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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	-
		entification Information				
For	calendar plan year 2010 or fisca	l plan year beginning 01/01/201	1	and ending 1	1/30/2	2011
Α.	This return/report is for:	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	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation			
	Name of plan	4,			1b	Three-digit
		ATING SUPPLIES, INC. PROFIT-SH	HARING PI	_AN		plan number 002
					_	(PN) ▶
					1C	Effective date of plan 01/01/1993
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number
	JEL LEVINE PLUMBING & HEA		ρ.α,			(EIN) 13-3525860
151 k	HORTON AVENUE				2c	Plan sponsor's telephone number 516-593-3127
	BROOK, NY 11563				2d	Business code (see instructions)
					1	423700
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN 13-3525860
INC.	DEL LEVINE I LOMBING & TIEF	LYNBROOK,			30	Administrator's telephone number
					3	516-593-3127
	•	n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number	from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at	the beginning of the plan year			5a	1
b		the end of the plan year			5b	0
С		th account balances as of the end of			0.0	
	complete this item)				5c	0
	· ·	. , ,		(See instructions.)		Yes No
D				ndent qualified public accountant (IQI ions.)		X Yes ☐ No
	•	• •		SF and must instead use Form 55		
Pa	rt III Financial Informa					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		. 7a	1426	3	0
b	Total plan liabilities		. 7b			
С	Net plan assets (subtract line 7	b from line 7a)	. 7c	1426	3	0
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or received		90/4)			
	, , , ,		8a(1) 8a(2)			
	` '					
b	, ,					
C	,	Ba(2), 8a(3), and 8b)				0
d		ollovers and insurance premiums		4.406		
			. 8d	1426		
е		ve distributions (see instructions)			_	
f		s (salaries, fees, commissions)			-	
g	•					1426
h :		se, 8f, and 8g)				-1426
!		8h from line 8c)				-1420
J	Transiers to (from) the plan (se	e instructions)	- 8i			

Form 5500-SF 2010	Page 2-
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Part IV	Dlan	Charac	torictice
Partiv	Pian	Charac	reristics

