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.

0040

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 07/01/2010)	and ending 0	6/30/2	2011				
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	,							
	Name of plan	20011		1b	Three-digit				
	HAEL MAZZEO ELECTRIC CORPORATION DEFINED BENEFIT PL	AN			plan number				
					(PN) •				
				1C	Effective date of plan 07/01/2000				
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number				
	HAEL MAZZEO ELECTRIC CORPORATION	ρ.ω,			(EIN) 11-2544730				
4404	24TH STREET			2c	Plan sponsor's telephone number 718-361-0306				
	G ISLAND CITY, NY 11101			24	Business code (see instructions)				
				Zu	238210				
3a	Plan administrator's name and address (if same as Plan sponsor, er		e")	3b	Administrator's EIN				
MICI	HAEL MAZZEO ELECTRIC CORPORATION 4124 24TH S' LONG ISLAN		IY 11101	20	11-2544730				
				30	Administrator's telephone number 718-361-0306				
4	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponsor		4c	DNI					
	Total number of participants at the beginning of the plan year	5a	8						
b		5a 5b	8						
C	Total number of participants with account balances as of the end of		ac						
	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					X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Tes No				
Pa	irt III Financial Information	71111 3300-	or and must mistead use i orm 550						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	2188804	ļ	2466375				
b	Total plan liabilities	7b	C)	0				
С	Net plan assets (subtract line 7b from line 7a)	7c	2188804	ŀ	2466375				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	- (I)							
	(1) Employers	8a(1)		-					
	(2) Participants	8a(2)		_					
h	(3) Others (including rollovers) Other income (loss)	8a(3)	312519	,					
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	3.23.3		312519				
c d	Benefits paid (including direct rollovers and insurance premiums	00							
u	to provide benefits)	8d	34948	4948					
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			34948				
i	Net income (loss) (subtract line 8h from line 8c)	8i			277571				

Form 5500-SF 2010	Page 2-

Part IV	Plan	Chara	ctarie	tics
railiv	riaii	Gilaia	Cleris	เเษร

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

b	lf th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the	List of Plan Charac	terist	ic Cod	des in t	he instruct	tions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contribution: CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	•		10a		X			
					10b		X			
С	W	as the plan covered by a fidelity bond?			10c		X			_
d				•	10d		X			
	ins	urance service or other organization that provides some or all of th	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan? .			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10a		X			
				9 CFR	Ŭ					
i	If 1	Oh was answered "Yes," check the box if you either provided the re	equired notice or on	e of the	10i					
Part \	VI	Pension Funding Compliance								
									X Yes	s No
12									Yes	s X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
	-	•			1		Day _		rear	
-			•	-		[12b			
						1	12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left o	f a		12d			
							[Yes	No	N/A
			-							
13a	Has	s a resolution to terminate the plan been adopted during the plan v	ear or any prior yea	r?					☐ Yes	s X No
							13a			
b	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		☐ Yes	s X No
С	If d	uring this plan year, any assets or liabilities were transferred from t	this plan to another	plan(s), identify the	e plar	n(s) to				ш
29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program)										
Cauti	on.	A penalty for the late or incomplete filing of this return/report	will he assessed i	ınless reasonable	e Can	se is	establi	shed		
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as	declare that I have	examined this retur	rn/rep	ort, in	cluding	, if applica	,	
SIGN		iled with authorized/valid electronic signature.	04/16/2012	RUTH GRODZKI						
HERE	Т	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sinı	ning as	plan adm	inistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

