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 section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α .	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В .	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
C	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter description	n) HURR	ICANE IRENE - SUFFOLK CTY, N	ΙΥ	_
Pa	Int II Basic Plan Information—enter all requested information	ation			
	Name of plan			1b	Three-digit
VILA	NOVA ELECTRICAL COMPANY DEFINED BENEFIT PLAN				plan number 001
				4-	(PN) •
				10	Effective date of plan 01/01/1996
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
VILA	NOVA ELECTRICAL COMPANY LLC			20	(EIN) 13-4161830
	VEST 47TH STREET			20	Plan sponsor's telephone number 212-779-9260
NEW	YORK, NY 10036			2d	Business code (see instructions)
				-	238210
3a VILA	Plan administrator's name and address (if same as Plan sponsor, er NOVA ELECTRICAL COMPANY LLC 605 WEST 47	nter "Same 7TH STRE	e") ET	30	Administrator's EIN 13-4161830
	NEW YORK,	NY 10036		3с	Administrator's telephone number
1 +	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	nort filed for this plan, enter the	4h	212-779-9260 EIN
	name, EIN, and the plan number from the last return/report. Sponsor		port med for this plan, enter the		
				4c	
5a	Total number of participants at the beginning of the plan year			· 5a	6
b	Total number of participants at the end of the plan year			. 5b	6
С	Total number of participants with account balances as of the end of complete this item)		•	. 5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report of a				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	rt III Financial Information		or and made motoud add r orm o	000.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	20621	92	2245588
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7с	20621	92	2245588
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-(4)		0	
	(1) Employers	8a(1)		0	
	(2) Participants	8a(2)		_	
h	(3) Others (including rollovers)	8a(3)	1833	96	
b	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b			183396
c d	Benefits paid (including direct rollovers and insurance premiums	8c			
.	to provide benefits)	8d			
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0
į	Net income (loss) (subtract line 8h from line 8c)	8i			183396
i	Transfers to (from) the plan (see instructions)	Ωi			

Form 5500-SF 2010	Page 2-
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Part IV	Dian	('hara	cteristics
гант	ган	Ullala	ししせいろいしょ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		An	nount	
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c	Χ					200000
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		X				
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				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h						
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [X Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?.	. [Yes	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 instruct granting the waiver							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year							
	Enter the amount contributed by the employer to the plan for this plan year		-	12c				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		L	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	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 u of the PBGC?						Yes	X No
С	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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) Ell	V(s)		13c(3)	PN(s)
aut	ا ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.	L		
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.	rn/rep	ort, in	cluding	j, if appli			

SIGN	Filed with authorized/valid electronic signature.	10/27/2011	JOE PEREZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/27/2011	JOE PEREZ
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

