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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500	O-SF.	'			
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 03/01/20	11	and ending 0	2/29/2	012			
Α	This return/report is for: a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan		
	This return/report is: the first return/report	-	eturn/report	Į.		•		
Ь		<u> </u>	·					
	an amended return/report a short plan year return/report (less than 12 months)							
С	Check box if filing under: X Form 5558							
	special extension (enter descripti	on)						
Pa	art II Basic Plan Information—enter all requested inform	nation						
	Name of plan	lation		1h	Three-digit			
	DEN PLUMBING, HEATING & ELECTRIC, INC. EMPLOYEE RETIF	REMENT P	ΙΔΝ	10	plan number			
IVILLI	SERVI ESMISIRO, NEXTINO à ELECTRIC, INC. EMI ESTEE RETI	CLIVILITY			(PN) ▶	001		
				1c	Effective date of	plan		
				. •	03/01/			
2a	Plan sponsor's name and address; include room or suite number (emplover, if	for a single-employer plan)	2h	Employer Identif	ication Number	er	
	DEN PLUMBING, HEATING & ELECTRIC, INC.		3 1 1 1 1 1 1 1 1 1		(EIN) 14-15			
					Sponsor's teleph	none number		
4.04	AID ODEEK DD			_0	518-437			
	ND CREEK RD ANY, NY 12205-1410			2d	Business code (see instruction	ns)	
	,				23822		10)	
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	2")	3h	Administrator's E	-IN		
	DEN PLUMBING, HEATING & ELECTRIC, INC. 4 SAND CRI	EEK ROAD		0.0		79702		
	ALBANY, N	Y 12205-14	10	3с	Administrator's t	elephone num	ber	
					518-437	'-0240		
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			9	
b	Total number of participants at the end of the plan year			5b			8	
С	Number of participants with account balances as of the end of the	plan vear (defined benefit plans do not					
	complete this item)	· · · · · · · · · · · · · · · · · · ·		5c			7	
6a	Were all of the plan's assets during the plan year invested in eligil	ole assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)			1	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes	No	
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	2507391			1761612	-	
b	Total plan liabilities	7b				3602	<u> </u>	
С	Net plan assets (subtract line 7b from line 7a)		2507391			1758010)	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		/b) T	atal		
a	Contributions received or receivable from:		(a) Amount		(b) T	Uldi		
а	(1) Employers	8a(1)	5867					
	(2) Participants	` '	12130					
	• • • • • • • • • • • • • • • • • • • •		12.00	_				
	(3) Others (including rollovers)		4.44.04.0					
b	Other income (loss)		-141216			100010		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-123219)	
d	Benefits paid (including direct rollovers and insurance premiums		626162					
_	to provide benefits)		320.02	+				
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_	626162		
i	Net income (loss) (subtract line 8h from line 8c)					-749381		
i	Transfers to (from) the plan (see instructions)							
	, , , ,	··· 8j						

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Form	5500	-S-E	201	1

Page ∠ - 1	
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Dart IV	Plan Characteristics	
Part IV	Pian Unaracteristics	

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 2F 2G 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	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		Χ		7		
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					25000
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Χ					
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	X					
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	Пи
•							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	02 of I	ERISA?		Yes	X N
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<u>—</u>		ш
(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	ctions,	and e	nter th	e date d	of the le	tter ruli	ப ng
(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	ctions,	and e	nter th	e date d	of the le	tter ruli	ng
(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	ctions, nth	and e	nter th	e date d	of the le	tter ruli	ng
(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. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, th	and e	nter th Day	e date d	of the le	tter ruli	ng
(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. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	ctions, nth of a	and e	nter th Day	e date d	of the le	tter ruli	ng
(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. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount)	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le Yea	tter ruli	ng
(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. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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)	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le Yea	tter ruli	ng
(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	ctions,	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng
(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	of a	and e	12b 12c 12d	e date o	of the le Yea	tter ruli	ng
(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	of a	and e	nter th Day	e date o	of the le Yea	tter ruli	ng
(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	of a	and e	nter th Day	e date o	of the le Yea	tter ruli	ng
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(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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes X	of the le Yea	No Yes	ng

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/04/2012	MARY BELIVEAU
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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art I Annual Report	Identification Information					
_For	calendar plan year 2011 or fis		03/01/	2011	and ending		02/29/2012
A	This return/report is for:	X a single-employer plan] a multipl	e-employer pla	an (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final	return/report			
		an amended return/report	a short pl	an year return.	report (less than 12 m	onths)	
C	Check box if filing under:			DFVC program			
		special extension (enter description	ion)				
P	art II Basic Plan Info	rmation—enter all requested inform	nation				
	Name of plan					1b	Three-digit
ME	LDEN PLUMBING, HEA	ement Plan		plan number (PN) • 001			
				Effective date of plan			
							03/01/1992
2a	Plan sponsor's name and add	dress; include room or suite number (employег, i	f for a single-e	mployer plan)	2b	Employer Identification Number
Me	iden Plumbing, Hea	ating & Electric, Inc.					(EIN) 14-1579702
4	Sand Creek RD						Sponsor's telephone number
_							518-437-0240
AL	BANY	NY 12205-1410					Business code (see instructions) 238220
3a	Plan administrator's name an	d address (if same as plan sponsor, eating & Electric, Inc.	enter "Same	e")			Administrator's EIN
ме	iden Plumbing, Hea	iting & Electric, Inc.					14-1579702
	Sand Creek Road bany	NY 12205-1410					Administrator's telephone number 518-437-0240
4				report filed for	this plan, enter the	4b	
_	name, EIN, and the plan number from the last return/report.						
	a Sponsor's name					4c	
	Total number of participants at the beginning of the plan year					5a	9
C	 b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (defined benefit plans do 					5b	8
		account balances as of the end of the				5c	7
6a		during the plan year invested in eligit					X Yes No
þ	Are you claiming a waiver of	the annual examination and report of	an indeper	ndent qualified	public accountant (IQF	PA)	tenned Append
	If you answered "No" to eit	(See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F	and condit	1005.) -SE and must	inetood yea Form 660		X Yes No
Pa	rt III Financial Inforn		01111 0000	-Or and mast	mateau use i Oim Sot	,,,,	
7	Plan Assets and Liabilities		86775135144.	(a) B	eginning of Year		(b) End of Year
а	Total plan assets		. 7a		250739	1	1761612
b	Total plan liabilities		7b				3602
C	Net plan assets (subtract line	7b from line 7a)	. 7c		250739	1	1758010
8	Income, Expenses, and Tran			((a) Amount		(b) Total
а	Contributions received or rec (1) Employers	eivable from:	. 8a(1)		586	7	
	•		8a(2)		1213	\dashv	
	,	·s)				Ť	
b	, ,		1		-14121	6	<u> 1</u> 500 - 10
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8c				-123219
d		t rollovers and insurance premiums			~~~~		
_			. 8d		62616	4	
e		ctive distributions (see instructions)					
l .		ers (salaries, fees, commissions)				-	
g h		, 8e, 8f, and 8g)			iii iepastieliujaususaan XX	200000.3 Sid	626162
11		ne 8h from line 8c)			Ten Committee Co		-749381
j	, , ,	see instructions)		anners of the second	en (547 20.00056 24.00056	-/49301
		·	_ OJ	1		14:19:50	

	Form 5500-SF 2011 Page 2 -	··········						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char- 2E 2J 2K 2F 2G 3D	acteris	stic Co	des in	the instru	ctions	:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	es in th	ne instruct	tions:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo		
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			- Turic	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	-			
C	Was the plan covered by a fidelity bond?	10c	Х				2	500
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		х		Particular de la constitución de		
f	Has the plan failed to provide any benefit when due under the plan?	10f	7	x				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			х	***************************************			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g 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	Х					
art	VI Pension Funding Compliance	<u> </u>	<u>-</u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500)).	plete	Sched	ule SB	(Form	П	Yes	Пи
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					市	Yes	X N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					ìJ		

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	n 302 of E	RISA? Ye	s 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 instructions, and granting the waiver	denter the	e date of the letter : Year	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
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 year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	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	•		<u> </u>
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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	∏ Ye	s X No
_	Mark the state of		Laure Laure	Ù

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

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 Mars Belinen	12/04/2012	Mary Beliveau
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