						·	an attachme	ent to Form	5500 or	5500-S	F.					
For	caler	ndar p	an year 2010	or fiscal plan y	ea	r beginning 07	7/01/2010				and endi	ng 06/30	/201	1		
•	Rour	d off	amounts to n	nearest dollar.												
•	Cauti	ion: A	penalty of \$1	,000 will be ass	es	sed for late filing o	of this report	unless reas	onable ca	ause is	establishe	d.				
A N	lame HAEI	of pla	n ZEO ELECTF	RIC CORPORA	TIC	ON DEFINED BEN	IEFIT PLAN				J			•	002	
											piarrium)CI (I IV)		,		
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHAEL MAZZEO ELECTRIC CORPORATION Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information Enter the valuation date: Month 07 Day 01 Year 2010 Assets: a Market value 2a 2163920 b Actuarial value 2b 22 2183920 c 2b 2183920 Funding target/participants count breakdown (1) Number of participants (2) Funding Target a For retired participants and beneficiaries receiving payment 3a 0 0 b For terminated vested participants 3b 1 700 C For active participants 3c(1) (2) Vested benefits 3c(2) 2 2509738 d Total															
							00 01				. ,	acritinoati	JII 14	umber ((=)	
Ет	уре с	of plan:	X Single	Multiple-A		Multiple-B	F	Prior year pla	an size:	100 c	or fewer	101-50	0	More t	than 500	
Pa	rt I	Ba	asic Inform	nation												
1					Ио	nth <u>07</u> [Day01	Year _	2010							
2	Ass	ets:														
	а	Mark	et value									. 2a				2183920
	b	Actua	arial value									2b				2183920
3									ı					(2)	Funding Targ	jet
	а	For r	etired particip	ants and bene	icia	aries receiving pay	ment	3a				0				0
	b					0.,						1				700
	С	For a	active participa	ants:												
								3c(1)								0
		(2)	Vested benef	fits												2509738
		` '						` ,				7				2509738
	d	` '										8				2510438
4	If th	e plan	is at-risk, che	eck the box and	l cc	omplete items (a) a	and (b)			🔲						
	а	Fund	ing target disr	egarding preso	rib	ed at-risk assumpt	tions					. 4a				
	b	Fund	ing target refle	ecting at-risk a	ssu	mptions, but disre	garding trans	sition rule fo	r plans th	nat have	e been	4h				
5	Effe							•				+				6.36 %
6												+				0
												1				
;	accorda	ance witl	n applicable law ar	nd regulations. In m	op/	inion, each other assum										
														04/11/2	2012	
				Signs	tur	e of actuary								Date		
STE	√EN	I. ALIN	I												390	
PEN	SION	I DESI	GN SERVICE	,, ,	int	name of actuary				_		Most re				
330 MEL	S. SE	RVICI E, NY	E ROAD, SUI 11747		irn	n name					Te	lephone n	umb	er (inclu	uding area co	
				Add	res	s of the firm				_						
If the	actu	ary ha	s not fully refle	ected anv requ	atio	on or ruling promu	lgated under	r the statute	in comple	etina th	is schedul	e, check t	he b	ox and	see	П
instru		•		,9~			J		- 2	. 9		,			-	Ш

Page	2-	1
ago	_	•

Pa	rt II	Begir	ning of year	carryov	er and prefunding ba	lances						
							(a) (Carryover balance	:	(b) F	refundin	ig balance
7		-	•		cable adjustments (Item 13				81			0
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from pric	r year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)					81			0
10	Interest	on item	9 using prior year	's actual re	turn of10.90 %				9			
11	Prior ye	ar's exce	ess contributions t	o be added	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							3964
	b Inter	est on (a	a) using prior year	's effective	rate of6.58 %							261
					year to add to prefunding bala							4225
	_			•	palance							4225
12					emed elections				0			0
					+ item 10 + item 11d – item				90			4225
	art III					.=,						
			ding percenta								14	86.82 %
	14 Funding target attainment percentage											86.82 %
15 Adjusted funding target attainment percentage											00.02 %	
16	-				or determining whether car		-				16	72.08 %
17	If the cu	rrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17	%
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:						
/1	(a) Date		(b) Amount p		(c) Amount paid by	(a) D		(b) Amount pa	-	(c	•	nt paid by
(IV	IM-DD-Y`	Y Y Y)	employer	(S)	employees	(MM-DD-	-	employer((S)	+	emplo	yees
										1		
										1		
							1		0			0
						Totals ►	18(b)		0	18(c)		0
19					tructions for small plan with			i				
	a Contr	ibutions	allocated toward	unpaid min	imum required contribution	from prior ye	ars		19a			0
	b Contr	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contri	ibutions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	date	19c			0
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	s:						_	
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?						X	Yes No
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current yea	ar made in a	timely man	ner?		·····		Yes X No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
					Liquidity shortfall as of er	nd of Quarter		n year				
(1) 1st (2) 2nd (3) 3rd							(4) 4th					