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

b Were there any on line 10a.) C Was the plan or dishonesty?. e Were any fees or insurance service instructions.) f Has the plan have 2520.101-3.) i If 10h was answexceptions to prove the following and the plan have exceptions to prove the following and the plan of the granting the wait of the minimulation of the PBGC? c If during this plan on line 10a.						
29 CFR 2510.3 b Were there any on line 10a.) c Was the plan or dishonesty?. e Were any fees of insurance service instructions.) f Has the plan fai g Did the plan have been diserved instructions.) if Has the plan fai g Did the plan have been diserved instructions.) if Has an indivection of the sea of the granting the wait of the granting the wait of the granting the minimum of the work of the plan of the PBGC? c If during this plan of the PBGC? d User all the plan of the PBGC? c If during this plan which assets or			Yes	No		Amount
on line 10a.) C Was the plan or dishonesty?. e Were any fees or insurance service instructions.) f Has the plan fai g Did the plan have 2520.101-3.) i If 10h was answe exceptions to proper to the granting the wai and the granting the g	e a failure to transmit to the plan any participant contributions within the time period described in 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
Did the plan have or dishonesty?. Were any fees of insurance service instructions.) Has the plan fait Did the plan have Has the plan have If this is an indive 2520.101-3.) If 10h was answexceptions to precede the exceptions to precede the exceptions to precede the exceptions. Is this a defined 5500))	e any nonexempt transactions with any party-in-interest? (Do not include transactions reported a.)	10b		X		
or dishonesty?. Were any fees of insurance service instructions.) Has the plan fai Did the plan have the plan of the pBGC? Is this a defined (If "Yes," completed life the plan have the amount of the plan have the plan have the plan of the pBGC? If during this plan which assets or	plan covered by a fidelity bond?	10c	X			1250
insurance service instructions.) f Has the plan fait g Did the plan have the plan of the plan	an have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud esty?	10d		Χ		
h If this is an indiverse to the plan have here of the plan have the plan have exceptions to present the plan in the plan in the plan in the plan in the plan of the pBGC?	fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, service or other organization that provides some or all of the benefits under the plan? (See is.)	10e		Χ		
h If this is an indiverse to the page of the PBGC? h If this is an indiverse to the page of the pBGC? h If this is an indiverse to prove the page of the pBGC? If this is a defined to person to prove the page of the pBGC? h If this is an indiverse the page of the pBGC? h If this is an indiverse the page of the pBGC? If during this play which assets or	lan failed to provide any benefit when due under the plan?	10f		X		
i If 10h was answexceptions to prove the exceptions to prove the exception to prove the exception to prove the exception to prove the exception to the exception	an have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
exceptions to pr In VI Pension Is this a defined 5500))	n individual account plan, was there a blackout period? (See instructions and 29 CFR .3.)	10h		X		
Is this a defined 5500))	s answered "Yes," check the box if you either provided the required notice or one of the s to providing the notice applied under 29 CFR 2520.101-3	10i				
2 Is this a defined (If "Yes," completed if a waiver of the granting the wai if you completed if be Enter the amound Subtract the amongative amound Will the minimum of the Pice." enter the beautiful of the Pice." If during this pla which assets or	sion Funding Compliance					
(If "Yes," completed a If a waiver of the granting the wai If you completed Ii b Enter the minimum of Subtract the am negative amoun e Will the minimum of Will the minimum of the Plan Tea Has a resolution of the Plan Tea of the Plan Complete If during this pla which assets or	efined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes X
a If a waiver of the granting the wai If you completed Ii b Enter the minim. C Enter the amour d Subtract the am negative amoun e Will the minimur rt VII Plan Te a Has a resolution If "Yes," enter the Were all the plat of the PBGC? C If during this pla which assets or	efined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes X
granting the wai If you completed li b Enter the minimi C Enter the amour d Subtract the am negative amoun e Will the minimur rt VII Plan Te a Has a resolution If "Yes," enter th O Were all the plan of the PBGC? If during this pla which assets or	complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
b Enter the minimit c Enter the amour d Subtract the am negative amoun e Will the minimum rt VII Plan Te a Has a resolution If "Yes," enter th b Were all the plan of the PBGC? c If during this pla which assets or	of the minimum funding standard for a prior year is being amortized in this plan year, see instructions waiver	th				
c Enter the amour Subtract the am negative amoun e Will the minimur of VII Plan Tea Has a resolution If "Yes," enter the Were all the plan of the PBGC? If during this pla which assets or	eted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401		
d Subtract the am negative amoun e Will the minimur rt VII Plan Te a Has a resolution If "Yes," enter th O Were all the plan of the PBGC? If during this pla which assets or	minimum required contribution for this plan year		··· ⊢	12b		
negative amoun Will the minimur TYVII Plan Te Has a resolution If "Yes," enter th Were all the plan of the PBGC? If during this pla which assets or	amount contributed by the employer to the plan for this plan year			12c		
a Has a resolution If "Yes," enter th Were all the plan of the PBGC? If during this pla which assets or				12d		
Has a resolution If "Yes," enter th Were all the plat of the PBGC? If during this plat which assets or	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount)				Yes	No N
If "Yes," enter the Were all the plan of the PBGC? If during this plan which assets or	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left					
Were all the plan of the PBGC? If during this pla which assets or	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount)					X Yes
of the PBGC? If during this pla which assets or	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount)					
C If during this pla which assets or	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount)					
13c(1) Name of pl	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount) an Terminations and Transfers of Assets clution to terminate the plan been adopted during the plan year or any prior year? the the amount of any plan assets that reverted to the employer this year. the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	 13a ntrol		X Yes
	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount)	under	the co	13a		X Yes
	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount) Inimum funding amount reported on line 12d be met by the funding deadline? In Terminations and Transfers of Assets Duttion to terminate the plan been adopted during the plan year or any prior year? Inter the amount of any plan assets that reverted to the employer this year. Inter the amount of any plan assets or beneficiaries, transferred to another plan, or brought and acceptable or participants or beneficiaries, transferred to another plan, or brought acceptable or liabilities were transferred from this plan to another plan(s), identify the ets or liabilities were transferred. (See instructions.)	under	the co	13a	N(s)	Yes []
	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount) Inimum funding amount reported on line 12d be met by the funding deadline? In Terminations and Transfers of Assets Duttion to terminate the plan been adopted during the plan year or any prior year? Inter the amount of any plan assets that reverted to the employer this year. Inter the amount of any plan assets or beneficiaries, transferred to another plan, or brought and acceptable or participants or beneficiaries, transferred to another plan, or brought acceptable or liabilities were transferred from this plan to another plan(s), identify the ets or liabilities were transferred. (See instructions.)	under	the co	ntrol	N(s)	
ution: A penalty fo	ne amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left imount) Inimum funding amount reported on line 12d be met by the funding deadline? In Terminations and Transfers of Assets Duttion to terminate the plan been adopted during the plan year or any prior year? Inter the amount of any plan assets that reverted to the employer this year. Inter the amount of any plan assets or beneficiaries, transferred to another plan, or brought and acceptable or participants or beneficiaries, transferred to another plan, or brought acceptable or liabilities were transferred from this plan to another plan(s), identify the ets or liabilities were transferred. (See instructions.)	under	the co	ntrol	N(s)	