_							an attachme	ent to Form	5500 or	2200-5		. 40	104 100	10		
			lan year 2010			ar beginning C	01/01/2010				and end	ding 12	/31/20	10		
			amounts to													
<u> </u>	Cauti	ion: A	penalty of \$1	,000 will be	asse	ssed for late filing	of this report i	unless reas	onable ca	ause is	establish	ed.			T	
		of pla								В	Three-di	git			001	
VIL	ANOV	/A EL	ECTRICAL C	OMPANY D	EFINI	ED BENEFIT PLAI	V				plan nun	nber (PN	I)	•	001	
											-				L	
						of Form 5500 or 55	500-SF			D E	mployer	Identific	ation N	Number	(EIN)	
VIL	NOV	'A ELI	ECTRICAL C	OMPANY LI	.C					13-4	161830					
E 1	уре с	f plan	: X Single	Multiple	·A	Multiple-B	F	Prior year pla	an size:	100 (or fewer	101	-500	More	than 500	
						<u> </u>			<u>L</u>				L			
Pa	art I		asic Inforr													
1	Ente	er the	valuation dat	e:	Мо	onth <u>01</u>	Day <u>01</u>	Year <u>_</u>	2010							
2	Ass	ets:														
	а	Mark	et value									2a				2059632
	b	Actu	arial value									2b				2059632
3	Fun	ding t	arget/particip	ant count bro	eakdo	own			(1) N	lumber	of partic	ipants		(2)	Funding Targ	aet
	а	For	retired particin	oants and be	nefic	iaries receiving pa	vment	. 3a	` ,			•	0	. ,		0
	b					ра	•						2			31242
					ants.	•••••										
	С		active particip					2-/4)								0
(2) Vocad Scholie																
										1791284						
(3) Total active												1791284				
	d	Tota	ıl					. 3d					6			1822526
4	If th	e plar	n is at-risk, ch	eck the box	and c	complete items (a)	and (b)									
	а	Func	ling target dis	regarding pr	escril	oed at-risk assump	otions			 		4a				
	b		0 0	0 0.		umptions, but disre										
	-					ve years and disre						4b				
5	Effe	ective	interest rate					-				5				5.46 %
6	Tar	aet no	rmal cost									6				1774
Stat			Enrolled Act													
	To the I	best of r	my knowledge, the	information sup		this schedule and accor										
						pinion, each other assun ience under the plan.	nption is reasonab	ole (taking into a	ccount the e	experienc	e of the plar	and reaso	nable ex	pectations	and such other a	assumptions, in
				•		· · · · · · · · · · · · · · · · · · ·										
	IGN													10/10/5	0044	
F	ERI	=								_				10/19/2	.011	
				Si	gnatu	re of actuary								Date		
EDV	/ARD	VIGN	IEAU							_				11-02	732	
				Туре о	r prin	t name of actuary						Mos	recen	t enrollm	ent number	
TLC	PENS	SION	CONSULTIN	G, INC,									(631-425	-0591	
					Fir	m name				_	Т	elephon	e num	ber (incl	uding area co	ode)
			RD STE 103E	=								оторог.	0		g a. oa oa	, , ,
MEL	VILLE	=, NY	11747													
										_						
					Addre	ss of the firm		·		-						
If the	actu	arv ha	s not fully ref	ected any re	telun	ion or ruling promu	ilgated under	the statute	in comple	etina th	is sched	ıle che	ck the l	nox and	see	П
	iction		.c riot raily roll		gaidt	or raining profite	gatoa anaoi	o olalato	compi	y	.5 551164	, 0110		Jon and		Ш

Page	2-	1
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Pa	art II	Begin	ning of year	carryove	er and prefunding b	alances							
		(a) Carryover balance (b) alance at beginning of prior year after applicable adjustments (Item 13 from prior								(b) F	refundin	g balan	се
7			0 ,		cable adjustments (Item 1				53451				106082
8	Portion u	used to	offset prior year's	funding red	quirement (Item 35 from pr	rior year)			0				0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					53451			•	106082
10	Interest	on item	9 using prior year	s actual re	turn of13.09 %				6997				13886
11	Prior yea	ar's exce	ess contributions to	o be added	d to prefunding balance:								
	a Exce	ss contr	ributions (Item 38 t	from prior y	year)								15319
					rate of5.59 %								856
					year to add to prefunding ba								16175
					palance								16175
12					emed elections				0				0
					+ item 10 + item 11d – iter				60448				136143
	art III		ding percenta	-		,			I				
14	Funding	target a	ttainment percent	age							14	102	2.22 %
					je						15	113	3.00 %
	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether ca	arryover/prefu	nding balar	nces may be used			16	82	2.66 %
17	•				s less than 70 percent of t						17		%
	art IV		tributions and				<u> </u>	<u> </u>					
				•	ear by employer(s) and er	nnlovees:							
	(a) Date		(b) Amount pa		(c) Amount paid by	(a) [ate	(b) Amount pa	aid by	(c	:) Amoun	nt paid b	У
(N	1M-DD-YY		employer((s)	employees	(MM-DD		employer(s)	Ì	emplo		
						Totals ▶	18(b)		0	18(c)			0
19	Discount	ted emp	loyer contributions	s – see inst	tructions for small plan wit	h a valuation	date after th						
	a Contri	butions	allocated toward u	unpaid min	imum required contribution	n from prior ye	ears		19a				0
	b Contri	butions	made to avoid res	trictions ac	djusted to valuation date				19b				0
	C Contril	butions a	allocated toward mi	nimum requ	uired contribution for current	t year adjusted	l to valuation	n date	19c				0
20	Quarterly	y contrib	outions and liquidit	y shortfalls	s:								
	a Did th	e plan h	nave a "funding sh	ortfall" for t	the prior year?						X	Yes	No
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ear made in a	timely man	nner?			X	Yes	No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as a	applicable:						_	
					Liquidity shortfall as of	end of Quarte	er of this pla	an year					
		(1) 19			(2) 2nd	0	(3)	3rd	0		(4) 4th		
			0			0			0				0

