Form 5500-SF Short			Form Annual Return/Report of Small Employee			OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed			e	2	2009				
Department of Labor Retirement Income Security A		ct of 1974 (ERISA), and section 6058(a) of the evenue Code (the Code).			This Form is Open to Public						
P	Pension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.	Ins	pection				
Part I Annual Report Identification Information											
	l			g	2/31/2						
	This return/report is for: Single-employer plan Induction multiple-employer plan Induction				ployer) one-participant plan						
В	This return/report is for:	first return/report	final retur	•							
•	an amended return/report is short plan year return/report (less than 12 months)										
С	Check box if filing under:										
	special extension (enter description)										
	Part II Basic Plan Information—enter all requested information										
	Name of plan OF THE LINE PLUMBING & HE	EATING INC. PROFIT SHARING PL	AN			Three-digit plan number (PN) ▶	001				
					1c	Effective date of 01/01/20					
	Plan sponsor's name and addre OF THE LINE PLUMBING & HE	ess (employer, if for single-employer EATING INC.	plan)		2b	Employer Identif (EIN) 11-2959					
463 5	SOUTH BROADWAY				2c	Plan sponsor's to 631-220	elephone number				
	ENHURST, NY 11757				2d	Business code (s 238220	see instructions)				
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") TOP OF THE LINE PLUMBING & HEATING INC. 463 SOUTH BROADWAY						Administrator's E 11-2959					
LINDENHURST				757	3c	Administrator's to 631-226					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		4				
<b>b</b> Total number of participants at the end of the plan year					5b		4				
C Total number of participants with account balances as of the end of the				· ·	5c		3				
<ul><li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>							X Yes No				
-	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQ							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	In you answered No to entr		5111 5500-	Sr and must instead use rorm 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year				
а	Total plan assets		. 7a	7443	1		93392				
b			7b		0		0				
C	Net plan assets (subtract line 7	b from line 7a)	7c	7443	1		93392				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) T	otal				
а	Contributions received or recei		80(1)		5						
			8a(1) 8a(2)		5						
	()		8a(3)		2						
b	., ,		8b	2048	-						
C		8a(2), 8a(3), and 8b)	8c				20488				
d	Benefits paid (including direct r	ollovers and insurance premiums									
-	, ,	······	8d		0						
e f	•		8e		0						
t a	Administrative service providers (salaries, fees, commissions)		8f 8g	127							
g h		Other expenses		25			1527				
n i		otal expenses (add lines 8d, 8e, 8f, and 8g) let income (loss) (subtract line 8h from line 8c)					18961				
-		e instructions)			5						
J	· · · · ·										

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
С	Was the plan covered by a fidelity bond?	10c	Х		20000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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.)			x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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					
Part	VI Pension Funding Compliance						
11							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?						
	(If "Yes," complete 12a or 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 instruct granting the waiver						
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		T		
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	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)						
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	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No		
	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 another plan, or brought under the control of the PBGC?						
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to				
1	Bc(1) Name of plan(s):		130	:(2) Ell	IN(s) <b>13c(3)</b> PN(s)		
Caut	Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.						

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with incorrect/unrecognized electronic signature.	10/15/2010	CHARLES DESJARDIN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				