Pa	rt V Assumptio	ns used to determine	funding target and targ	get no	ormal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %		3rd segment: 6.68 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	1
22	Weighted average ret	tirement age				22	62
23	Mortality table(s) (see	e instructions)	escribed - combined	Presc	ribed - separate	Substitut	te
Pa	rt VI Miscellane	ous items					
	Has a change been m	nade in the non-prescribed ac	tuarial assumptions for the cur		•		· ·
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruct	tions re	egarding required attac	hment	Yes 🖺 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	structio	ons regarding required	attachment	Yes No
27	, ,	, ,,,	nding rules, enter applicable c			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	um required contribution	ons f	or prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '		d unpaid minimum required co		' '	29	0
30	Remaining amount of	unpaid minimum required co	ntributions (item 28 minus item	າ 29)		30	0
Pa	rt VIII Minimum	required contribution	for current vear				
31		•	ructions)			31	0
32	Amortization installme	, , , , , , , , , , , , , , , , , , , ,	,		Outstanding Bala	ance	Installment
						230406	49310
	b Waiver amortizatio	on installment				0	0
33			nter the date of the ruling letter			33	
34			er/prefunding balances (item 3			34	49310
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances used to offs	et funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35	5)			36	49310
37		•	ontribution for current year adj			37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 36	over it	em 37)	39	49310
40	Unpaid minimum requ	uired contribution for all years				40	49310

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name MICHAEL	MAZZEO ELI	ECTRIC CORPOR	ATION DEFINED	BENEFIT	PLAN EIN	<u>: 11-2544730</u>
Plan Sponsor's Name	MICHAEL	MAZZEO ELECT	RIC CORPORATI	ON	PN	: 002
The weighted average	retirement ag	e is equal to the	normal retirement	age of	52 .	
List the rate of retireme retirement age, includir	_		· · ·	•		ighted average

Attachment to 2010 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameMICHAELMAZZEOELECTRIC CORPORATIONDEFINEDBENEFITPLANEIN:11-2544730Plan Sponsor's NameMICHAELMAZZEOELECTRIC CORPORATIONPN:002

	Present Value of		T	
			Years	Amortization
Type of Book	Any Remaining Installments	Valuation Date		Installment
Type of Base	installments		Remaining	
SHORTFALL	522,662	07/01/2009	6	97,777
SHORTFALL	(292,256)	07/01/2010	7	(48,467)
	†		†	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
	+		+	
			+	
			 	
			1	

Michael Mazzeo Electric Corp. Defined Benefit Plan

Plan Sponsor: Michael Mazzeo Electric Corp. EIN: 11-2544730 PN: 002

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Valuation Date:

July 1, 2010

Monthly Pension

Benefits frozen as of July 10, 2009

Eligibility Requirements

(A) Minimum months of service: 12

(B) Minimum age: 21 (C) Maximum age: None

(D) Participant enters plan on eligibility date nearest

completion of eligibility requirements

(E) Entry Date: Entry Date 2: January 1

July 1

Normal Retirement Age

(A) Plan anniversary nearest age 62 or 5 years of participation,

if later

(B) Sr. Vice President – Municipal Division and

Sr. Vice President - Sales: Plan anniversary nearest age 65

Funding Provisions

(A) Individual Spread Gain

(B) Normal cost is a level dollar amount

(C) Omega IV OL (AI) '95 Plan (D) Auxiliary Fund Deposits

(E) Envelope Funding

Amount of Insurance

Amount purchased by 33% of the theoretical level cost assuming

investment fund only.

Salary Averaging

Average high 3 consecutive salaries

Use historical salaries for accrual

Michael Mazzeo Electric Corp. Defined Benefit Plan

Plan Sponsor: Michael Mazzeo Electric Corp. EIN: 11-2544730 PN: 002

Attachment to Schedule SB, Part V, Summary of Plan Provisions

Type of Annuity

Life Annuity

Accrued Benefit

Fractional rule based on participation – Plan frozen as of July 10, 2009

Vesting Schedule

YR.	%	YR.	%	YR.	%
1	0	3	40	5	100
2	20	4	60	6	100

Vesting based upon total service

Top-Heavy Status

This plan has been determined to be Top-Heavy for the current plan year.

Michael Mazzeo Electric Corp. Defined Benefit Plan

Plan Sponsor: Michael Mazzeo Electric Corp. EIN: 11-2544730 PN: 002

Attachment to Schedule SB, Part V, Summary of Actuarial Assumptions

Stability Period

1 month preceding valuation date

Actuarial Assumptions

Pre & Post Retirement

(A) Segment I Interest Rate

4.16%

Segment II Interest Rate

6.52%

Segment III Interest Rate

6.68%

(B) Mortality:

2010 Mortality Table for small plans

(Male/Female)

Actuarial Equivalence And Present Value of Accrued Benefit

Plan Rates

Pre Retirement

(A) Interest: 5.0%

(B) Mortality: None

Post Retirement

(A) Interest: 5.01%

(B) Mortality: 1983 IAM

(C) Male Setback: 3 years

(D) Female Setback: 3 years

Minimum 417(e) Government Rates

Pre and Post Retirement

(A) Segment I Interest Rate 3.06% Segment II Interest Rate 4.86%

Segment III Interest Rate 5.43%

(B) Mortality: 2010 Applicable Mortality Table (Unisex)

Assumed Lump Sum Frequency

100%

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

40 & Up	À vic	No. Comp	0	0		0		0	0		0	0		0		0	0	0
104	; 4	No.	9	0		0		0	0		0	0		6	-	0	0	0
35 To 39	Avg.	Comp	0	0		0		0	0		0	0		0		0	0	0
35	Ž		-	0		0	\dashv	0	0		•	 -		0		0	0	0
30 To 34	Avg		0	0		0		0	0		0	0		0		0	0	0
30	Ž		0	0		0		0	0		•	0		0		0	0	0
25 To 29	Avg.	dina	0	0		0		0	0		0	0		0		0	0	0
25	Ž		0	0		0		0	0		0	-		0		Assod	0	0
20 To 24	Avg.		0	0		0		0	0		0	0		0		0	0	0
20 7	Ž	1-	0	0				0	0		0	0		0		0	0	0
15 To 19	Avg.		0	0		0		0	0		0	0		0		0	0	 0
15.	Ź		0	0		0		0	0		0	0		0		0	0	
10 To 14	Avg.	dwo	0	0		0		0	0		0	0	•	0		0	0	0
10.T	ź		0	0		0		-	0		0	0		0		0	0	 0
5 To 9	Avg.		0	0		0		0	0		0	0		0		0	0	0
in	Ž		0	0		0		0	0		-	0		2		0	0	 0
1 To 4	Avg.		0	0		0		0	0		0	0		0		0	0	0
	Š.	ļ	0	0	,	0		1	0	1	0	0		0		0	0	0
Under 1	Avg.		0	0	·	0		0	0		0	0		0		0	0	0
n _n	ź		0	0		3					0	0		0		0	0	0
	Attained Age	D	Under 25	25 to 29		30 to 34		35 to 39	40 to 44		45 to 49	50 to 54		55 to 59		60 to 64	65 to 69	70 & Up

Name of plan: MICHAEL MAZZEO ELECTRIC CORPORATION DEFINED BEN Plan sponsor's name: MICHAEL MAZZEO ELECTRIC CORP.

Plan number: EIN:

002 11-2544730

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

Perision benefit Guaranty Corporation	File as an attachme	nt to Form 5	5500 or 5	500-SF.			,
For calendar plan year 2010 or fiscal pla	***************************************	1/2010		and end	ing	06/3	30/2011
Round off amounts to nearest dol							
Caution: A penalty of \$1,000 will be	assessed for late filing of this report t	unless reason	nable cau	ise is establishe	∍d.		
A Name of plan			ASSELLATION WAS ASSESSED.	B Three-dig plan num		▶	002
MICHAEL MAZZEO ELECTRIC	CODDODARION DEFINED B					***************************************	
C Plan sponsor's name as shown on lir		ENEFIT P		D =	it or o		
Than sponsor's name as shown on in	le 28 of Form 5500 of 5500-5F			D Employer	dentification	n Number (EIN)
MICHAEL MAZZEO ELECTRIC	CORPORATION			11-2544	730		
E Type of plan: X Single Multiple	-A Multiple-B	Prior year plan	ı size: X	100 or fewer	101-500	More t	han 500
Part I Basic Information							
1 Enter the valuation date:	Month 7 Day 1	Year 2	2010				
2 Assets:							
a Market value					. 2a		2,183,920
b Actuarial value					. 2b		2,183,920
3 Funding target/participant count br	eakdown		(1) Nu	mber of particip	oants	(2)	Funding Target
a For retired participants and be	eneficiaries receiving payment				0		(
	pants	3b			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700
C For active participants:							· · · · · · · · · · · · · · · · · · ·
	,						
		·					2,509,738
•			****		7		2,509,738
-				7	8		2,510,438
to the plan to at risk, effect the box	and complete items (a) and (b)		L				
_	rescribed at-risk assumptions				4a		
b Funding target reflecting at-ris at-risk for fewer than five cons	k assumptions, but disregarding trans secutive years and disregarding loadin	ition rule for p ig factor	plans tha	t have been	4b		
5 Effective interest rate					5		6.36 %
6 Target normal cost					6		C
Statement by Enrolled Actuary	e as an entre of the second						
accordance with applicable law and regulations. It combination, offer my best estimate of anticipated	oplied in this schedule and accompanying schedule in my ppinion, each other assumption is reasonabl d experience under the plan.	es, statements and e (taking into acco	ount the exp	nts, if any, is completed berience of the plan a	te and accurate. and reasonable	Each prescrib expectations)	ed assumption was applied in and such other assumptions, in
SIGN	W/			***************************************		/ /	i
HERE						4/11/	2012
Sig	gnature of actuary					Date	
STEVEN I. ALIN					~	11-0239	90
Туре о	r print name of actuary				Most rece	nt enrollme	ent number
PENSION DESIGN SERVICES,	INC.				(63	1)501-	9800
330 S. SERVICE ROAD, SUIT	Firm name FE 121			Те	lephone nur	mber (inclu	ding area code)
MELVILLE	NY 117	47					
A	Address of the firm		****				
If the actuary has not fully reflected any reinstructions	egulation or ruling promulgated under t	the statute in	completi	ng this schedul	e, check the	box and s	ее

Page	2-	ſ 	1
auc	A- "	1	;

P	art il	Begir	nning of year	carryov	er and prefunding ba	lances							
							(a)	Carryover balance		(b)	Prefundi	ng balance	
7	Balance	at begi	nning of prior year	after appl	icable adjustments (Item 13	from prior			0.7			2	
8				William I	quirement (Item 35 from pric				81			0	
9		~			quirement (nem 33 nom pric						****	0	
10					eturn of 10.90%		######################################		81			0	
11			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				morumon que		9		····		
					d to prefunding balance:			·	-				
					year)				-			3,964	
					rate of <u>6.58</u> %	į.			-			261	
					year to add to prefunding ball	ı			_			4,225	
					palance					~~~		4,225	
12					eemed elections				0			0	
13	Balance	at begii	nning of current ye	ar (item 9	+ item 10 + item 11d - item	12)			90			4,225	
P	art III	Fun	ding percenta	ages									
14	Funding	target a	ittainment percent	age	***************************************	*********************	******************				14	86.82 %	
15	Adjusted	funding	g target attainmen	t percenta	ge						15	86.82 %	
16	Prior yea	ar's func	ling percentage founding requiremen	r purposes	of determining whether car	ryover/prefu	nding bala	nces may be used to	reduce	•	16	72.08 %	
17					is less than 70 percent of the						17	%	
	art IV	1	tributions an										
			***************************************		rear by employer(s) and em	nloveer:							
	(a) Date		(b) Amount p		(c) Amount paid by	(a) D	ate	(b) Amount paid	bv	10	:) Amour	nt paid by	
۱)	MM-DD-YY	(YY)	employer		employees	(MM-DD		employer(s)		, ,	employees		

									,			The second secon	
- 15. - 10.00			10.1 10.1 10.1 10.1 10.1 10.1 10.1 10.1	300		Totals ▶	18(b)		0	18(c)		0	
19	Discount	ed emp	loyer contributions		tructions for small plan with	a valuation (date after t	he beainning of the v	ear:				
					mum required contribution				9a				
					djusted to valuation date			 	9b			0	
					' uired contribution for current y			 	9с			0	
20			utions and liquidit				to randation						
_ •			•	•	· the prior year?				L		X	Yes No	
					tallments for the current year						لسنا		
				-	ete the following table as ap		шпону птаг	HICH F	·····	***************************************		Yes X No	
	0 11 208	13 168,	see manuchons	and compi	Liquidity shortfall as of e		r of this nis	an year				· · · · · · · · · · · · · · · · · · ·	
		(1) 1s	it		(2) 2nd	J. VI WALLE	(3)		·····		(4) 4th		
											······		

Pa	ırt V Assumptio	ns used to determine t	unding target and tar	get normal cost				
21	Discount rate:		· · · · · · · · · · · · · · · · · · ·					
	a Segment rates:	1st segment: 4.16 %	3rd segme 6,68	ent: %	N/A, full yield curve used			
	b Applicable month	(enter code)			21b	1		
22		tirement age				62		
	Mortality table(s) (see		escribed - combined	Prescribed - separate	Substitu	te		
Pa	rt VI Miscellane	ous items						
<u> </u>	Has a change been m	nade in the non-prescribed act						
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruc	tions regarding required at	tachment	Yes X No		
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structions regarding requir	ed attachment	X Yes No		
27	If the plan is eligible fo	or (and is using) alternative fur	nding rules, enter applicable	code and see instructions	27			
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributi	ons for prior years				
28		uired contribution for all prior ye	······································		28	C		
29		contributions allocated toward		······································				
		\$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$				CONTRACTOR OF THE CONTRACTOR O		
30	Remaining amount of	unpaid minimum required cor	tributions (item 28 minus iter	n 29)	30	0		
Pa	rt VIII Minimum	required contribution t	for current year					
31	Target normal cost, a	djusted, if applicable (see insti	ructions)		31	0		
32	Amortization installme	ents:		Outstanding f	Balance	Installment		
	a Net shortfall amorti	ization installment	***************************************		230,406	49,310		
	b Waiver amortization	on installment	\$ example 11 example 12 example 11 example 12 example 1		0	С		
33		approved for this plan year, en Day Year			33			
34	•	ment before reflecting carryove			34	49,310		
			Carryover balance	Prefunding b	alance	Total balance		
35	Balances used to offs	et funding requirement		0	0	0		
36	Additional cash requir	rement (item 34 minus item 35)	***************************************	36	49,310		
37		ed toward minimum required co			37	0		
38		ess contributions for current ye				0		
39		uired contribution for current ye	· · · · · · · · · · · · · · · · · · ·			49,310		
40	· · · · · · · · · · · · · · · · · · ·	ired contribution for all years		AND THE RESIDENCE OF THE PARTY	40	49 310		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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)

