	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service This form is required to be filed					2011		
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.	Ins	pection
-		lentification Information					
For	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011	
Α -	This return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-partici	pant plan
B -	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)	1	
C	Check box if filing under:	× Form 5558	automatic	extension		DFVC progra	m
		special extension (enter descriptio	n)				
Pa	rt II Basic Plan Inform	nation—enter all requested informa	ation				
	Name of plan				1b	Three-digit	
TRIB	ORO PLUMBING & HEATING (CORP. 401K PLAN				plan number (PN) ►	001
					1c	Effective date o	
						01/01	
	Plan sponsor's name and addre	ess; include room or suite number (er CORP.	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 11-32	fication Number 60398
777 6	AST 96TH STREET				2c	Sponsor's telep 718-34	
	OKLYN, NY 11236				2d	Business code (23822	,
	Plan administrator's name and DRO PLUMBING & HEATING C		TH STREE		3b	Administrator's 11-32	EIN 60398
		BROOKLYN,	NY 11236		3c	Administrator's 718-34	elephone number 5-7270
4		lan sponsor has changed since the la	ast return/i	eport filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	ser from the last return/report.			4c	PN	
	1	the beginning of the plan year			5a		27
-		the end of the plan year			5b		27
С		count balances as of the end of the p			00		
	complete this item)				5c		10
		luring the plan year invested in eligibl					X Yes No
D		ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No
		er 6a or 6b, the plan cannot use Fo					
Pa	rt III Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	
a	•		7a	375665			288115
b	•		7b	275005			200445
<u> </u>	•	7b from line 7a)	7c	375665			288115
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal
а	Contributions received or recei (1) Employers		8a(1)	7337			
	(2) Participants		8a(2)	12508			
)	8a(3)				
b	Other income (loss)		8b	-10725			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				9120
d		rollovers and insurance premiums	64	96387			
•	. ,	ivo diatributiano (aco instructiano)	8d		_		
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f	283			
g		s (salaries, rees, commissions)	8g				
	•		oy 8h		-		96670
i		e 8h from line 8c)					-87550
i		ee instructions)	8j				
,		,	oj				

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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:

2E 2F 2G 2J 2K 2T 3D

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	ŀ	mount		
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)			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				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		Х				
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				808	
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				13777	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x				
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					Yes	s 🗙 No	
lf y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instrugranting the waiver. Ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	uctions, nth	, and e 	enter th Day	e date of the		uling	
_	Enter the minimum required contribution for this plan year			12b 12c				
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120				
u	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Yes	s 🗙 No	
С	 C 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.) 							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	3) 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 authorized/valid electronic signature.	07/27/2012	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

Form 5500-SF Short Form Annual	Benefit F		yee		MB Nos. 1210-0110 1210-0089		
	iled under sections 104 and 4065 of the Employee						
		974 (ERISA), and sections 6057(b) and 6058(a) of Rovenue Code (the Code).			(a) of This Form is Open to Public Inspection		
Complete all entries in account of the second se	ordance with ti	he instructions to the Form 550	0-SF.				
Part I Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning	01701/201	1 and ending		12/31/2011			
A This return/report is for: X a single-employer plan		nployer plan (not multiémployer)		a one-participa	nt plan		
B This return/report is: C Check box if filing under: C C Check box if filing under:	the final retu a short plan y automatic ex	rn/report year return/report (less than 12 m	ionths)				
Part II Basic Plan Information-enter all requested inform	and the second sec						
1a Name of plan	nauon	Color Marine Constant Colors of	115	Three-digit			
				plan number	001		
TRIBORO PLUMBING & HEATING CORP.			-	(PN)	001		
401K PLAN			10	Effective date of p 01/01/2005	hen		
2a Plan sponsor's name and address; include room or suite number (employer, if for	a single-employer plan)	2b	Employer Identific	ation Number		
TRIBORO PLUMBING & HEATING CORP.				(EIN) 11-3260			
			20	Sponsor's telepho (718) 345-7	ne number 2270		
777 EAST 96TH STREET			2d	Business code (se			
BROOKLYN		NY 11236		238220	ANALIS (CARE SAME)		
3a Plan administrator's name and address (if same as plan sponsor, SAME	enter "Same")		3b	Administrator's El	N		
			30	Administrator's tel	ephone number		
4 If the name and/or FIN of the plan sponsor has channed since the			-				
4 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.	last return/rep	ort filed for this plan, enter the	4b	EIN			
a Sponsor's name			4c	PN			
5a Total number of participants at the beginning of the plan year	****		5a		2'		
b Total number of participants at the end of the plan year	*********	*********	5b		2*		
C Number of participants with account balances as of the end of the complete this item).	plan year (defi	ined benefit plans do not	5c		10		
6a Were all of the plan's essets during the plan year invested in eligi			-	A	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	f an independer / and conditions	nt qualified public accountant (IQ s.)	PA)		X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot use Part III Financial Information	Form 5500-SF	and must instead use Form 55	00.				
7 Plan Assets and Liabilities	State .	(a) Beginning of Year	1	(b) End of	Year		
a Total plan assets		375,66	15	101	288,111		
b Total plan liabilities			-	-744			
C Net plan assets (subtract line 7b from line 7a)		375,68	55		288,115		
8 Income, Expenses, and Transfers for this Plan Year	C. Sun and	(a) Amount		(b) Tol	tal		
a Contributions received or receivable from:		7,33	- 19				
(1) Employers		12,50	- 180 PR		State Sale		
(2) Participants		16700	- 13				
b Other income (loss)		(10,725	3	Section 2	1		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1 DECKET	Activity of Kenne	9,120		
d Benefits paid (including direct rollovers and insurance premiums		A.4			,		
to provide benefits).		96,38	1	-171			
e Certain deemed and/or corrective distributions (see instructions)	the second se		1				
	Bf	2.8	- A BURNE	Contraction of the second			
f Administrative service providers (salarios, fees, commissions)			1.0.00	网络古拉的海绵的白色希腊	CONTRACTOR STATES		
g Other expenses			DE .	the second s	06 670		
 g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 					and the second se		
g Other expenses	<u>8h</u> 8i		1	" el anciente de metroserio	96,670 (87,550)		

