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

		Identification Information				
For	calendar plan year 2010 or fis	scal plan year beginning 01/01/20	10	and ending 1	2/31/2	010
Α	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final retur	n/report		_
		an amended return/report	short plar	year return/report (less than 12 mor	nths)	
_	Observation of City and the second	Form 5558	╡			DFVC program
C	Check box if filing under:			extension		L Drvc program
		special extension (enter descript				
Pa	art II Basic Plan Info	rmation—enter all requested infor	mation			
	Name of plan				1b	Three-digit
TRIE	BORO PLUMBING & HEATING	G CORP. 401K PLAN				plan number (PN) ▶ 001
					10	Effective date of plan
					10	01/01/2005
2a	Plan sponsor's name and ad	dress (employer, if for single-employe	er plan)		2b	Employer Identification Number
	BORO PLUMBING & HEATING		. ,			(EIN) 11-3260398
	EACT COTH OTREET				2c	Plan sponsor's telephone number
	EAST 96TH STREET OKLYN, NY 11236				0.1	718-336-9100
					2 a	Business code (see instructions)
3a	Plan administrator's name ar	nd address (if same as Plan sponsor,	enter "Same	("۵	3h	Administrator's EIN
TRIE	BORO PLUMBING & HEATING	G CORP. 777 EAST !	96TH STRE	ET		11-3260398
		BROOKLY	N, NY 11236		3с	Administrator's telephone number
						718-336-9100
		plan sponsor has changed since the l ber from the last return/report. Spons		port filed for this plan, enter the	4b	EIN
	name, Em, and the plan num	ber from the last return/report. Spons	SOI S HAITIE		4c	PN
5a	Total number of participants	at the beginning of the plan year			5a	28
b		at the end of the plan year			5b	29
C		with account balances as of the end			JD	
·				•	5c	12
6a	Were all of the plan's assets	s during the plan year invested in elig	ible assets?	(See instructions.)		Yes No
b		f the annual examination and report o				
		? (See instructions on waiver eligibility				Yes No
D		ither 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.	
	art III Financial Inforr	nation			1	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year 375665
а	•			309281		373003
b	Total plan liabilities		7b	00000		075005
С	Net plan assets (subtract line	e 7b from line 7a)	7с	309281		375665
8	Income, Expenses, and Tran	nsfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or rec		0-(4)	13063	3	
	., .		` '	35502	,-	
			` '	33302	_	
	, , , , ,	rs)		47050	\dashv	
b	,			17952	-	00547
C	, ,), 8a(2), 8a(3), and 8b)	<u>8c</u>			66517
d	1 \	ct rollovers and insurance premiums	8d			
е	•	ective distributions (see instructions).				
f		ders (salaries, fees, commissions)		133	3	
-	Administrative service provid	was tagiques, lees, CUITIIIISSIUIIS)	OI	1		
~	Other expenses	,				
g	•	,	8g			133
g h	Total expenses (add lines 80	d, 8e, 8f, and 8g)	8g 8h			133
	Total expenses (add lines 80 Net income (loss) (subtract I	,	8g 8h 8i			133 66384

	Form 5500-SF 2010 Page 2-							
ar	rt IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2T 3D	acteris	tic Co	des in t	he instruc	ctions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acterist	tic Cod	des in tl	ne instruc	tions:		
art	t V Compliance Questions							
)	During the plan year:		Yes	No		Amour	ıt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 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.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	15000
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				
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.)	10e	X					1199
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					5143
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						
art	VI Pension Funding Compliance			•				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Y	es X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of E	RISA?	Y	es X	No
	(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 instru granting the waiver	nth						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401-				
	Enter the minimum required contribution for this plan year			12b				
		of a		12c 12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
Ba	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Y	es X	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?..... 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(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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 authorized/valid electronic signature.	07/25/2011	MARIANNE MUNDY
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