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

	Pension Benefit Guaranty Corporation			e Code (ale Code).			spection
	Part I Annual Report	Identification Information	rdance w	th the instructions to the Form 5	500-SF.		
	or calendar plan year 2010 or fi	scal plan year beginning 07/01/20	10	and ending	06/30/2	2011	
A	This return/report is for:	single-employer plan	multiple	employer plan (not multiemployer)		One-particip	ant place
	This return/report is for:	first return/report	₹ .	rn/report		[] One-particip	om pan
	The transfer of the	an amended return/report	.d ''7	an year return/report (less than 12 m	antha)		
c	Check box if filing under:	Form 5558		ic extension	iurius)	El proje	
_	one of box is liming distact.	special extension (enter descripti	4	e extension		DFVC progr	am
/ G	Part II Basic Plan Info	rmation—enter all requested inform	,			***************************************	
	Name of plan	mation—enter all requested inform	nation	and the state of t	4 in	The second	· · · · · · · · · · · · · · · · · · ·
		ORPORATION DEFINED BENEFIT P	LAN		10	Three-digit plan number	
						(PN) ▶	003
					1c	Effective date of	rt plan
2:	Dice appeared and a state of the					07/01/3	
MIC	i Fransponsors name and add HAEL MAZZEO ELECTRIC CO	dress (employer, if for single-employer	rplan)		25	Employer Identi (EIN) 11-254	fication Number
					2c	1201	
	4 24TH STREET VG ISLAND CITY, NY 11101					718-36	telephone number 1-0306
					2d	Business code 238210	(see instructions)
3a	Plan administrator's name an	d address (if same as Plan shapenr s	ntar "Cam	A 13	25		
MIC	HAEL MAZZEÓ ELECTRIC CO	d address (if same as Plan sponsor, e DRPORATION 4124 24TH s	STREET		30	Administrator's 11-254	EIN 4730
		LONG ISLAI	ND CHY,	NY 11101	3c	Administrator's	telephone number
A	11 ft					718-36	1-0306
	name, EIN, and the plan numb	dan sponsor has changed since the la per from the last return/report. Sponso	ist return/ri or's name	eport filed for this plan, enter the	4b	EIN	
					4c	PN	
5 a	Total number of participants	at the beginning of the plan year		***************************************	5a		8
b	Total number of participants:	at the end of the plan year	*****	***************************************	5b		3
C	Total number of participants	with account balances as of the end o	f the plan	year (defined benefit plans do not			
							And an additional and a second
5a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	' (See instructions.)	*		Yes No
·	under 29 CFR 2520.104-46?	the annual examination and report of (See Instructions on waiver eligibility	an indepe and condi	ndent qualified public accountant (K linns)	(APC		Yes No
hennin	If you answered "No" to elt	her 6a or 6b, the plan cannot use F	orm 6500	SF and must instead use Form 5	500.	***************	[] 100 [] 110
1	it III Financial Inform	nation					***************************************
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets	***************************************	7a	218380	4		2466375
b	Total plan liabilities	***************************************	7b		0		0
	Net plan assets (subtract line	7b from line 7a)	7c	218880	М		2468375
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount		T (d)	otal
а	Contributions received or received						
		## Property of the Property of	8a(1)				
	(2) Participants		8a(2)		_		
h		\$)	8a(3)	2×25/	_		
		0=(0) 0=(0) ===4.05		31251	3		0.405.5
c d		, 8a(2), 8a(3), and 8b)rollovers and insurance premiums	8c			····	312519
	to provide benefits)	TOHOVERS SHILL HISUISTICS DISHBURS	80	3494	8		
е		tive distributions (see instructions)	8e				
f	Administrative service provide	ers (salaries, fees, commissions)	8f				
g			8g	And which the same of the same			
h		8e, 8f, and 8g)	8h				34948
ì		e 8h from line 8c)	81				277571
		ee instructions)	8)			· · · · · · · · · · · · · · · · · · ·	
For F	aperwork Reduction Act Notice and	d OMB Control Numbers, see the Instructio	ns for Form	5500-SF.	بسشتين لسب		Form 5500-SF (2010)

Form	5500-SF	2010

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Dana	7.	ii .
Page		

Day	411 21 21									
	t IV Plan Characteristics						· · · · · · · · · · · · · · · · · · ·			
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 11									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from t	he List of Plan Char	acteris	tic Co	des in	the instruct	ions:		
Parl	The state of the s									
10	During the plan year:			- London	Yes	No	1	Amount		
а	Was there a failure to fransmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ns within the time arv Correction Pro	period described in	10a		X				
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?		10c		Χ		<u></u>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	felity bond, that wa	is caused by fraud	10d		X				
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	persons by an ins	turance carrier.	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х		**************************************		
9	Did the plan have any participant loans? (If "Yes," enter amount as o			10g		Х				
ħ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and	L29 CER							
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or	one of the	10h 10i			<u></u>			
Part		* \$17* (\$3.55)		101						
11	is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see i	nstructions and com	plete :	Schedi	ule SE	(Form	673		
12	5500))			1		<u></u>		Yes No		
	Is this a defined contribution plan subject to the minimum funding red	quirements of sec	tion 412 of the Code	or sea	ation 3	02 of t	ERISA?	Yes No		
. a	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)								
~	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	antoruzea in inis p	ian year, see instruc	itions.	and e	nter th	e date of th	e fetter rufing		
Ħу	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	1B (Form 5500), a	ind skip to line 13.		- marker	Cay.		E IZ AL		
	Enter the minimum required contribution for this plan year		•		. [12b				
	Enter the amount contributed by the employer to the plan for this plan					12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a m	inus sion to the left i	of a	1	12d	** me <i>rcus</i> ione	adamental al-allahanga property (a.g.) and a second on a con-		
	Will the minimum funding amount reported on line 12d be met by the						Yes	No NA		
Part \			***************************************			************		<u> </u>		
13a	las a resolution to terminate the plan been adopted during the plan y	ear or any prior y	ear?				***************************************	Yes No		
	f "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a		and the second s		
•	Vere all the plan assets distributed to participants or beneficiaries, tra of the PBGC?		*************************			itrol		Yes No		
C :	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	er plan(s), identify th	e plan	(s) to					
13	c(1) Name of plan(s):	**************************************			130	(2) EII	ł(s)	13c(3) PN(s)		
		***************************************					***************************************			
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonable	e cane	e is a	stahli	shad	<u> </u>		
Under SB or S	penalties of perjury and other penalties set forth in the instructions, I inchedule MB completed and signed by an enrolled actuary, as well as its true, correct, and complete.	declare that I have	s evamined this rates	entenn	and from	1.00	if a sau ti-ale	le, a Schedule nowledge and		
SIGN STREETE 4/13/12										
HERE		Date	Enter name of Inc		t olari	n/1 n/1	nian adva:	intentor		
SIGN			Canon norme of the	a viuud	o signi	លម្អស	hian adullu	izii grot		
HERE	Signature of employer/plan sponsor	Date	Enter name of inc	iiyidua	l signi	ng as	employer o	r plan sponsor		
					X					