This form is required to be filed under sections 104 and 4065 of the Employee Part II Caunary Constant Prese Band Caunary Constant Prese Band Caunary Constant Prese Band Caunary Constant Prese Band Caunary Constant Part II Annual Report Identification Information For calendar plan year 2012 or filead plan year beginning To the first return/report is compared to the first plan of the term/report B This return/report is compared to the first plan of the term/report B This return/report is compared to the first plan of the	_	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089	
Internet noome Security Act of 1974 (ERISA), and sections 605/(b) and 6058(a) of the (hermal Revenue Code (her Code). The Form is Open to Public Inspection Percine Innotal Report Learning A main structure and the function of the Code). A main section 500-55. Image Section 1000 (Section 1000) Part II Annual Report Learning and the function of the form 500-55. A main section 4000 (Section 1000) A main section 500-55. Image Section 1000 (Section 1000) Part II Annual Report Learning and the function of the final return/report A main section 500-55. Image Section 1000 (Section 1000) Image Section 1000 (Section 1000) B This return/report is A short extension (enter description) Image Section 1000 (Section 1000) Image Section 1000 (Section 1000) Image Section 1000 (Section 1000) Part II Basic Plan Information — enter all requested information Image Section 1000 (Section 1000) Part II Basic Plan Information — enter all requested information Image Section 1000 (Section 1000) Image Section 1000 (Section 1000) Image Section 1000 (Section 1000) Part II Basic Plan and address, include noom or suite number (employer, if for a single-employer plan) It Effective date of plan (Section 10000 (Section 100000) Section 1000 (Section 100000 (Section 100000					2012			
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Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN							
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	al sic	ning as employer or plan sponsor	
	Preparer's	name (including firm nar	ne, if applicable) and address; include r		r (optional)			

a Total plan assets 7a 288115 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 288115	End of Year 259253 259253 b) Total 29761 29761 29761 58623 -28862
b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 288115 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (l) a Contributions received or receivable from: 8a(1) 6097 (1) Employers 8a(2) 9203 (2) Participants 8a(2) 9203 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8a(2) 9203 (3) Other income (loss) 8a(2) 9203 (4) Benefits paid (including direct rollovers) 8a 8a b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 48866 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 96556 f Administrative service providers (salaries, fees, commissions) 8f 1011 g Other expenses 8g 8h 1 i Net income (loss) (subtract line 8h from line 8c) 8i 1 j Transfers to (from) the plan (see instructions) 8g 8i 1 <th>259253 b) Total 29761 58623</th>	259253 b) Total 29761 58623
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Part V Compliance Questions	
10 During the plan year: Yes No	Amount
a 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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	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?	
 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.) 	628
f Has the plan failed to provide any benefit when due under the plan?	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	4088
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
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	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	n Yes No
11a Enter the amount from Schedule SB line 39 11a	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	.? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date granting the waiver	of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Bane of the answer of the Treasery Cample all entries in accordance with the instructions 0607(b) and 0605 of the Employer of the form of the the answer of the the answere of the the answer of the the answer of the the answe	Form 5500-SF	Short Form Annual	Return/Report of	Small Employ	ee		OMB Nos. 1210-0110 1210-0089
Description Description This Form is Open to Public Publi		This form is an ultradient to be f	Benefit Plan	4065 of the Employee		2	2012
Part Li Annual Report Identification Information 01/01/2012 and ending 12/31/2012 or calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 a This return/report is: in the first return/report a an amended return/report a bach plan year return/report a one-participant plan B This return/report is: g form 5568 automatic extension DFVC program Part III Basic Plan Information-enter all requested information 10 This return/report is: DFVC program Part IIII Basic Plan Information-enter all requested information 10 Three-digit plan information extension 001 Part IIISORO FLUMBING & HEATING CORP. 40 IK PLAN 10 Three-digit plan information extension 001 777 EAST 96TH STREET ENOKLYN NY 11236 Same as Plan Sponsor Address 3b Administrator's telephone number 718-345-7270 733 Plan administrator's name and address [k]Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephone number 718-345-7270 777 EAST 96TH STREET S	Department of Labor Employee Benefils Security Administration	Retirement Income Security Act the Inter	of 1974 (ERISA), and section mal Revenue Code (the Code	e).	a) 01	This Form i Ins	s Open to Public spection
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2 Check box if filing under:	This return/report is:			eport (less than 12 mo	onths)		
A Undex book in laining under image down in lang under image down in lang under image down image d						DFVC progra	am
Part III Basic Plan Information—enter all requested information Ia Name of plan There-digit plan number TRIBORO PLUMBING & HEATING CORP. 401K PLAN Dot 22a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) The Effective date of plan 777 EAST 96TH STREET 2b Employer Identification Number (EIN) 11–3260398 2777 EAST 96TH STREET 2c Sponsor's telephone number 718–345–7270 2733a Plan administrator's name and address @Same as Plan Sponsor Name @Same as Plan Sponsor Address 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a 5a Total number of participants at the beginning of the plan year 5a 5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5b 6a Were all of the plan's assets during the plan year invested in eligibility and conditions. § yes [6a Were all of the plan's assets during the plan year invested in eligibility and conditions. § yes [6a Were all of the plan's assets during the plan year invested in eligibility	Check box if filing under:						
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C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5a Total number of participants	at the beginning of the plan year			56		
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Preparer's name (including firm name, if applicable) and address; include room or sulte number (optional) Preparer's telephone number (optional)	If you answered "No" to a Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com SIGN HERE Signature of plan	either line 6a or line 6b, the plan of or incomplete filing of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	n/report will be assessed u ctions, I declare that I have e as well as the electronic vers	ind must instead use inless reasonable ca ixamined this return/re ion of this return/repoint <u>Isabel</u> Enter name of indivi	Pag dual s	s established. including, if app i to the best of r Salace igning as plane	Yes I
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Form 5500-SE	If you answered "No" to a Caution: A penalty for the late Under penalties of perjury and o SB or Schedule MB completed a belief, it is true, correct, and com SIGN HERE Signature of plan	either line 6a or line 6b, the plan of or incomplete filling of this return ther penalties set forth in the instruc- and signed by an enrolled actuary, a hplete.	Date (0-3-13)	Ind must instead use Ind must instead use Ind must instead use Ind must instead use Ind must instead use Index instead use	Pa = Formuse iseport, and $Pa = dual sdual s$	s established. including, if app it to the best of r <u>SSA l cucc</u> igning as plan é <u>a SSa l a</u> igning as emplo	Yes I

Form 5500-SF 2012

Page 2

Par	till Financial Information								
and the second s	Plan Assets and Liabilities		(a) Beginning of Yea	r	T		(b) End o	of Year	
	Total plan assets	7a		3811	5				259253
	Total plan liabilities	76							
	Net plan assets (subtract line 7b from line 7a)	7c	28	3811	5				259253
	Income, Expenses, and Transfers for this Plan Year	and side	(a) Amount				(b) To	otal	
South Links in such that the	Contributions received or receivable from:	and the Arriteries	(u) Anount		(Aller	363		A	11 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(1) Employers	8a(1)		609	7	Ser.	A TAL CALLE	1. 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	(2) Participants	8a(2)		920	3	1023490		A STATES	Section 2
	(3) Others (including rollovers)	8a(3)				5 2 3	FR STAT	and the state	Set Parts
b	Other income (loss)	. 8b	1	1446	1	17.62		的原理	· And
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29761
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4886	and the second			254	
е	Certain deemed and/or corrective distributions (see instructions)	. <u>8</u> e		965	6	AN		and the second	hereade
f	Administrative service providers (salaries, fees, commissions)	. 8f		10	1	N'S ITAL		in Clark	Contraction of
g	Other expenses	. 8g			Sel.		法制 或 很		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	A BAR AND						58623
i	Net income (loss) (subtract line 8h from line 8c)	. 81		402	24				-28862
j	Transfers to (from) the plan (see instructions)	8j			ALC: N				
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instruct	ions:	
Part	V Compliance Questions								
4.0									
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Cor	rection Program)	10a	Yes	No X		Amount	
a	Was there a failure to transmit to the plan any participant contribu	uciary Cor t? (Do not	rection Program) include transactions reported	10a 10b	Yes			Amount	
a b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest	uciary Cor t? (Do not	rection Program) include transactions reported		Yes	x		Amount	15000
a b c	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Cor t? (Do not	rection Program) include transactions reported	10b		x		Amount	
a b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bo her persor of the ben	rection Program) include transactions reported ond, that was caused by fraud hs by an insurance carrier, efits under the plan? (See	10b 10c		x x		Amount	15000
a b c d	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bo her persor of the ben	rection Program) include transactions reported ond, that was caused by fraud hs by an insurance carrier, efits under the plan? (See	10b 10c 10d	X	x x		Amount	
a b c d e	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan	uclary Cor t? (Do not s fidelity bc her persor of the ben an?	rection Program) include transactions reported and, that was caused by fraud hs by an insurance carrier, lefits under the plan? (See	10b 10c 10d 10e 10f	X	x x x		Amount	15000
a b c d d e	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bo her persor of the ben an? as of year (See instr	rection Program) include transactions reported ond, that was caused by fraud ns by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e	x	x x x		Amount	15000
a b c d d e	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bo her persor of the ben an? as of year (See instr the require	rection Program) include transactions reported ond, that was caused by fraud ns by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e 10f 10g	x	x x x x		Amount	15000
a b c d e f g h	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bo her persor of the ben an? as of year (See instr the require	rection Program) include transactions reported ond, that was caused by fraud ns by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h	x	x x x x		Amount	15000
a b c d e f g h	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Cor t? (Do not s fidelity bc her persor of the ben an? (See instr (See instr the require 01-3 	rection Program) include transactions reported ond, that was caused by fraud ns by an Insurance carrier, efits under the plan? (See end.) uctions and 29 CFR ad notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X Schee	X X X X X dule St	B (Form	Amount	15000 628 4088
a b c d e f f g h i Part	Was there a failure to transmit to the plan any participant contribu- 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bc her persor of the ben an? as of year (See instr the require 01-3	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR ad notice or one of the "Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X X Scher	X X X X X dule St	B (Form		15000 628 4088
a b c d e f g h i Part	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided fit exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39	uclary Cor t? (Do not s fidelity bc her persor of the ben an? as of year (See instr the require 01-3 ments? (If	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR ad notice or one of the "Yes," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X X X Scher	X X X X X dule S8	3 (Form		15000 628 4088
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a b c d e f g h i Part 11 11a 12	Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a fit this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided fit exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the amount from Schedule SB line 39	uclary Cor t? (Do not s fidelity bc her persor of the ben an? as of year (See instr (See instr the require 01-3 g requirem v, as applic ing amortiz	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR ad notice or one of the "Yes," see instructions and com ments of section 412 of the Code cable.) zed in this plan year, see instru	10b 10c 10d 10e 10f 10g 10h 10i 10i = or se ctions	X X X Schee	X X X X X dule St 11a 302 of	B (Form ERISA?	<u> </u>	15000 628 4088 95 No 95 X No
a b c d e f f g h i l l 11 11a 12 a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fld Were there any nonexempt transactions with any party-in-interes on line 10a.)	uclary Cor t? (Do not s fidelity bc her persor of the ben an? as of year (See instr (See instr the require 01-3 ments? (If ' g requirem v, as applic ing amorti	rection Program) include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See end.) ructions and 29 CFR ad notice or one of the "Yes," see instructions and com ments of section 412 of the Code cable.) zed in this plan year, see instru Mor	10b 10c 10d 10e 10f 10g 10h 10i 10i	X X X Schee	X X X X X dule S8 11a 302 of	B (Form ERISA?	Ye Ye	15000 628 4088 95 No 95 X No
a b c d d e f g h i i Part 11 11a 12 a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fld Were there any nonexempt transactions with any party-in-interes on line 10a.)	uciary Cor t? (Do not s fidelity bc her persor of the ben an? as of year (See instr the require 01-3 g requirem v, as applic ing amortiz	rection Program) include transactions reported ond, that was caused by fraud hs by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR and notice or one of the "Yes," see instructions and com ments of section 412 of the Code cable.) zed in this plan year, see instru Mor	10b 10c 10d 10e 10f 10g 10h 10i 10i = or se ctions	X X X Schee	X X X X X dule S8 11a 302 of	B (Form ERISA?	Ye Ye	15000 628 4088 95 No 95 X No

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c	Enter the amount contributed by the employer to	to the plan for this plan year		12c				
d		nt in line 12b. Enter the result (enter a minus sign to the le		12d				
e	Will the minimum funding amount reported on li	ine 12d be met by the funding deadline?			Ye	s 🗌	No	N/A
Part	VII Plan Terminations and Transfe	ers of Assets						
13a	Has a resolution to terminate the plan been adopte	ed in any plan year?			Yes 2	K No		
	If "Yes," enter the amount of any plan assets th	at reverted to the employer this year		13a				
b		nts or beneficiaries, transferred to another plan, or brough				1	Ye	s X No
С	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan to another plan(s), identify e instructions.)	the plan(s) t	0				
1	3c(1) Name of plan(s):		1;	3c(2) E	IN(s)		13c(3) PN(s)
Part	VIII Trust Information (optional)							
14a	Name of trust			14b ⊤	rust's E	IN		