Pa	rt V Assumptio	ons used to determine t	funding target and ta	rget n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 4.92 %	2nd segment: 6.71 %		3rd segment: 6.80 %		N/A, full yield curv	e used		
	b Applicable month	(enter code)				21b		3		
22	Weighted average ret	tirement age				22		63		
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitut	e			
Pa	rt VI Miscellane	ous items								
	Has a change been m	nade in the non-prescribed act	·		•		· · · -	s X No		
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	uctions r	egarding required attac	hment	Yes	No No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructi	ons regarding required	attachment.	Yes	No		
27	1 0	or (and is using) alternative fu	9 / 11			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions f	or prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears			28		0		
29	and the state of t									
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30		0		
Pa	rt VIII Minimum	required contribution	for current year							
31		djusted, if applicable (see inst				31		0		
32	Amortization installme		,		Outstanding Bala	ince	Installment			
		tization installment			-	0		0		
	b Waiver amortization	on installment				0		0		
33		approved for this plan year, en				33		0		
34		ment before reflecting carryove				34		0		
			Carryover balance		Prefunding balar	nce	Total balance)		
35	Balances used to offs	set funding requirement		0		0		0		
36	Additional cash requir	rement (item 34 minus item 35	5)			36		0		
37		ed toward minimum required c		37		0				
38	Interest-adjusted exce	ess contributions for current ye		38						
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 3	36 over i	em 37)					
40	Unpaid minimum regu	uired contribution for all years				40				

Departs sont of the Treasury Internal Revenue Service

Dops riment of Lebor replayers Bans lits Bosselly Administration Penalon Ben illt Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4086 of the Employee Retirement income Security Act of 1974 (ERISA), and section \$056(a) of the Internal Revenue Code (the Code).

2010

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 6500-SF.

