### 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.

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Part I Annual Report Identification Information								
For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014									
A This ret	turn/report is for:	X a single-employer plan	a m	nultiple-employer pl	an (not multiemployer)	er) a one-participant plan			
<b>B</b> This ret	This return/report is: the first return/report the final return/report								
		an amended return/repo	ort a sh	ort plan year return	n/report (less than 12 m	onths	)		
C Check	C Check box if filing under: X Form 5558 automatic extension					DFVC progra	am		
	Ü	special extension (enter	_						
Part II	Basic Plan Info	ormation—enter all request		1					
1a Name	l.			·		1b	Three-digit		
BROOKLYN PLUMBING AND HEATING SUPPLY CORP. RETIREMENT PLAN					plan number				
						_	(PN) <b>•</b>	004	
						1C	Effective date of 04/01/	•	
2a Plan si	nonsor's name and ac	ddress; include room or suite r	number (emple	over if for a single-	emnlover nlan)	2h	Employer Identi		
		ATING SUPPLY CORP.	iambor (ompre		omployer plant	20	58180		
						2c	(EIN) 11-19 Sponsor's telep	hone number	
1747 FLATE	BUSH AVE					718-252-6800			
BROOKLYN	I, NY 11210-4236					2d	Business code (	(see instructions)	
							453990		
		nd address Same as Plan S		_	Sponsor Address	3b	Administrator's I	EIN 58180	
ROOKLYN F	PLUMBING AND HEA	TING SUPPLY CORP. 1747	' FLATBUSH A OKLYN, NY 1′			3c		telephone number	
		Six o	ORETH, IVI	1210 1200			718-252		
<b>A</b> 15.41			-1 41 14		- 41-1 1 41	41.			
		e plan sponsor has changed s mber from the last return/repo		return/report filed to	r this plan, enter the	4b	EIN		
	or's name					4c	PN		
5a Total	number of participants	at the beginning of the plan y	year			5a		10	
<b>b</b> Total number of participants at the end of the plan year					5b				
<b>b</b> Total i	number of participants	at the end of the plan year						9	
		• •		year (defined bene				9	
C Numb	er of participants with lete this item)	account balances as of the er	nd of the plan	- · · · · · · · · · · · · · · · · · · ·	fit plans do not	5c		1	
C Numb complete Compl	er of participants with lete this item)all of the plan's asset	account balances as of the er	nd of the plan	ssets? (See instruct	fit plans do not	5с			
c Numb complete   6a Were   b Are you	er of participants with lete this item)	account balances as of the er s during the plan year investe f the annual examination and	nd of the plan y	ssets? (See instruct	fit plans do not tions.)d public accountant (IQ	<b>5c</b>		1 X Yes No	
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Dai	Part III Financial Information							
7			(a) Denimina of Vec				(h) Ford of Voca	
	Plan Assets and Liabilities		(a) Beginning of Yea	Beginning of Year		(b) End of Year 12345		
				0			0	
			14847				123451	
	C Net plan assets (subtract line 7b from line 7a)							
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:  1) Employers			0				
	(2) Participants	8a(2)		0				
	3) Others (including rollovers)			0				
b	Other income (loss)							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14416	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	paid (including direct rollovers and insurance premiums						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	285	0				
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					39439	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-25023		
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b								
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	<ul> <li>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)</li> </ul>			10a		Х		
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	X		400000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Χ		
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			10d	X		007	
	instructions.)			10e		X	667	
	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.)			10g		X		
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		X		
i 	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 complete Schedule SB (Form 5500) and line 11a below)								
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
<b>a</b> 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 of the letter ruling granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk							
h	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 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	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X 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.)							
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

## Profit & Pension Planners 67 Meadowbrook Rd Syosset, NY 11791 Office (516) 747-6525 Fax (516) 747-0419

# Authorization to Electronically Sign and File 5500

I hereby authorize any employee of Profit and Pension Planners ("Service Provider") to electronically sign and file 5500 forms on my behalf for the following filing year(s):

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- I may revoke or change this authorization at any time by written notification to Service Provider.

By: Will Work Truste

Dated: NOV. 10, 2018

Print name: ARNOW RUDERMAN

OMB Nos. 1210-0110 1210-0089

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

### 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 2013

Department of Labor Employee Benezis Security Administration the internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014 X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit BROOKLYN PLUMBING AND HEATING SUPPLY CORP. RETIREMENT PLAN plan number 004 (PN) > 1c Effective date of plan 04/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number BROOKLYN PLUMBING AND HEATING SUPPLY CORP. (EIN) 11-1958180 2c Sponsor's telephone number 1747 FLATBUSH AVE 718-252-6800 2d Business code (see instructions) BROOKLYN NY 11210-4236 453990 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 11-1958180 BROOKLYN PLUMBING AND HEATING SUPPLY CORP. 3c Administrator's telephone number 718-252-6800 1747 FLATBUSH AVE BROOKLYN 11210-4236 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. a Sponsor's name 4¢ PN 5a Total number of participants at the beginning of the plan year ..... 5a 10 b Total number of participants at the end of the plan year ..... 5b 9 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... X Yes b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on walver eligibility and conditions.) X Yes | No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No 📋 Not determined 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, coffect, and complete. SIGN Arnold Ruderman HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013)