## 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

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Pa	art I	<b>Annual Report</b>	Identification Inforn	nation							
For	calenda	ar plan year 2010 or fis	cal plan year beginning	04/01/201	0	and ending	03/31/	2011			
Α .	This retu	urn/report is for:	single-employer plan	П	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan		
		urn/report is for:									
		u,.opo	onths)								
<b>C</b>	Chock b	oox if filing under:	an amended return/re			extension	,	X DFVC progra	ım		
•	CHECK D	oox ii iiiiiig under.		☐ Di vo piogia							
		Daria Dian Inda	special extension (en	•	,						
	rt II		rmation—enter all requ	ested inform	ation		146	The second state			
	Name o		ATING CORP PENSION F		16	Three-digit plan number (PN)	005				
							1c	C Effective date of plan 03/01/2003			
2a	Plan sp	oonsor's name and add	dress (employer, if for sing	le-emplover	plan)		2b	Employer Identi			
BRO	OKLYN	PLUMBING AND HEA	ATING CORP.		p,			(EIN) 11-195			
		USH AVENUE					2c	Plan sponsor's t	elephone number 2-6800		
BRO	OKLYN,	, NY 11210-4236					2d	Business code (			
		dministrator's name an	d address (if same as Pla	n sponsor, e 1747 FLATB			3b	Administrator's	EIN		
DKU	OKLTIN	PLOWBING AND HEA		BROOKLYN			3c	Administrator's	elephone number		
<b>4</b> i	f the nai	me and/or FIN of the r	plan sponsor has changed	since the la	st return/re	port filed for this plan, enter the	4h	718-25	2-6800		
			per from the last return/rep			port mod for time plant, office the					
								PN			
5a	Total n	number of participants	at the beginning of the pla	n year			5a		5		
b	Total n	number of participants	at the end of the plan year	·			. 5b		0		
С		· ·				ear (defined benefit plans do not	. 5c				
60		•				/O'			X Yes No		
		•	. ,	Ū		(See instructions.)dent qualified public accountant (IC			☐ Tes ☐ No		
~						ons.)			X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
Pa	rt III	Financial Inform	nation								
7	Plan A	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year		
						118765			0		
b	Total p	olan liabilities			. 7b		0				
С	Net pla	an assets (subtract line	e 7b from line 7a)		. 7c	118765	8		0		
8	Income	e, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) 7	otal		
а		outions received or rec	eivable from:		. 8a(1)						
	` ,				` `						
	` ,	•			- ` '						
h	` '	` •	rs)		, ,	5033	36				
a		, ,	), 8a(2), 8a(3), and 8b)			0000			50336		
c d		,	ງ, oa(z), oa(ວ), and ob) ct rollovers and insurance ເ		. 8c						
u	to prov	vide benefits)			. 8d	123799	94				
е	Certair	n deemed and/or corre	ective distributions (see ins	tructions)	. 8e						
f	Admini	istrative service provid	ers (salaries, fees, commi	ssions)	. 8f						
g	Other 6	expenses			. 8g						
h	Total e	expenses (add lines 8d	l, 8e, 8f, and 8g)		. 8h				1237994		
i	Net inc	come (loss) (subtract li	ne 8h from line 8c)		. 8i				-1187658		
j	Transfe	ers to (from) the plan (	see instructions)		. 8j						

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Part IV	Dian	(`haraci	arietice
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

	v la a								
art									
0	During the plan year:		Yes	No		Amoun	t		
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					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	reimbursed by the plan's fidelity bond, that was caused by fraud							
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					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h							
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	1011							
	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 cor					П үе	s X N		
_	5500))								
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	X Ye	s   N		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru								
lf v	granting the waiver			Day		rear			
	Enter the minimum required contribution for this plan year			12b					
				12c					
	Enter the amount contributed by the employer to the plan for this plan year								
u	negative amount)			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								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	s N		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		<b>1</b>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol					
	of the PBGC?					X Ye	s N		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			1			
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c	( <b>3)</b> PN(s)		
						1			
٠	A manufactura the lete as incomplete filing of this valuum/venest will be accessed unless vaccount	lo so:	!.	a a ta b l	inhad				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal					ole a S	chadula		
ВВ о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.								
eici	Filed with authorized/valid electronic signature.  03/20/2012  ARNOLD RUDE	RMAN							

SIGN	Filed with authorized/valid electronic signature.	03/20/2012	ARNOLD RUDERMAN					
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

Pension Benefit Guaranty Corporation

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

	Complete all entries in		onde Odde (trie Code),		This Form	is Open to Public
	Part I Annual Report Identification Information	n on	with the instructions to the Form 5	500-SI	F. I	spection
	profit year 2010 or fiscal plan year beginning		70			<del></del>
	A This return/report is for:	_	ple-employer plan (not multiemployer)		03/31/201	1
	B This return/report is for:		one-particip			
		X final r	eturn/report			анг ЫЯП
	C Check box if filing under:	short	plan year return/report (less than 12 m	onth a		
		autom	natic extension	onins,	_	
Г	Part II   Paris St	☑ DFVC progra	am			
L.	Talt II Dasic Plan Information	Dformet		_		
	1a Name of plan	mormation				
	BROOKLYN PLUMBING AND HEATING CORP P	ENGTON D	Т Жат	1b	Three-digit	
	· · · · · · · · · · · · · · · · · · ·	JIOION P	LAN		plan number	
	•			-	(PN) ▶	005
_	2a Plan sponsor's name and odd			1c	Effective date of	plan
	2a Plan sponsor's name and address (employer, if for single-emp BROOKLYN PLUMBING AND HEATING CORP.	loyer plan)	·	25	03/01/200	3
	CORP.			ZD	Employer identif	ication Number
	1747 FLATBUSH AVENUE			20	(EIN) 11-1958	3180
	BROOKLYN				718-252-68	elephone number
-	NI 11270_400 <i>c</i>			2d	Business code (s	(Se instructions)
•	Plan administrator's name and address (if same as Plan spons BROOKLYN PLUMBING AND HEATING CORP.	Of enter "Sai	me")		<u>42</u> 3/00	
	1747 FLAMPHON		ne )	3b	Administrator's E	IN
_	BROOKLYN AVENUE				11-1958180	<u> </u>
4	If the name and/or FIN of the plan.			3c	Administrator's te	lephone number
	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spo	ie last return/	report filed for this plan, enter the	4b	<u>/18-2</u> 52-68	00
_	<u> </u>		·	4D	EiN	
5	<ul> <li>Total number of participants at the beginning of the plan year</li> <li>Total number of participants at the end of the plan year</li> </ul>			4c	PN	
	b Total number of participants at the end of the plan year			5a		
	C Total number of participants with		5b	<del> </del>	5	
	complete this item)	id or the plan	year (defined benefit plans do not		<del>                                     </del>	0
6	d Were all of the plan's assets during the		***************************************	5c	]	
İ	D Are you claiming a water at a	iyidle assets.	( (See instructions )		L	<u> </u>
					*************	X Yes No
_	under 29 CFR 2520.104-46? (See instructions on waiver eligibil if you answered "No" to either 6a or 6b, the plan cannot use cart III Financial Information	e Form 5500	tions.)	· ·,	************	X Yes No
_	The incident into in a tion	9 1 01111 0000	-SF and must instead use Form 550	0		<u> </u>
7	Plan Assets and Liabilities					
ŧ	Total plan assets	- <u>-</u>	(a) Beginning of Year		(b) End of	Year
ł	l otal plan liabilities	<u>7a</u>	1187658			0
_ 0	Net plan assets (subtract line 7b from line 7a)	7b	0	_		
8	Income, Expenses, and Transfers for this Plan Year	7c	1187658	-		
а	Outilibutions received or received to		(a) Amount		(b) T - (	0
	(1) Employers	9-74			(b) Tota	<u> </u>
	(2) Failulpants					
	(3) Others (including rollovers)	<u>8a(2)</u>				
b	Other income (loss)	<u>8a(3)</u>				
¢	Total income (add lines 8a(1), 8a(2), 0a(0)	<u>8</u> b	50336			·
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)					
						50336
е	Certain deemed and/or corrective distributions (see instructions).	8d	1237994			
f	Administrative service providers (salaries, fees, commissions)	- 8e				
g	Other expenses	8f				
h	Other expenses (add lines ad a continuous)	8g				
i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
j	Net income (loss) (subtract line 8h from line 8c)	8i				1237994
or F	(I O(II) LIE DIAN (SEA Instructions)					-1187658
	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruct	ions for Form 5	500-SF.			

	_			2010							<del></del> ,						
	Pai	rt IV	Plan Ch	aracte	ristics						==						es X No es No ruling  N/A No O No O PN(s)
Ş	a	If the p	lan provides	provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in provides with any party-in-interest? (Do not include transactions from the List of Plan Characteristic Codes in a fedure to a fedure to the plan any party-in-interest? (Do not include transactions reported 10b													
Part IV Plan Cha  9a If the plan provides part IV Compliance 10 During the plan year. a Was there a failure to 29 CFR 2510.3-102 b Were there any none on line 10a.)		, \	oritor tite a	hhiicsole bei	nsion featu	re codes fr	rom the List of P	lan Chara	teris	tic Co	doc in	<del></del>					
	U	n ale b	ian provides	welfare f	benefits, e	nter the ap	opiicable welf	are featur				-10,.5	<b>ac C</b> O	ues m	ine inst	tructions:	
		1/ 6				<u> </u>	_	ere reacure	e codes tro	om the List of Pla	ал Сћагас	teristi	c Coo	les in ti	he instr	11ctione:	
_				· · · · · · · · · · · · · · · · · · ·	stions											acao, 13.	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan provides welfare benefits, enter the application of the plan point of the plan have a loss, whether or not reimbursed the original plan plan have a loss, whether or not reimbursed the origination of the plan have a loss, whether or not reimbursed the original plan plan plan point of the plan plan participant loans? (If "Yes." enter the fit fit is an individual account plan, was there a blackor of the provides of the plan plan plan plan plan plan plan plan																	
	a	Was th	ere a failure	to transr	nit to the p	olan anv na	Afficinant			·			Yes	No		<del></del>	
	h	29 CF	R 2510.3-10;	2? (See.	instruction	s and DOL	L'S Vofuntary	Wibutions w	ithin the ti	ime period descr	ibed in	一十	+			Amount	t
												0a		X			
	c	Mac th	n =1==			•••••••••••••••••••••••••••••••••••••••			ior uicifide	transactions rep	ported					<del></del>	
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f	ı	Has the	płan failed to	) provide	any heno	fit when J.		***************************************			10	e	İ	х			
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Part IV Pian Characteristics  3a If the plan provides persisten benefits, enter the applicable persisten feature codes from the List of Pian Characteristic Codes in the instructions.  13. 13. 13  13. 13  14. 15  15 If the plan provides welfare benefits, enter the applicable veltant teacher feature codes from the List of Pian Characteristic Codes in the instructions.  Part V Compfiance Questions  10 During the plan year.  2 West three a failure to transmit to the plan any participant coembusines within the time period described in 25.0.1.0.07 (See a restrictions and DOL 3 Volumery Flouristy Correction Program).  3 West three a failure to transmit to the plan any participant coembusines within the time period described in 25.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
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а																X Yes	No.
_	gra	anting (	le waiver	ioni julio	iing standa	ard for a pr	rior year is be	eing amorti:	zed in this	Dian was						J	□
lf y	you	compl	eted line 12a	a. compl	eta linas	2.0 1.4				pian year, see ir	1Structions Month	, and	enter	the da	ite of th	ne fetter ruli	ing
b	En	iter the i	ninimum rea	uired co	ote intes ;	ა, ૭, and 1	0 of Schedu	ile MB (Fo	rm 5500),	and skip to line			_ 0	ay	<del></del> '	Year	
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_ <u>e</u> _	Wil	I the mi	<u>nimum fundir</u>	ng amou	nt reporter	d on line 13	7d b						12d				
art '	VII	Pla	n Termina	ations	and Tra	mofern	o be met by	the funding	g deadfine	?		,		Пу	'es	T No. IT	
3a -	Has	s a reso	Litian to term	inotast	unu ma	insiers o	of Assets							<u> </u>		110	N/A
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b	We	re all th	rei mie amon	nt of any	<u>rplan asse</u>	ets that rev	erted to the e	employer th	nīs vear		***************	·······	12-	<del></del>		X Yes	No
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13	c(1	) Name	of plan(s):								<del></del>	_					
				-								13	c(2) E	IN(s)		13c(3) P	N(s)
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