Form 5500-SF 2011

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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: 2E 2F 2G 2J 2K 2T 3D

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

10	During the plan year:	-	Yes	No		Am	ount	
	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		х				
b		10b		Х				
C	Was the plan covered by a fidelity bond?	10c	Х				15,	, 00
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		х				
θ	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					80
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	1			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	x	-			13,	77
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		x			a state	
Ĭ	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	101			10			
Part	VI Pension Funding Compliance							
41.4	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form							
11	5500)	ibiere :	Sched	UIO SE	∋ (⊢orm		Yos X	Nr
11 12	5500))					<u> [</u>	Yes X	_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes X Yes X	_
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	or sections,	ction 3	02 of	ERISA?	[] of the let	Yes X	No
12 a Ify	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	or sections,	ction 3 and e	02 of	ERISA?	[] of the let	Yes X	N
12 a Ify b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	or sections,	and a	02 of	ERISA?	[] of the let	Yes X	N
12 a Ify b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	or sections,	and a	i02 of nter tr Day	ERISA?	[] of the let	Yes X	N
12 a Ify b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and a	102 of Inter th Day 12b 12c 12d	ERISA?	[] of the let	Yes X	No
12 a Ify b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and a	102 of Inter th Day 12b 12c 12d	ERISA?	y	Yes X	
12 a Ify b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	and a	102 of Inter th Day 12b 12c 12d	ERISA?	y	Yes X	No
12 a lfy b c d e Part \	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	or sections, th	and e	12b 12d	ERISA?	y	Yes X	
12 a Ify b c d e Part 13a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	of a	and e	12b 12d	ERISA?	y Dif the lef	Yes X	No
12 a lfy b c d e Part 13a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruc- granting the waiver	of a	and e	02 of nter tr Day 12b 12c 12d	ERISA?	y Dif the lef	Yes X	N/A
12 a lfy b c d e Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruc- granting the waiver	of a	and e	02 of nter tr Day 12b 12c 12d	ERISA?	y Dif the lef	Yes X	N/A
12 a lfy b c d e ³ art 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	ction 3 and e 3a ((8) to	02 of nter tr Day 12b 12c 12d	ERISA7		Yes X	N/A N/A
12 a lfy b c d e Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	of a	ction 3 and e 3a ((8) to	002 of nter th Day 12b 12c 12d 12d	ERISA7		Yes X tter ruling r No 1	N/A N/A
12 a lfy b c d e Part 13a b c 13	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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	o or sec ctions, th of a 13 13 14	ction 3 and e 	02 of nter tr Day 12b 12c 12d 12d 12d (2) El	ERISA7 ne date (Yes Yes X		Yes X tter ruling r No 1	Nc N/A No

SIGN		TACHAEL PASSALACQUA
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN		MICHAEL PASSALACQUA
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor