Fo	Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be filed u	enefit Plan under sections 104 ar	nd 4065 of the Employer	е	2	2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	This Form is Open to Public		
Pension B	Benefit Guaranty Corporation	ctions to the Form 5500	0-SF.	Ins	spection				
Part I		dentification Information							
For calence	dar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This re	eturn/report is for:	a single-employer plan 🛛 a multiple-employer plan (not multiemployer) 🗌 a one-participant plan							
B This re	eturn/report is:	the first return/report X the final return/report							
		an amended return/report	short plan year returr	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	am		
_	[] []	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □)						
Part II	Basic Plan Inforr	mation—enter all requested information							
1a Name			511		1b	Three-digit			
	•	IPANY, INC. PROFIT SHARING PLAN	AND TRUST			plan number			
					Ļ	(PN) ►	001		
					1c	Effective date or	•		
22 Blank			-laver if for a single		26	07/01/			
	Sponsor's name and address MBING & HEATING COM	ress; include room or suite number (emp MPANY, INC.	ployer, if for a single-	employer plan)	ZD	Employer Identia (EIN) 11-28	fication Number		
					20	Sponsor's telep			
236-11 BR/	ADDOCK AVENUE				20	3ponsor's telep 718-343			
	SE, NY 11426				2d	Business code (23822	(see instructions)		
3a Plan a	administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plar	n Sponsor Address	3b	Administrator's			
		plan sponsor has changed since the last ber from the last return/report.	st return/report filed fc	or this plan, enter the	4b	EIN			
a Spons	sor's name				4c	PN			
5a Total	number of participants at	t the beginning of the plan year			5a				
b Total	number of participants at	t the end of the plan year			5b		0		
		ccount balances as of the end of the pla			5c		0		
		during the plan year invested in aligible.							
	•	during the plan year invested in eligible a he annual examination and report of an	•	,			X Yes No		
unde	er 29 CFR 2520.104-46? ((See instructions on waiver eligibility and	d conditions.)				X Yes No		
-		her line 6a or line 6b, the plan cannot			_		_		
C If the	plan is a defined benefit r	plan, is it covered under the PBGC insu	arance program (see	ERISA section 4021)? .	L	Yes No	Not determined		
Caution:	A penalty for the late or	r incomplete filing of this return/repor	rt will be assessed	unless reasonable cau	ise is	established.			
Under pen SB or Sch	nalties of perjury and othe	er penalties set forth in the instructions, it signed by an enrolled actuary, as well	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	alid electronic signature.	04/14/2014	BECKY KONG					
HERE	Signature of plan adm	ministrator	Date	Enter name of individu	ual sid	ning as plan adr	ninistrator		
SIGN						<u>g ao pian aon</u>			
HERE					<u> </u>	·			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone num									
i iopaioi e					1.101				

