable cau						
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, and the									
SIGN		l/valid electronic signature.		11/20/2018	VASILIOS PIERRAKE	AS					
HERE	Signature of plan a			Date	Enter name of individ		plan adn	ninistrator			
SIGN Filed with authorized/valid electronic signature 11/20/2018 VASILIOS PIERRAKEAS											

Date

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								s No
b	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.)								
	f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		. <u> </u>	(See instr	uctions.)
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
а	Total plan assets	. 7a	(95774			0		
b	Total plan liabilities	. 7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	(95774		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	. 8a(1)		0					
	(2) Participants	. 8a(2)		0	_				
	(3) Others (including rollovers)	. 8a(3)		0					
<u>b</u>	Other income (loss)	. 8b		1980					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						1980	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	(97754					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	8e 0						
f	Administrative service providers (salaries, fees, commissions)	ns) 8f			0				
g	Other expenses	er expenses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						97754	
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i						-95774	
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in the insti	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	4.0		V			
	Program)			10a		X			
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X			
С	C Was the plan covered by a fidelity bond?					X			
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 pla			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i					
					•——				

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Part '	/I Pension Funding Compliance				
11	B 	Yes	No X		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou 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 \	/II 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			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) P	N(s)

Form 5500-SF

Department of the Treasury nternal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled 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).

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 calendar plan year 2017 or fir	scal plan year beginning	07/01/2017	and ending	05/25/20	1 1				
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan a list of participating em a foreign plan x the final return/report							
	an amended return/report	eport a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		☐ DFVC ;	rogram				
Part II Basic Plan Info	imation enter all requested i	nformation	**************************************	y y y agrae a de la composition della compositi					
1a Name of plan	n and Waterproofing, In		goggeggggggggggggggggggggggggggggggggg	1b Three-digit plan numb					
				1C Effective of 07/01/2					
2a Plan sponsor's name (empto Mailing Address (include roc City or town, state or provint	tions)	2b Employer Identification Number (EIN) 27-3835131							
Skyline Restoration	,	2c Sponsor's telephone number (212) 343-1888							
11-16 37th Avenue		2d Business code (see instructions) 238100							
US Long Island City MY 3		3b Administrator's EIN							
				3c Administra	dor's telephone number				
4 If the name and/or EIN of the this plan, enter the plan spo	e plan sponsor or the plan name ha nsor's name, EIN, the plan name ar	s changed since the last retu nd the plan number from the l	m/report filed for ast return/report	4b EIN					
a Sponsor's name C Plan Name				4d PN					
Sa Total number of participants	at the beginning of the plan year			5a					
• • •	at the end of the plan year			5b					
	account balances as of the end of t			50	0				
d(1) Total number of active par	ticipants at the beginning of the pla	NYEET seevresonoccusorresonoccus	· 西西西西中华国际公司的中央中央中央公司公司的中央中央市场的中央的	5d(1)	2.				
	ticipants at the end of the plan year		********************************	5d(2)					
Number of participants who less than 100% vested	terminated employment during the	plan year with accrued benef	ts that were	5e					
Linder nenalties of perium and o	or incomplete filling of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	tions, I declare that I have e	camined this return/report on of this return/report	oort, including, if a , and to the best	applicable, a Schedule				
SIGN		11/20/19	Merice 40	errakeas					
HERE Signature of plan adn	inistrator	mark	nter name of Individua		administrator				
SIGN			D - Marian Marian	<u>emovers</u>					
HERE Signature of employe	ripian sponsor	∤ Date ∤ E	nter name of individua	ıı sıgrung as emp	oyer or plan sportsor				

Dans	3		
E. C. S. C. S. C.	More	 	

101

100

10h

25

X

X

62	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								∕es ∐No
b									∕es ∐No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	4021)? .	**************************************] Yes	INO IN	lot determine:
	If "Yes" is checked, enter the My PAA confirmation number from the								structions.)
P	art III Financial Information		Spriper modulais an anticas Sales (sub-sold translation accompany of the sales (sub-sold translation accompany	annologia		a a service de siste		napygypymmen pen menere (hennen anne and delillidelele	
	Plan Assets and Liabilities		(a) Beginning of	Year				(b) End of Yea	7
e e	Total plan assets	7a	9	5,75	74				0
b	Total pian libblices	7b	THE RESERVE THE PROPERTY OF TH		0	a Chance Control			0
c C	Net plan assets (subtract line 7b from line 7a)	7c	<u> </u>	5,7	74	M. Contraction of the Contractio		der yww. wil dele 1125 Carte Handard 1945 Art Annual 1945 Art	0
8	Income: Expenses, and Transfers for this Plan Year	1	(a) Amount		****	S S	et dans de l'été de	(b) Total	
400000	Contributions received or receivable from:	82(1)	A COMMISSION OF THE PROPERTY O	*240m2411*220mm*	0	i i	eusumer valutimment ette		
***********	11 EMPROYETS ************************************	8a(2)		ooren der Fedralistis	0	i i		44004111-14400	***************************************
e proposition	(2) Pariciparis	1 82(3)		Village	G		··············		***************************************
E.	(3) Others (including rollavers)	esta)		1,90					
-	Other Income (IDSS)	&c		*** * ***	Action to the second	<u> </u>			1,980
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	overs and insurance premiums					neženik se ovočelkovovih Xeethus	abban describe refor abilitation constructive reconstructive as a non-markina and a	A The second second second
eserano Elic	Certain deemed and/or corrective distributions (see instructions)	Se	E.					Note of splannings and between the splanning and splanning to the splanning and splanning and splanning and sp	
-	Administrative service providers (salaries, fees, commissions)	86							
-Meterodal	Other expenses	8g					ang ang announce and a second to the Colombia Co		
<u>g</u> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	ndered en er en til en er ett er en er ett er en e E		***************************************	***************************************	S.		***************************************	97,754
***************************************	Net income (loss) (subtract line 8h from line 8c)	Ý	Ī	NACONIA COURT	шшинижени			(\$	35,774)
		81		***************************************	0	-			
1	Transfers to (from) the plan (see instructions)	1	A December 1997 (September 1997)	winimwinim	National Property of			icase ununnu om un ne rmun omnikoromikation	
C o	art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	salure cod	es from the List of Plan Ch	araci	eristic	Code	s in the	instructions:	
ಶಾಣ	2A 2E 2H 2J 3D	Parkit first o sine, common sour							
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code:	s from the List of Pian Cha	racte	ristic (Codes	in the	instructions	
P	art V Compliance Questions		4111		/Augungasansuma	elementariones			······································
10					Yes	No	NIA	Amo	unt
man (an)	a Was there a fallure to transmit to the plan any participant contribu-	tions withir	the time period			- Annual Control of Co	A A STEEL MAN AND A STEEL AND		
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo			10a		X	#2d health lib/d cv.		
	b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nciade transactions	10b	******	x			
400000	C Was the plan covered by a fidelity bond?			10c		x			namental and a state of the sta
	Did the plan have a toss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X	A CALL CALL CALL CALL CALL CALL CALL CA		
начения	Were any fees or commissions paid to any brokers, agents, or off carrier, insurance service, or other organization that provides sort the plan? (See instructions.)	ner person: ne or all of	s by an insurance the benefits under	10e		X	17000000000000000000000000000000000000	regorden men (de Collection de	

Has the plan falled to provide any benefit when due under the plan?

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

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)

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Page	3	100		
			in the second second	

Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB ☐ Yes 🗓 No (Form 5500 and line 11a below) 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 112 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes I No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 weenerson to the control of the cont granting the waiver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 125 Enter the minimum required contribution for this plan year. 12c C Enter the amount contributed by the employer to the plan for the plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No 🔲 N/A Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes [Plan Terminations and Transfers of Assets Part VII 13a Has a resolution to terminate the plan been adopted in any plan year? Yes No X if "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0 Were all the plan assets distributed to participents or beneficiaries, transferred to another plan, or brought under the X Yes ☐ No control of the PBGC7 If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):

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