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 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

F	Pension Be	enefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 55	00-SF.	inspection			
P	art I	Annual Report Id	entification Information	raanoo wa						
	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
		turn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	final retu	n/report					
_	11110 101		an amended return/report	=	ryear return/report (less than 12 m	onths)				
C	Chack I	box if filing under:	T Form 5558	╡ '	extension	,	DFVC program			
J	CHECK		special extension (enter descript		Octoriolori					
D:	art II	Rasic Plan Inform	nation—enter all requested inform							
	Name		mation—enter all requested infor	HallOH		1h	Three-digit			
		•	PANY, INC. PROFIT SHARING PL	RUST		plan number (PN)				
						1c	Effective date of plan 07/01/1985			
		ponsor's name and addre	ess (employer, if for single-employer, PANY, INC.	er plan)			Employer Identification Number (EIN) 11-2835536			
		DDOCK AVENUE E, NY 11426					Plan sponsor's telephone number 718-343-1664			
	LEITOOI	L, WT 11420					Business code (see instructions) 238220			
3a A & 0	Plan a	dministrator's name and MBING & HEATING COM	address (if same as Plan sponsor, PANY, INC. 236-11 BRA BELLEROS	ADDOCK A	/ÉNUE		Administrator's EIN 11-2835536			
				,			Administrator's telephone number 718-343-1664			
			n sponsor has changed since the large in the last return/report. Spons		eport filed for this plan, enter the	4b	EIN			
	namo, i	Line, and the plan numbe	i nom the last return/report. Opons	or 3 name		4c	PN			
5a	Total r	number of participants at	the beginning of the plan year			5a	3			
b	b Total number of participants at the end of the plan year					5b	3			
С			th account balances as of the end		•	5c	3			
6a	Were	all of the plan's assets d	uring the plan year invested in eligi	ble assets?	(See instructions.)		Yes No			
b	under	29 CFR 2520.104-46? (e annual examination and report o See instructions on waiver eligibility	and condit	ions.)		Yes No			
_			er 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 5	500.				
	art III	Financial Informa	ation		T					
7		Assets and Liabilities			(a) Beginning of Year 3615	0.4	(b) End of Year 420979			
a					3013	0	0			
b			th from line 7a)		3615		420979			
<u> </u>		e, Expenses, and Transf	b from line 7a)	7с						
а		butions received or recei			(a) Amount		(b) Total			
				8a(1)		0				
	(2) Pa	articipants		8a(2)		0				
	(3) Of	(3) Others (including rollovers)				0				
b	Other	income (loss)		8b	594	59475				
С	Total i	income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			59475			
d			ollovers and insurance premiums	8d		0				
е	Certai	n deemed and/or correct	ive distributions (see instructions)	8e		0				
f	Admin	nistrative service provider	s (salaries, fees, commissions)	8f		0				
g	Other	expenses		8g		0				
h	Total 6	expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			0			
i	Net in	come (loss) (subtract line	8h from line 8c)	8i			59475			
i	Transf	fers to (from) the plan (se	ee instructions)	Qi		0				

Form 5500-SF 2010 Page 2-	Page 2-
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Part IV	Plan	Charact	eristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List	t of Plan Charad	cterist	ic Co	des in t	the instru	ctions		
art	: V	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Ame	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	W	/as the plan covered by a fidelity bond?	X					42098		
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cau dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance surance service or other organization that provides some or all of the benefits under the plastructions.)	lan? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 C 520.101-3.)		10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or one occeptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art			<u>, </u>							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction))							Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements of section 4							Yes	X No
а	(If "Yes," complete 12a or 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 y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sl	kip to line 13.		_					
b	En	nter the minimum required contribution for this plan year				12b				
		nter the amount contributed by the employer to the plan for this plan year				12c				
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus agative amount)			<u> </u>	12d				1
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets								_
3а	Ha	as 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		ere all the plan assets distributed to participants or beneficiaries, transferred to another pla the PBGC?		ınder	the co	ntrol			Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another pla nich assets or liabilities were transferred. (See instructions.)	an(s), identify th	e plar	n(s) to					
1	3c((1) Name of plan(s):		13c(2) EIN(s) 13			13c(3)	PN(s)		
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unli	less reasonable	e cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have exachedule MB completed and signed by an enrolled actuary, as well as the electronic version is true, correct, and complete.	amined this retu	rn/rep	ort, in	cludin	g, if applic			
SIC	NI.	Filed with authorized/valid electronic signature. 04/29/2011 BE	ECKY KONG							
SIG	IV.									