Pai	Part III Financial Information									
7	Plan Assets and Liabilities	abilities (a) Beginning of Ye		ır			(b) End of Year			
а	Total plan assets	. 7a	22445	4	0					
b	Total plan liabilities	. 7b		0			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	22445	4						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:	• (1)		0						
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		-						
	Other income (loss)	8b	3098	3	_					
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30983	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25542	7						
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	8f	1	0						
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	255437	,
	Net income (loss) (subtract line 8h from line 8c)	8i							24454	
	Transfers to (from) the plan (see instructions)			0				_		
		8j		0						_
9a	2E 3D									
a	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	Part V Compliance Questions									
10	During the plan year:				Yes	No		Amo	ount	
а	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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
С	Was the plan covered by a fidelity bond?									38818
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	10c 10d		Х					
e	 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.) 									
f										
				-		Х				
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X									
i	2520.101-3.) 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the Image: Content of the image: Contentof the image: Cont									
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 complete Schedule SB (Form 5500) and line 11a below) Yes No										
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	· · · ·		· · ·						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			e or se	CUON	JUZ 01	ERISA !		165	
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein grapting the waiver	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date of t			ing
lf	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul			ui		Day		Yea		
-	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					
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?	. X Y	′es	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
13c(1) Name of plan(s):				13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service		This form is required to be			2013					
Department of Labor Employee Benefits Security Administration		Retirement Income Security A the In	Act of 1974 (ERISA), and Iternal Revenue Code (th		8(a) of This Form is Open to Public					
	Pension Benefit Guaranty Corporation	Complete all entries in ac			Inspection					
-		lentification Information								
12.0	calendar plan year 2013 or fisca		01/01/2013	and ending	12/3	1/2013				
_	and a state of the	x a single-employer plan	a multiple-employer	plan (not multiemployer)	a	a one-partici	pant plan			
в	This return/report is:	the first return/report	x the final return/report	rt						
	L	an amended return/report	a short plan year ret	turn/report (less than 12 m	ionths)					
C Check box if filing under:										
_		special extension (enter descr	iption)							
		mation enter all requested	information							
1a	Name of plan				1b Thr	ee-digit n number	C. La Carlon			
	A & C PLUMBING & HEA	TING COMPANY, INC. PR	OFIT SHARING PLAN	N AND TRUST	(PN		001			
						ective date o /01/1985				
2a	Plan sponsor's name and add	ress; include room or suite numb	er (employer, if for a sing	gle-employer plan)		ployer Ident N) 11-28	ification Number			
						onsor's telep 18) 343-	phone number			
	236-11 BRADDOCK AVEN	UE					(see instructions)			
US		NY 11426				8220				
3a	Plan administrator's name and	address 🗴 Same as Plan Spo	onsor Name 🔝 Same as	s Plan Sponsor Address	3b Adr	ministrator's	EIN			
					3c Adr	ministrator's	telephone number			
4	If the name and/or EIN of the r	plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	1				
	name, EIN, and the plan numb			1. D.						
	Sponsor's name				4c PN 5a		2			
b		t the beginning of the plan year t the end of the plan year			5b		0			
c		count balances as of the end of								
_	complete this item)				5c		0			
	A STATUS AND AN	luring the plan year invested in el					X Yes No			
b		he annual examination and report See instructions on waiver eligibit	lity and enablitions)	fied public accountant (IQ			X Yes No			
		er line 6a or line 6b, the plan c					and the second of the			
С		plan, is it covered under the PBC			the second se		o 🗌 Not determined			
Ca	aution: A penalty for the late of	r incomplete filing of this retur	n/report will be assess	ed unless reasonable ca	use is est	ablished.				
		er penalties set forth in the instru					icable, a Schedule			
	B or Schedule MB completed and elief, it is true, correct, and completed	d signed by an enrolled actuary,	as well as the electronic	version of this return/repo	rt, and to th	he best of m	ny knowledge and			
	A A	En tel	1 4-9-14							
1123	IGN & Armand			ARMAND SANTILLO	1		to to to a to a			
F	IERE Signature of plan admir	Sartil	Date	Enter name of individua ARMAND SANTILLO		as plan adm	mistrator			
1.150	SIGN A pounduice .									
226	IERE Signature of employer/p	plan sponsor ame, if applicable) and address; i	Date nclude room or suite num	Enter name of individuation			e number (optional)			
· ·	eparer a name (moloding initi na			(optional)	rioparor	0 1010 0 1010	(00.000)			
L				(
FC	or Paperwork Reduction Act N	otice and OMB Control Numbe	rs. see the instructions	101 FUTTI 5500-3F.		F	orm 5500-SF (2013)			

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year	
a Total plan assets	7a	224,4	54	0			
b Total plan liabilities	7b		0	0			
C Net plan assets (subtract line 7b from line 7a)	7c	224,4	54	0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
a Contributions received or receivable from: (1) Employers	8a(1)		0				
(2) Participants			0				
(3) Others (including rollovers)			0				
b Other income (loss)		30,9	-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				100000	1000	20.093	
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 		255,4	27			30,983	
e Certain deemed and/or corrective distributions (see instructions)	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f		10				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ALC!			255,437	
i Net income (loss) (subtract line 8h from line 8c)	8i	- Contraction of the Contraction				(224,454)	
j Transfers to (from) the plan (see instructions)	8j		0				
Part IV Plan Characteristics		•					
Part V Compliance Questions							
10 During the plan year:			-	Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Corre	ection Program)	10a		x		
b Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b	1.001	x		
C Was the plan covered by a fidelity bond?			10c	x		38,	
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x		
e Were any fees or commissions paid to any brokers, agents, or insurance service, or other organization that provides some or instructions.)	all of the ben	efits under the plan? (See	10e		x		
f Has the plan failed to provide any benefit when due under the p	14		10f		x	and a second second	
g Did the plan have any participant loans? (If "Yes," enter amoun			10g		x		
 h If this is an individual account plan, was there a blackout period 2520.101-3.) 	? (See instru	uctions and 29 CFR	10h		x		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.	d the require	d notice or one of the	10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for current yea					11a		
12 Is this a defined contribution plan subject to the minimum fundi					02 of	ERISA? Yes X	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel		Construction of the Constr					
a If a waiver of the minimum funding standard for a prior year is t granting the waiver	being amortiz	ed in this plan year, see instruc	tions	, and e	enter th Da	he date of the letter ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Sched							
b Enter the minimum required contribution for this plan year					12b		

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С	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 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?	X Ye	es 🗌	No	
_	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the con of the PBGC?			X Yes	s 🗌 No
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.)				e si va co
1	3c(1) Name of plan(s): 13c(2)	2) EIN(s)	13c((3) PN(s)
Part	VIII Trust Information (ontional)		-		1. Sec. 1.

14a Name of trust	14b Trust's EIN
	20