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rom	.5500	-31	ZU	71	1

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race z-		

Part V Plan Characteristics		raye =					
9a If the plan provides pension benefits, enter the applicable pension feat	ure codes from	the List of Plan Chara	cteris	tic Co	des in	the instruc	tions:
2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature.	ire codes from t	he List of Plan Charac	deris	tic Co	des in	the instruct	tions:
Part V Compliance Questions			.				
10 During the plan year:	50			Yes	No	T	Amount
a Was there a failure to transmit to the plan any participant contributions	within the time	period described in					SHOGIL
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian b Were there any nonexempt transactions with any party-in-interest? (Donn line 10a.)	o not include to	insections renorted	10a 10b		X		
C Was the plan covered by a fidelity bond?			10c	Х	Α		
d Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	ity bond, that w	as caused by fraud	10d	. ж	х		15,0
Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	ersons by an in	surance carrier,		x			1 2
f Has the plan failed to provide any benefit when due under the plan?	P44444		10e	Α.			1,1
g Did the plan have any participant loans? (If "Yes," enter amount as of y	A contract of the contract of		10f		Х		
h If this is an individual account plan, was there a blackout period? (See			10g	X		PIGTER GENERAL	5,1
2520.101-3.) I If 10h was answered "Yes," check the box if you either provided the re-	auired notice or	one of the	10h		Х		
exceptions to providing the notice applied under 29 CFR 2520.101-3		indianicum parent	101				
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements							
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB b Enter the minimum required contribution for this plan year c Enter the amount contributed by the employer to the plan for this plan y d Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount) e Will the minimum funding amount reported on line 12d be met by the fu Part VIII. Plan Terminations and Transfers of Assets	/ear resuit (enter a n Inding deadline	inus sign to the left o	fa	- [R.113110.	Yes	No] N/A
13a Has a resolution to terminate the plan been adopted during the plan year	ar or any prior y	ear?	******		100.00		Yes X N
If "Yes," enter the amount of any plan assets that reverted to the emplo	yer this year	1	******		13a	eriteta (h. 1861). Minara n	
b Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC? c If during this plan year, any assets or liabilities were transferred from the public assets or liabilities.				1111			Yes X N
wants) assers of liabilities were transferred. (See instructions.)				N-4 32	v	<u> </u>	
13c(1) Name of plan(s):				13c	(2) EII	(a) <i>V</i>	13c(3) PN(s)
				÷			
						Will Street	
Gaution: A penalty for the late or incomplete filling of this return/report w Under penalties of perjury and other penalties set forth in the instructions, I de SB or Schedule MB completed and signed by an enrolled actuary, as well as to pellef, it is true, correct, and complete.	تحط الاحطاء مدمات	Every light have all in the				/ · · · · · · · · · · · · · · · · · · ·	ble, a Schedule inowledge and
SIGN / HOW		MICHAEL PAS	CAT	אראז	TA		
HERE!!/e:	ate	Enter name of ind				njan odmi	Metrotor
SIGNS / / / / /		MICHAEL PAS	2011/10/11	I have a see that		Piais aus III	Maria
	ate	The second secon				onor!	
		Enter name of ind	141006	a aiyn	iy:25	emp;oyer	n pian sponsor
A RANGER BURGON				• •			

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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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending	·	12/31/2010			
	This return/report is for: Single-employer plan		employer plan (not multiemployer)					
`_	This return/report is for: first return/report		im/report	one-participant plan				
_	an amended return/report	2						
C	Check box if filling under: Form 5558		in year return/report (less than 12 mo	nins)				
ب.	special extension (enter descripti	📤 grant and the second of the	ic extension		DFVC program			
Гъ	art II Basic Plan Information—enter all requested inform			·····				
	Name of plan	IBUUII		1h	Three-digit			
				110	plan number			
	TRIBORO PLUMBING & HEATING CORP.				(PN) ▶ 001			
	401K PLAN		•	10	Effective date of plan 01/01/2005			
2a	Plan sponsor's name and address (employer if for single-employer TRIBORO PLUMBING & HEATING CORP.	r plan)		2b	Employer Identification Number (EIN) 11-3260398			
	777 EAST 96TH STREET			2c	Plan sponsor's telephone number (718) 336-9100			
	BROOKLYN		NY 11236	2d	Business code (see instructions) 238220			
3а	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam	NY 11236 je")	3b	Administrator's EIN			
	SAME		eration The contract of the co		Administrator's telephone number			
				OC Administrator's talephone flumber				
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	st return/n or's name	eport filed for this plan, enter the	4b EIN				
				4c PN				
5a	Total number of participants at the beginning of the plan year	5a	28					
b	Total number of participants at the end of the plan year		5b	29				
C	Total number of participants with account balances as of the end o complete this item).	f the plan	year (defined benefit plans do not	5c	12			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520,104-46? (See instructions on waiver eligibility	an indens	indent qualified public accountant ((A	CAA				
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500	SF and must instead use Form 55)D.	<u>a</u> 193 100			
Pa	rt II Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
	Total plan assets	<i>7</i> a	309,28	1	375,665			
	Total plan liabilities	7b						
8	Net plan assets (subtract line 7b from line 7a)	7 c	309,28	1	375,665			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	24.902	(b) Total			
	(1) Employers	8a(1)	13,06	3				
	(2) Participants	8a(2)	35,50	2				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	17,95	2				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		9	66,517			
ď	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	13	3				
	Other expenses	89						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		88	133			
ı	Net income (loss) (subtract line 8h from line 8c)	8i			66,384			
	Transfers to (from) the plan (see instructions)	8)						
ror F	aperwork Reduction Act Notice and OME Control Numbers and the project	A STREET, STRE	0					