SIGN	Filed with authorized/valid electronic signature.	04/29/2011	BECKY KONG
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

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 section 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		<u>rt Identification</u> Information	<u> </u>						
For	the calendar plan year 201	0 or fiscal plan year beginning	01/01	/2010	and ending	12	/31/2010		
A ·	This return/report is for:	x single-employer plan	multiple-en	nployer plan (n	ot multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final return	/report					
		an amended return/report	short plan	year return/rep	ort (less than 12 month	s)			
C	Check box if filing under:	Form 5558	automatic (extension		Г	DFVC program		
-		special extension (enter descrip	ution)			_			
-	ert II Basic Plan In	formation enter all requested i							
	Name of plan	ITOTT HALLOTT enter all requestes i	mornațion.			1b 1	Three-digit		
	·	ELETING COMPLEX THE PROPE	T. CUARTNO	DI 331 3370 1	MD110M	ŗ	olan number		
	A & C PLUMBING & H	EATING COMPANY, INC. PROF	IT SHAKING	PLAN AND	rkost		PN) ► 001 Effective date of plan		
							07/01/1985		
2a	Plan sponsor's name and a	address (employer, if for single-employe	er plan)				Employer Identification Number		
	A & C PLUMBING & H	EATING COMPANY, INC.			L		EIN) 11-2835536		
	236-11 BRADDOCK AV	ENUE				2C Plan sponsor's telephone number (718) 343-1664			
	22772222	NV 11405					Business code (see instructions)		
ບຣ 3a	BELLEROSE	NY 11426 and address (If same as plan employer	r antar "Sama"	<u> </u>			238220 Administrator's EIN		
5a	Same	and address in same as plan employer	i, einer Saille j	′		J. ,	AUTHINGUISION & LETT		
					-	30 /	Administrator's telephone number		
						JC /	ruministrator s telephone number		
_						41			
4		he plan sponsor has changed since the mber from the last return/report. Spons		ort filed for this	plan, enter the	4b 6			
						4c F	PN		
5a		s at the beginning of the plan year			r	<u>5a</u>	3		
b		s at the end of the plan year				<u>5b</u>	3		
С		s with account balances as of the end				5c	3		
6a		is during the plan year invested in eligit					XYes No		
þ		of the annual examination and report of							
		67 (See instructions on waiver eligibility either 6a or 6b, the plan cannot use F					XYes No		
Di	Financial Info		01111 0000-01 0						
<u>手類</u> 7	Plan Assets and Liabilities		a a la la	(a) Be	ginning of Year		(b) End of Year		
a	· ·-··		. 7a	(-,	361,504		420,979		
b	Total plan liabilities		7b		0		0		
c	Net plan assets (subtract lin	ne 7b from line 7a)	7c		361,504		420,979		
8	Income, Expenses, and Tra				a) Amount		(b) Total		
а	Contributions received or re		ne Doğumları Maylandar	·			OPEN CONTRACTOR OF THE CONTRAC		
	(1) Employers		8a(1)		0	_			
	(2) Participants		8a(2)		0				
	(3) Others (including rollov	rers)	<u>8a(3)</u>						
b	Other income (loss)		8b	· · · · · · · ·	59,475		Programme a design		
Ç	Total income(add lines 8a(8c	Manager Programme		1 212	59,475		
d	to provide benefits)	ect rollovers and insurance premiums	8d		0				
e		rective distributions (see instructions)			0				
f		iders (salaries, fees, commissions)			0				
g	Other expenses		. 8g		0		Constitution of the second		
h	Total expenses (add lines 8		8h			*	Q		
i'	Net income (loss) (subject l	•	81	01.783		g g	59,475		
ì		(see instructions)		2 April 600 A	D	7,353			
	Committee of the commit	•							

	Form 5500-SF 2010	P	age 2-		_						
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension featt										
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
Pa	Compliance Questions										
10	During the plan year:		1		Yes	No	An	nount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (December 1)	y Correction Program)	10a		х					
~	on line 10a.)		,	10b		x					
c	Was the plan covered by a fidelity bond?			10c	x				42,098		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was ca	used by fraud	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of tinstructions.)	the benefits under the	plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the plan?			10f		ж					
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		x					
h		e instructions and 29	CFR	_		х					
i	If 10h was answered "Yes," check the box if you either provided the resceptions to providing the notice applied under 29 CFR 2520.101-3			10ì							
	VI Pension Funding Compliance				_						
11	Is this a defined benefit plan subject to minimum funding requirement							Yes	X No		
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 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
a	If a waiver of the minimum funding standard for a prior year is being a granting the waiver										
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	B (Form 5500), and s	kip to line 13.		_						
þ						12b					
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus	s sign to the left of a		• -	12c 12d					
e					` .		☐Yes [Nio [□N/A		
	VII Plan Terminations and Transfers of Assets	Tolliania accounts:									
13a		year or any prior year	?. <i>.</i>					Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the emp				· .[13a					
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	ansferred to another p	olan, or brought und	er the	cont	roi		Yes	χNο		
С	if during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	lan(s), identify the p	lan(s)	to						
	13c(1) Name of plan(s):				13	ic(2) E	IN(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report v	will be assessed unio	ess reasonable ca	use ļ	s osta	blishe	d.				
SB o	r penalties of perjury and other penalties set forth in the instructions, I d r Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.	leclare that I have exa the electronic version	mined this return/re n of this return/repor	eport, rt, and	includ to th	ding, if ne best	applicable, a of my knowle	Schedule dge and			
1.79		x 4-18-11	ARMAND SANTI	LJ.O	to		<u>کا لحہ</u>	nite			
	RE Signature of plan administrator	Date	Enter name of indi		al sinn	ing as	plan adminish	rator			
- 7 -	7-1-9-7	I			9.						

8IGN

HERE Signature of employer/plan sponsor

x H−1&−1 Date

Enter name of individual signing as employer or plan sponsor

SUSAN SANTILLO