Annual Report Identification Information	964. S.	-	notes and the second	
on the cales dan plan year 2010 or flacki plan year beginning	01/01/	2010 and ending	12/31/2010	
This return/report is for.	multiple emp	loyer plan (not multiemployer)	One-perticipa	int plan
B. This return/report is for:	्राध्यात्म् । ज्ञान	port		
ocentral betreme on a	-	er return/report (less then 12 month	M. St. An Ass.	Company of the Control of the Post and
Check box if filing under: Form 5558	automatic ex		☐ DFVC progn	NT)
n special extension (enter description)			territoria de la compansión de la compan	
		te limbe - suitoir cty,	GI.	
Basic Plan Information — enter all requested inf	ormetion.	1	16 Three-digit	
Name oliplan			bleu unuper	
Vilanova Electrical Company Defined Banofit i	rlan		(PN) &	001
		1	1C Effective date (01/01/1996	
2a. Plan spunsor's name and address (employer, if for single-employer	plan)		2b Employer Iden	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vilaniva Electrical Cospany LLC	F4		(EIN) 13-42	61630
Attaches and the group and the first terms of the				Valephone number
603 Rest 47th Street			2d Business code	9260 (see helmetical)
US NEW ICER NY 10036	· · · ·		238210	
38 Plan administrator's name and address (If same as plan employer,	enter "Same")		3b Administrator's	EIN
	10000	,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		i	3G Administrator's	talaphone number
		·		
f the name and/or EIN of the plan appneor has changed since the i	last return/repor	t filed for this plan, enter the	4b ein	
name, EIN and the plan number from the last return/report. Sponso	a's Nome		4c PN	A CONTRACTOR OF THE CONTRACTOR
Total number of participants at the beginning of the plan year	3 A-13	3. (4	The state of the s	6
Total number of participants at the end of the plan year.				6.
C Total number of participants with account balances as of the end of				
complete this item)		<u></u>	Sc	
Sa Were at of the plan's essets during the plan year invested in eligible			Programme Section (Section 1986)	E Yes THO
D. Are you claiming a waiver of the annual examination and report of a under 20 CFR 2520,104-467 (See Instructions on waiver eligibility.	an independent and conditions t	qualified public accountant (IQPA).	in the state of th	XYes INS
Myou answered "No" to either 82 or 6b, the plan cannot use Fo			Park Tourist Constitution of the Constitution of the Constitution of the Constitution of the Constitution of t The Constitution of the Constitutio	
Financial Information				· ca Amazasana
7 Pien As yets and Liabilities	hy/fair	(a) Beginning of Year	(b) En	d of Year
Total phin assats	78	2,062,192	· 网络鱼鱼	2,245,388
D Total plan liabilities	76		The second of the second of the	
C Net plan assets (subtract line 7b from line 7a)	7c	2,062,192	2 12	2,245,59B
S Income, Expenses, and Transfers for this Plan Year	PART N	nyomA (s)	17 80 F	Total
Contributions received or receivable from:	7744	(4)		
(1) Employers	6a(1)			
(2) Pericipants	Ber(2)	0		
(3) Others (including rollovers).	86(3)			
Other income (loss)	. 8b	183,396		
C Total income(add lines 8s(1), 8s(2), 8s(3), and 8b)	6c			183,396
Benefits paid (including direct refloyers and insurance premiums				
(o provide banafita)	- 20			
© Certain Jeemed and/or corrective distributions (see Instructions)	1			
f Administrative service providers (setaries, fees, commissions)				
G Other spenses	• 1 '8g		V.	
1. Total expenses (add lines 8d, 8e, 8f, and 8g)	· · 80	A STATE OF THE STA		0
Net linct me (loss) (subtract line 8h from line 8c)	8i		ě	183,396
Transfer to (Smart the plan (see instructions)	921	,	March March March March	

	Ft	rm 8500-SF 2010	Pa	<u> 2-</u>]							
	ne, ne ș	Plan Characteristics								· · · · · · · · · · · · · · · · · · ·	
₽a		an provides pension benefits, enter the applicable pension feets	ure codes from the List	of Pla	n Char	acteriștic (Codes	in the	instructions:		
b		. 16 30 In provides welfare bonefits, enter the applicable welfare featur	re codes from the List o	f Plan	Chers	cteristic C	odes í	त क्षेत्र है।	;endicunian		
	(ompliance Questions					·				
10	Durin	the plan year.	· · · · · · · · · · · · · · · · · · ·				Yes	No	A	mount	
4	29 C	here a failure to transmit to the plan any participant contribution R 2610.3-102? (See instructions and DCL's Voluntary Fiduciar)	v Considion Program)			10a		×			
1) Were	there any nonexempt transactions with any party-in-interest? (E	Do not include transact	ona re	ported	100		x			
•	. Was	he plan covered by a fidelity bond?				10c	×	1		300	.000
¢	Did to	e plan have a loss, whether or not reimbursed by the plan's fide constity?	ality bond, that was cau	sed by	y fraud	1		×	<u> </u>		
_				• •		100	├	-	 	······································	
6	maun	eny fess or commissions paid to any brokers, agents, or other p nos services or other organization that provides some or all or t tions.)	ersons by an insurance the benefitz under the	camie dan? (er, (See	100		E			
6		arans.) Is plan falled to provide any banefit when due under the plan?		• •		· •	┢┈╴	x	 		
•					• • •	107	}	-		 	
1		e plan have any perioipant loane? (If "Yea," enter emount as of ze an individual account plan, was there a blackout period? (Se			• • •	- <u>10g</u>	 	X.		Sas veralt de Gar	de la
•		101-3.)		···		. <u>. 10</u> h					
ŧ	lf 10h	was answered "Yes," check the box if you either provided the r	required notice or one	of the						egan soloh serges	
		tions to providing the notice applied under 29 CFR 2520,101-3 ension Funding Compliance	V 4 8 4 8 5 A			- 101	<u> </u>	<u> </u>	DOWN HOLDING		4.65
11	ip thir	a defined benefit plan subject to minimum funding requirement	tạ? (If "Yeş," see înstru	ctions	and co	mplete So	hedu	le SB (Form	IX Yea	
12	5500										No
12.		a defined contribution plan subject to the minimum funding req s," complete 12a or 12b, 12c, 12d, and 12a below, as applicable	•	12 QT E	he Cot	le or secti	on 30:	2 07 EP	(ISA?	∐Yes X	MO
	-	• • • • • • • • • • • • • • • • • • • •	•								
Z		iver of the minimum funding standard for a prior year is being a to waiver									
Ė		spieted line 12s, complete lines 3, 9, and 10 of Schedule Mil									
ŧ) Enter	he minimum required contribution for this plan year					_ ا	126			
•		he amount contributed by the employer to the plan for this plan					· [120			
Ę		ct the amount in line 12c from the amount in line 12b, Enter the					. [124			
4	VVR N	a minimum funding amount reported on line 12d be met by the	funding deadline?			<u> </u>	<u>.</u>		Yes	□No □	₩A
		Plan Terminations and Transfers of Assets									
13	l Hase	resolution to terminate the plan been adopted during the plan)	year or any prior year?				• _			☐Yes 🛣	No
	ĭf "Ye	and of behave 1 sets essets and year of thurms of the emp	ployer this year				٦, ٠	13a		7.9	
ì) Were	ill the plan assets distributed to participants or beneficiaries, to	ansferred to enother pi	an, or	brougi	t under th	ie cou	trof			
•	a II dur	PBGC? g tills plan year, any assets or liabilities were transferred from	this plan to another pla	មា(១), ម៉	dantify	the plan(s) to			Yes X	No
		esests or liabilities were transferred. (See instructions.) sine of pian(a):					•	3c(2) E	:195/4)	13c(3) PN(
				•					,	1 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	91
Cev	rion: A r	malty for the late or imcomplete filing of this return/report	will be assessed unio	83 /64	enonat	le cause	ja est,	ablish	ed.	1	
		is of perjury and other panalties set forth in the instructions, I c								a Schedule	
\$B :	or Sched	is \$35 completed and signed by an enrolled actuary, as well as injuried: \$45 complete.	s the electronic version	of this		/report, a	nd to t	ne bes	t of my know	ledge and	•
÷ SEE	100 de	Vox Weren	<u> </u>	Jose	Por	P 2			•		******
	SI	geturent dan administrator	Date // /2-4///				al sice	मांतर हु	plan somini	strator	
À	las (t)	ne Heren	7 "		Per						
		nature of employenplan aponsor	Date /6 /24/8				املو اعا	nine se	emplever or	plan sponsor	
									75. 🗸	E Alemitans	

4.275

Schedule SB, line 26 - Schedule of Active Participant Data

Vilanova Electrical Company Defined Benefit Plan 13-4161830/001

For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34			1							
35 to 39			1							
40 to 44										
45 to 49										
50 to 54										
55 to 59										
60 to 64					2					
65 to 69										
70 & up										