SIGN	Filed with authorized/valid electronic signature.	12/22/2011	LAWRENCE LEVINE					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	12/22/2011	LAWRENCE LEVINE					
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.

OMB Nos. 1210-0110 1210-0089

20101

This Form is Open to Public Inspection

P	art I Annual Repor	t Identification Information	1							
For	the calendar plan year 2010	or fiscal plan year beginning		01/01/2011	and ending	11	/30/2011	_		
Α	This return/report is for:	x single-employer plan	m	nultiple-employer plan	(not multiemployer)	Γ	one-participant plan			
В	This return/report is for:	first return/report	x fir	nal return/report		_	_ , , , ,			
	'	an amended return/report		•	eport (less than 12 mont)	ne\				
_	Check box if filing under:	Form 5558	=	utomatic extension	pport (1000 train 12 month	, Г	DFVC program			
C	Check box if filling under.	H	Щ.	diomatic extension		L] Di vo program			
10,000,000		special extension (enter descri								
***************************************		ormation enter all requested	informa	ation.		46 -				
ıa	Name of plan					ו כמור מ	Three-digit plan number			
	SAMUEL LEVINE PLUME	SING & HEATING SUPPLIES,	INC.	PROFIT-SHARING	PLAN		PN) ▶ 002			
							Effective date of plan			
<u>2</u> a	Dian spansaris name and ac	ddress (employer, if for single-employ	or alas				01/01/1993			
Za		BING & HEATING SUPPLIES,		1)			Employer Identification Number EIN) 13-3525860			
		,				2c Plan sponsor's telephone number				
	151 HORTON AVENUE						(516) 593-3127	_		
US	LYNBROOK	NY 11563					Business code (see instructions) 123700			
3a		nd address (if same as plan employe	г, enter	r "Same")			Administrator's EIN			
	Same									
						3c Administrator's telephone number				
4	If the name and/or EIN of the	e plan sponsor has changed since th	e last re	eturn/report filed for th	is plan, enter the	4b F	4b EIN			
	name, EIN and the plan nun	nber from the last return/report. Spon	sor's N	lame	io piani, ontoi tro	4c F				
<u> </u>	Total number of participants					4с , 5а	<u> </u>			
b		at the beginning of the plan year . at the end of the plan year				<u> 5а</u> 5b	1 0	-		
c		with account balances as of the end				- 20				
_	complete this item)					5c	0			
		during the plan year invested in eligi					Yes No			
b		f the annual examination and report of ? (See instructions on waiver eligibility			ublic accountant (IQPA)		X Yes No			
		ther 6a or 6b, the plan cannot use								
Pε	art III Financial Info	rmation						_		
7	Plan Assets and Liabilities			(a) l	Beginning of Year		(b) End of Year	_		
а	Total plan assets	• • • • • • • • • • • •		7a	1,426		0			
b	Total plan liabilities			7b	· · · · · · · · · · · · · · · · · · ·					
С	Net plan assets (subtract line	e 7b from line 7a)		7c	1,426		0			
8	Income, Expenses, and Trar	nsfers for this Plan Year	i		(a) Amount		(b) Total			
a	Contributions received or rec		. 933		1		(b) rotal			
	(1) Employers			8a(1)		4				
	(2) Participants		· • -	8a(2)		4				
ı.	(3) Others (including rollove	ers),	· -	8a(3)		4				
b	Other income (loss)		· ·	8b						
c d	Total income(add lines 8a(1)		· .	8c			0	33 7		
u	to provide benefits)	ct rollovers and insurance premiums		04	1,426					
е		ective distributions (see instructions)	: ' <u> </u>	8d 8e	1,420					
f		ders (salaries, fees, commissions)		8f		\exists				
g	Other expenses	tore (carance, roce, commissions) +	<u>:</u> : : -	8g		\dashv				
	·	I On Of and On)	 				1,426	1969		
h i	Total expenses (add lines 80	- -		8h			(1,426)	-		
i	Net income (loss) (subtract li	(see instructions)	' '	8i si si			(2)320)			
J	Transiers to (inviti) the piant ((See instructions)	• •	8j		100000000000000000000000000000000000000		440		

	Form 5500-SF 2010			Р	age 2-						
Parl	V Plan Characteristics								*		
9a	f the plan provides pension benefits, enter the applicable pension featu	re codes	from (he Li	st of Plan Characte	ristic (Codes	in the	instructions	:	
b	2J 3D f the plan provides welfare benefits, enter the applicable welfare feature	e codes f	rom th	e List	of Plan Characteri	stic C	odes i	in the ir	nstructions:		
Par	V Compliance Questions										
10	During the plan year:						Yes	No	,	Amount	
а	Was there a failure to transmit to the plan any participant contribution					100		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	o not inc	lude tr	ansa	tions reported	10a 10b		х			
С	Was the plan covered by a fidelity bond?					10c	х				125,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond,	that v	/as ca	used by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance services or other organization that provides some or all of the instructions.)	he benefi	ts und	er the	plan? (See	10e		х			
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			
ħ	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)					10h		х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3					10i					
***************************************	Pension Funding Compliance										
11	ls this a defined benefit plan subject to minimum funding requirement 5500))					· ·					
12	Is this a defined contribution plan subject to the minimum funding require (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		s of se	ction	412 of the Code or	section	on 30	2 of ER	usa? .	. ∐Ye	s X No
a lf y	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized			Mor						
b	Enter the minimum required contribution for this plan year						. [12b			
C	Enter the amount contributed by the employer to the plan for this plan	-					$\cdot \mid$	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)							12d			
Transcarriagua (10)	Will the minimum funding amount reported on line 12d be met by the	funding o	leadlir	e? .		•	• •	• •	Yes	∐No	∐N/A
Part										XYe	s No
13a	Has a resolution to terminate the plan been adopted during the plan y If "Yes," enter the amount of any plan assets that reverted to the emp			-			٠ ٦			. Are	
b	Were all the plan assets distributed to participants or beneficiaries, tra					dor th		13a			0
c	of the PBGC?									. <u>X</u> Ye	s No
1	3c(1) Name of plan(s):						1:	3c(2) ⊟	IN(s)	13c(3) PN(s)
Cautio	on: A penalty for the late or incomplete filing of this return/report w	vill be as	sesse	d uni	ess reasonable ca	ause i	is est	ablishe	ed.		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as	eclare tha	at I ha	/e ex	amined this return/	report	, inclu	ding, if	applicable,		
	belief, it is true, correct, and complete.										
SIG		احل	10)	-	LAWRENCE LEV		_1 - '				
HEF		Date	701	(,,	Enter name of inc		aı sıgı	nng as	pian admin	strator	
SIG HEF		Date	 ' ') #	LAWRENCE LEV		al sior	nina as	employer o	r plan spo	nsor

5500-SF Electronic Filing Authorization

Plan Name: SAMUEL LEVINE PLUMBING & HEATING SUPPLIES, INC. PROFIT-SHARING PLAN

EIN/PN: 13-3525860/002

Plan Year: 01/01/2011 - 12/31/2011

I hereby authorize O. A. PENSION SERVICES, INC. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

(sign)

(date)

(date)

Plan Sponsor

(cian)

(date)