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		0.11.1 0000 OI			1		
For calendar j	olan year 2010 or fiscal plan year beginning 01/01/2010		and end	ing :	12/31	/2010	
► Round off	amounts to nearest dollar.						
Caution: .	A penalty of \$1,000 will be assessed for late filing of this report unless rea	sonable caus	se is establ	lished.			
A Name of p	lan			B Three-	diait		
Vil	anova Electrical Company Defined Benefit Plan				ımber (PN) 🕨	001
					file and		
C Plan spons	sor's name as shown on line 2a of Form 5500 or 5500-EZ			D Emplo	ær Ider	tification t	Number (EIN)
	anova Electrical Company LLC						variable (Env)
	word processes company the			13-4	16183	נו	
E Type of pla	n: X Single Multiple-A Multiple-B F Prior v	ear plan size	- V 400		1404		1
	asic Information	rear plan size	: M100 C	rtewer	<u>101</u>	-500	More than 500
			2010		_		
I Litter the	e valuation date: Month 01 Day 01	Year <u>2</u>	2010				
2 Assets:							25 Company of the control of the con
	xet value				0-		
•		· · · · · · ·		· · · · ·	2a		2,059,632
					2b		2,059,632
	target/participant count breakdown		(1) Numb	er of partici	pants	(2)	Funding Target
	etired participants and beneficiaries receiving payment	3a		0			0
	erminated vested participants	3b		2			31,242
	active participants:						
(1)	Non-vested benefits	3c(1)					0
(2)	Vested benefits	3c(2)	×1.9				1,791,284
(3)	Total active	3c(3)		4		<u> </u>	1,791,284
<u>d Tota</u>		3d		6			1,822,526
	n is at-risk, check the box and complete lines a and b	<i></i>	🔲				garage to the second
	ling target disregarding prescribed at-risk assumptions	<i>.</i>			4a		
b Fund	ling target reflecting at-risk assumptions, but disregarding transition rule for	or plans that I	have been	l			
at-ris	k for fewer than five consecutive years and disregarding loading factor	• • • • •	<u> </u>	· · · · ·	4b		
5 Effective	interest rate		. <u>.</u>		5		5.46
6 Target n	ormal cost				6		1,774
Statement by	Enrolled Actuary						
To the bes	of of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attac e with applicable law and regulations. In my option, each other assumption is reasonable (taking into account the on, offer my best estimate of anticipated experience under the plan.	timents, if any, is co experience of the pl	omplete and acc lan and reasonal	urate. Each presi ble expectations)	ibed assum	iption was appli	ed in
combination	on, offer my best estimate of anticipated experience under the plan.						
SIGN							
HERE	c grigneary				10/1	9/2011	
	Signature of actuary					Date	
Edwa	rd Vigneau				11.	-02732	
	Type or print name of actuary			Most re	ecent er	rollment r	number
TLC I	Pension Consulting, Inc.			(631)	425	-0591	
	Firm name		Te	elephone no	ımber (including a	area code)
35 P:	inelawn Rd Ste 103E				•	,	•
US Melvi	ille NY 11747						
	Address of the firm						
If the actuary h	as not fully reflected any regulation or ruling promulgated under the statut	e in completir	ng this sch	edule, che	ck the h	ox and se	
instructions		p	J	, 0.10.			_

Part II Beginning of year carryo	ver and prefunding balances						
		(a)	Carryover balance	(b) Pref	fundina	balance	
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior				(.,/			
year)	`	53,451	106,08			082	
	inding requirement (item 35 from prior yea		0				
	em 8)		53,451			106	082
	actual return of 13.09 %		6,997	13,886			886
11 Prior year's excess contributions to be added to prefunding balance:							
	om prior year)				2.000	15	319
b Interest on (a) using prior year's				856			
c Total available at beginning of c	urrent plan year to add to prefunding bala	200		16,175			175
d Portion of item (c) to be added t	o prefunding balance						175
12 Reduction in balances due to electi	ons or deemed elections		0				0
13 Balance at beginning of current year	r (item 9 + item 10 + item 11d - item 12).		60,448			136,	143
Part III Funding percentages						·	
14 Funding target attainment percenta	ge ,				14	102.22	%
15 Adjusted funding target attainment	percentage				15	113.00	%
	purposes of determining whether carryove				T.,	···-	
current year's funding requirement		<u></u>			16	82.66	%
17 If the current value of the assets of	the plan is less than 70 percent of the fun	ding target, enter s	such percentage		17	•	%
Part IV Contributions and liqu	dity shortfalls		<u> </u>			_	
18 Contributions made to the plan for	he the plan year by employer(s) and emp	loyees:					
(a) Date (b) Amount pai		(a) Date	(b) Amount paid by		(c) Amo	unt paid by	
(MM-DD-YYYY) employer(s)	employees	(MM-DD-YYYY)	employer(s)			loyees	_
					_		
	the sense through the committee of			<u>0 18(c</u>	:)	_	0
19 Discounted employer contributions	see instructions for small plan with a va	luation date after ti	he beginning of the year:_				
a Contributions allocated toward unpaid minimum required contribution from prior years							0
b Contributions made to avoid restrictions adjusted to valuation date							0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 0							
20 Quarterly contributions and liquidity shortfall(s):							
a Did the plan have a "funding shortfall" for the prior year?							
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?							
c If 20a is "Yes," see instructions and complete the following table as applicable:							
Liquidity shortfall as of end of Quarter of this plan year							
(1) 1st	(2) 2nd	(3) 3rd	<u> </u>	(4)	(4) 4th		-
7-1 8-19 1							

Part V Assumpt	ions used to determine fr	unding target and target nor	mal coef		
21 Discount rate:		and the got and the got non	mar cost		
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used
	4.92 %	6.71 %	6.80 %		Eina, idii yield carve ased
b Applicable month	(enter code)	<u> </u>		21b	3
22 Weighted average	e retirement age	<u> </u>		22	63
23 Mortality table(s) (see instructions) X Prescribed combined Prescribed separate					Substitute
Part VI Miscella			<u> </u>		
24 Has a change bee attachment		d actuarial assumptions for the cu			
25 Has a method cha	ange been made for the curre	nt plan year? If "Yes," see instruc	tions regarding required atta	chme	ent Yes X No
26 Is the plan require	ed to provide a Schedule of Ac	ctive Participants? If "Yes," see in	structions regarding required	atta	chment X Yes No
27 If the plan is eligib	ele for (and is using) alternativ	e funding rules, enter applicable of	code and see instructions		(Až)
regarding attachm	nent	<i></i>		27	
Part VII Reconci	liation of unpaid minimu	m required contributions for	prior years		
28 Unpaid minimum	required contribution for all pr	ior years		28	0
		ward unpaid minimum required co			
(item 19a)					0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)					0
	n required contribution fo				, , , , , , , , , , , , , , , , , , ,
31 Target normal cos	st, adjusted, if applicable (see	instructions)		31	0
32 Amortization insta	llments:		Outstanding Balance		Installment
a Net shortfall amor	tization installment			0	0
bWaiver amortization	on installment	<u> </u>		0	0
		r, enter the date of the ruling lette	r granting the approval		
(Month Day Year) and the waived amount			33	0	
34 Total funding requ	irement before reflecting carr	yover/prefunding balances			
(item 31 + item 32	la + item 32b - item 33)	<u> </u>	<u> </u>	34	0
		Carryover balance	Prefunding Balance		Total balance
35 Balances used to	offset funding requirement	0		0	0
36 Additional cash requirement (item 34 minus item 35)				36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)				37	
38 Interest-adjusted excess contributions for current year (see instructions)				38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)				39	
40 Unpaid minimum required contribution for all years				40	
				70	<u> </u>

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001

For the plan year 1/1/2010 through 12/31/2010

Employer: Vilanova Electrical Company

Type of Entity - S-Corporation

EIN: 13-4161830 TIN: Plan #: 001

Dates: Effective - 1/1/1996 Year end - 12/31/2010 Valuation - 1/1/2010

Top Heavy Years - 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2010

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below:

2% of average monthly compensation per year of service beginning year 1

not greater than \$7,995.

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001

For the plan year 1/1/2010 through 12/31/2010

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.24
Segment 2	6 - 20	5.02
Segment 3	> 20	5.32

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - 183 - 1983 Individual Annuity blended 50.00% male and 50.00% female rates

Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001

For the plan year 1/1/2010 through 12/31/2010

Valuation Date: 1/1/2010

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at last birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Interest Rates -

Segment rates for the Third Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	4.92
Segment 2	6 - 20	6.71
Segment 3	> 20	6.80

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -183 - 1983 Individual Annuity blended 50.00% male and 50.00% female rates at 5.5%

10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:**

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -8%

Post-Retirement - Interest -

Mortality Table -G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits