Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/14/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [ ] an amended return/report;
- [X] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1992

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RAVEN MECHANICAL, LP

1618 BUSCHONG
HOUSTON, TX 77039

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HOUSTON, TX 77039

2b Employer Identification Number (EIN)
74-2068403

2c Sponsor's telephone number
281-987-1618

2d Business code (see instructions)
238220

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2012	PATRICIA JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RAVEN MECHANICAL, LP

1618 BUSCHONG
HOUSTON, TX 77039

3b Administrator's EIN
74-2068403

3c Administrator's telephone number
281-987-1618

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	137
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3F

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/14/2011

A Name of plan
RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RAVEN MECHANICAL, LP

D Employer Identification Number (EIN)
74-2068403

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	11632	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

AMEGY BANK OF TEXAS

76-0028668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY IDX A - BOSTON FINANCIAL	330 W. 9TH STREET KANSAS CITY, MO 66160	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLNZ NFJ DIV VAL A - BOSTON FINANC	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RETURN A - BOSTON FINANCI	330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY DIVERS STK A - CITI FUND SE 31-1249295	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MDCAP VAL A 04-2838628	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS BALANCED S- JANUS SERVICE 43-1804048	0.25%

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMEGY BANK OF TEXAS	61	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COLUMBIA MDCAP VAL A 04-2838628	$0-<$3M1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/14/2011

A Name of plan
RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RAVEN MECHANICAL, LP

D Employer Identification Number (EIN)
74-2068403

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	472805	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	74147	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2151814	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2838766	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2838766	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	95945	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		95945
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4955	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4955
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20358	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		20358
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-162357
c Other income	2c		34
d Total income. Add all **income** amounts in column (b) and enter total	2d		-41065
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	213505	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		213505
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11637	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		11637
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		225142
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-266207
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2572559

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SHORRE & ASSOCIATES **(2)** EIN: 74-2001999

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		300000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**	X		
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... [X] **Yes** [ ] **No** **Amount:** 0

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
AGC HOUSTON CHAPTER MULTI EMP 401K	74-2068403	021

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/14/2011

A Name of plan
RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RAVEN MECHANICAL, LP

D Employer Identification Number (EIN)
74-2068403

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RAVEN MECHANICAL, LP
PROFIT SHARING TRUST PLAN

AUDITED FINANCIAL STATEMENTS

For the Period from January 1, 2011 to December 14, 2011 and
For the Year Ended December 31, 2010

and Independent Auditor's Report

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
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Independent Auditor's Report 1

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Statements of Net Assets Available for Plan Benefits 2

Statements of Changes in Net Assets Available for Plan Benefits 3

Notes to Financial Statements 4-8

All other schedules are omitted because they are either not applicable or the required information is shown in the financial statements or notes thereto.

SCHORRE & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

Gilbert J. Schorre, Jr., CPA
Barbara J. Davis, CPA
Brenda G. Dorsey, CPA

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Plan Sponsor
Raven Mechanical, LP Profit Sharing Trust Plan
Houston, TX

I was engaged to audit the statements of net assets available for benefits of the Raven Mechanical, LP Profit Sharing Trust Plan as of December 14, 2011 and December 31, 2010, and the related statements of changes in net assets available for benefits for the period from January 1, 2011 to December 14, 2011 and the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, the Board of Directors of Raven Mechanical, LP Profit Sharing Trust Plan, the Plan's sponsor, voted to terminate the Plan as of December 14, 2011. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2010 financial statements to the liquidation basis used in presenting the 2011 financial statements.

Gilbert J. Schorre, Jr.
Certified Public Accountant

March 16, 2012

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
Statements of Net Assets Available for Plan Benefits
As of December 14, 2011 and December 31, 2010

	December 14, 2011 (liquidation basis)	2010
ASSETS		
Investments at fair value:		
Mutual funds	$ 0	$ 2,624,619
Notes receivable from participants	0	75,179
Total Investments	0	2,699,798
Contributions receivable:		
Employer's	0	140,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 0	$ 2,839,798

See independent auditor's report and accompanying notes to financial statements.

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
Statements of Changes in Net Assets Available for Plan Benefits
For the Period from January 1, 2011 to December 14, 2011 and
For the Year ended December 31, 2010

	For the period January 1, 2011 to December 14, 2011 (liquidation basis)	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	$ 20,392	$ 41,986
Net (depreciation) appreciation in fair value of investments	0	196,329
Realized (loss) gain	(162,357)	86
Notes receivable from participants interest	4,955	2,696
	(137,010)	241,097
CONTRIBUTIONS:		
Participants'	95,945	204,501
TOTAL	(41,065)	445,598
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	213,505	19,421
Trustee fees	11,637	6,145
Assets transferred out of plan	2,573,591	0
TOTAL	2,798,733	25,566
NET INCREASE (DECREASE)	(2,839,798)	420,032
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	2,839,798	2,419,766
END OF YEAR	$ 0	$ 2,839,798

See independent auditor's report and accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN AND PLAN TERMINATION

Plan Termination

On December 14, 2011, the Raven Mechanical, LP Profit Sharing Trust Plan (the "Plan") was terminated. All assets related to the plan termination were transferred to the AGC Houston Chapter Multiple Employer 401(k) Plan.

General

The Plan was a qualified defined contribution profit-sharing plan available to all employees of Raven Mechanical, LP (the "Company") who had completed 1,000 hours of service, been employed for at least six months, and attained 21 years of age. It was subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Participants may have elected to have a portion of their salaries deferred in whole percentages between one percent and sixty percent and contributed to the Plan on a pretax basis (Salary Deferral Contribution) subject to annual limitations. The maximum contribution limit was $16,500 for 2011 and 2010. A participant age 50 (at any time during the year) or older who contributed the maximum pretax contribution to the Plan, could contribute a "catch-up" contribution of $5,500 for 2011 and 2010. In addition, the Company allowed additional deferral contributions and bonus contributions upon proper notice and approval.

Participants also may have contributed amounts representing rollover contributions from other qualified defined benefit or contribution plans. Participants directed the investment of their contributions as well as the Company's contribution into various investment options offered by the Plan. Non-elective contributions may have been permitted at the discretion of the Company. Participants were able to change their investment options any time throughout the year.

Participants were not permitted to make any contributions subsequent to December 14, 2011.

Participant Accounts

Each participant's account was credited with the participant's contribution elections and allocations of the Company's discretionary contributions and was charged or credited with net Plan earnings, gains and losses, as well as, appreciation or depreciation in market value during each Plan year. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

All participants became fully vested on December 14, 2011.

Benefit Payments

Upon termination of service due to death, disability or retirement, a participant could elect to receive a lump-sum amount equal to the vested value of his or her account. The participant's non-vested account balance was forfeited upon termination of service.

Forfeitures
At December 14, 2011 and December 31, 2010, forfeited non-vested accounts totaled $0 and $12,716, respectively. These amounts were used to reduce employer-matching contributions or to cover costs of administration of the Plan.

Notes Receivable from Participants
Participants could borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan principal and interest payments were made through payroll deductions for periods up to five years for a personal loan and up to 15 years for a residential home loan. The interest rate for all loans was 8.25%.

Hardship Withdrawals
The Plan allowed for financial hardship withdrawals which included medical expenses, purchasing a principal residence, preventing eviction or foreclosure on the participant's home, paying for post-secondary education expenses, funeral expenses and repair to a principal residence for damage that would qualify for the casualty deduction under Federal tax laws. However, there may have been tax consequences and a participant was not eligible to make contributions to the Plan for at least six months following the hardship withdrawal. The minimum hardship withdrawal was $500.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Company Background
The Plan sponsor, Raven Mechanical, LP, is a commercial plumbing and air conditioning contractor which provides services in Houston and the surrounding areas.

Basis of Accounting
The Plan changed its basis of accounting from the ongoing plan basis used in 2010 to the liquidation basis in 2011. There were no material differences in the plan's financial statements using the liquidation basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments were stated at fair value. Quoted market prices were used to value investments. Shares of mutual funds were valued at the net asset value of shares held by the Plan at year end. Net appreciation (depreciation) in fair value of investments included realized gains and losses on investments bought and sold during the year, as well as unrealized gains and losses on investments held at year end.

Participant Notes
The participant notes receivable were valued at cost, which approximated fair value.

The market volatility of equity-based investments was expected to substantially impact the value of such investments at any given time.

Payment of Benefits
Benefit payments to participants were recorded when paid.

Fair Value Measurements
FASB ASC 820-10-35 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the period from January 1, 2011 to December 14, 2011 and the year ended December 31, 2010.

Mutual Funds
Valued at the net asset value (NAV) of shares held by the Plan at year end.

Notes Receivable from Participants
Valued at amortized cost, which approximates fair value.

NOTE 3 - INVESTMENTS

The Plan's investments were held in trust and administered by Fidelity Management Trust Company. The following table presents the fair value of the participant-directed investments representing five percent or more of the Plan's net assets at December 31, 2010.

	2010
Fidelity Cash Management Prime Fund	$ 472,805
Fidelity Advisor Freedom 2015 - Class A	471,263
Victory Diversified Stock - Class A	339,761
Fidelity Advisor New Insights - Class A	321,422
Fidelity Advisor Small Cap - Class A	302,145
Janus Balanced Fund - Class S	253,836
Pimco Total Return - Class A	132,337
Other investments, less than 5% of net assets	331,050
Total Investments	$ 2,624,619

The plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value in the amount of $196,415.

NOTE 4 - FEDERAL INCOME TAXES

Fidelity Management Trust Company, the Plan trustee, obtained its latest determination letter on January 30, 2006, for the volume submitter defined contribution plan, in which the Internal Revenue Service stated that the volume submitter defined contribution plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	2010
Net assets available for benefits per the financial statements	$ 2,839,798
Loans in default	(1,032)
Net assets available for benefits per the Form 5500	$ 2,838,766

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan incurs expenses related to general administration and record keeping. Direct participant-related expenses, such as participant maintenance and loan setup fees are allocated and paid for out of the respective participant's account. Plan-level fees, such as year-end testing and accounting and auditing fees relating to the Plan are paid directly by the Plan sponsor. The employer paid administrative expenses on behalf of its participants of $12,500 for the period January 1, 2011 to December 14, 2011 and the year ended December 31, 2010.

RAVEN MECHANICAL, LP
PROFIT SHARING TRUST PLAN

AUDITED FINANCIAL STATEMENTS

For the Period from January 1, 2011 to December 14, 2011 and
For the Year Ended December 31, 2010

and Independent Auditor's Report

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
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All other schedules are omitted because they are either not applicable or the required information is shown in the financial statements or notes thereto.

SCHORRE & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Plan Sponsor
Raven Mechanical, LP Profit Sharing Trust Plan
Houston, TX

I was engaged to audit the statements of net assets available for benefits of the Raven Mechanical, LP Profit Sharing Trust Plan as of December 14, 2011 and December 31, 2010, and the related statements of changes in net assets available for benefits for the period from January 1, 2011 to December 14, 2011 and the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, the Board of Directors of Raven Mechanical, LP Profit Sharing Trust Plan, the Plan's sponsor, voted to terminate the Plan as of December 14, 2011. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2010 financial statements to the liquidation basis used in presenting the 2011 financial statements.

Gilbert J. Schorre, Jr.
Certified Public Accountant

March 16, 2012

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
Statements of Net Assets Available for Plan Benefits
As of December 14, 2011 and December 31, 2010

	December 14, 2011 (liquidation basis)	2010
ASSETS		
Investments at fair value:		
Mutual funds	$ 0	$ 2,624,619
Notes receivable from participants	0	75,179
Total Investments	0	2,699,798
Contributions receivable:		
Employer's	0	140,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 0	$ 2,839,798

See independent auditor's report and accompanying notes to financial statements.

RAVEN MECHANICAL, LP PROFIT SHARING TRUST PLAN
Statements of Changes in Net Assets Available for Plan Benefits
For the Period from January 1, 2011 to December 14, 2011 and
For the Year ended December 31, 2010

	For the period January 1, 2011 to December 14, 2011 (liquidation basis)	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	$ 20,392	$ 41,986
Net (depreciation) appreciation in fair value of investments	0	196,329
Realized (loss) gain	(162,357)	86
Notes receivable from participants interest	4,955	2,696
	(137,010)	241,097
CONTRIBUTIONS:		
Participants'	95,945	204,501
TOTAL	(41,065)	445,598
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	213,505	19,421
Trustee fees	11,637	6,145
Assets transferred out of plan	2,573,591	0
TOTAL	2,798,733	25,566
NET INCREASE (DECREASE)	(2,839,798)	420,032
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	2,839,798	2,419,766
END OF YEAR	$ 0	$ 2,839,798

See independent auditor's report and accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN AND PLAN TERMINATION

Plan Termination

On December 14, 2011, the Raven Mechanical, LP Profit Sharing Trust Plan (the "Plan") was terminated. All assets related to the plan termination were transferred to the AGC Houston Chapter Multiple Employer 401(k) Plan.

General

The Plan was a qualified defined contribution profit-sharing plan available to all employees of Raven Mechanical, LP (the "Company") who had completed 1,000 hours of service, been employed for at least six months, and attained 21 years of age. It was subject to the provisions of the Employee Retirement Income Security Act of 1974.

Contributions

Participants may have elected to have a portion of their salaries deferred in whole percentages between one percent and sixty percent and contributed to the Plan on a pretax basis (Salary Deferral Contribution) subject to annual limitations. The maximum contribution limit was $16,500 for 2011 and 2010. A participant age 50 (at any time during the year) or older who contributed the maximum pretax contribution to the Plan, could contribute a "catch-up" contribution of $5,500 for 2011 and 2010. In addition, the Company allowed additional deferral contributions and bonus contributions upon proper notice and approval.

Participants also may have contributed amounts representing rollover contributions from other qualified defined benefit or contribution plans. Participants directed the investment of their contributions as well as the Company's contribution into various investment options offered by the Plan. Non-elective contributions may have been permitted at the discretion of the Company. Participants were able to change their investment options any time throughout the year.

Participants were not permitted to make any contributions subsequent to December 14, 2011.

Participant Accounts

Each participant's account was credited with the participant's contribution elections and allocations of the Company's discretionary contributions and was charged or credited with net Plan earnings, gains and losses, as well as, appreciation or depreciation in market value during each Plan year. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

All participants became fully vested on December 14, 2011.

Benefit Payments

Upon termination of service due to death, disability or retirement, a participant could elect to receive a lump-sum amount equal to the vested value of his or her account. The participant's non-vested account balance was forfeited upon termination of service.

Forfeitures
At December 14, 2011 and December 31, 2010, forfeited non-vested accounts totaled $0 and $12,716, respectively. These amounts were used to reduce employer-matching contributions or to cover costs of administration of the Plan.

Notes Receivable from Participants
Participants could borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan principal and interest payments were made through payroll deductions for periods up to five years for a personal loan and up to 15 years for a residential home loan. The interest rate for all loans was 8.25%.

Hardship Withdrawals
The Plan allowed for financial hardship withdrawals which included medical expenses, purchasing a principal residence, preventing eviction or foreclosure on the participant's home, paying for post-secondary education expenses, funeral expenses and repair to a principal residence for damage that would qualify for the casualty deduction under Federal tax laws. However, there may have been tax consequences and a participant was not eligible to make contributions to the Plan for at least six months following the hardship withdrawal. The minimum hardship withdrawal was $500.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Company Background
The Plan sponsor, Raven Mechanical, LP, is a commercial plumbing and air conditioning contractor which provides services in Houston and the surrounding areas.

Basis of Accounting
The Plan changed its basis of accounting from the ongoing plan basis used in 2010 to the liquidation basis in 2011. There were no material differences in the plan's financial statements using the liquidation basis of accounting.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments were stated at fair value. Quoted market prices were used to value investments. Shares of mutual funds were valued at the net asset value of shares held by the Plan at year end. Net appreciation (depreciation) in fair value of investments included realized gains and losses on investments bought and sold during the year, as well as unrealized gains and losses on investments held at year end.

Participant Notes
The participant notes receivable were valued at cost, which approximated fair value.

The market volatility of equity-based investments was expected to substantially impact the value of such investments at any given time.

Payment of Benefits
Benefit payments to participants were recorded when paid.

Fair Value Measurements
FASB ASC 820-10-35 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the period from January 1, 2011 to December 14, 2011 and the year ended December 31, 2010.

Mutual Funds
Valued at the net asset value (NAV) of shares held by the Plan at year end.

Notes Receivable from Participants
Valued at amortized cost, which approximates fair value.

NOTE 3 - INVESTMENTS

The Plan's investments were held in trust and administered by Fidelity Management Trust Company. The following table presents the fair value of the participant-directed investments representing five percent or more of the Plan's net assets at December 31, 2010.

	2010
Fidelity Cash Management Prime Fund	$ 472,805
Fidelity Advisor Freedom 2015 - Class A	471,263
Victory Diversified Stock - Class A	339,761
Fidelity Advisor New Insights - Class A	321,422
Fidelity Advisor Small Cap - Class A	302,145
Janus Balanced Fund - Class S	253,836
Pimco Total Return - Class A	132,337
Other investments, less than 5% of net assets	331,050
Total Investments	$ 2,624,619

The plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value in the amount of $196,415.

NOTE 4 - FEDERAL INCOME TAXES

Fidelity Management Trust Company, the Plan trustee, obtained its latest determination letter on January 30, 2006, for the volume submitter defined contribution plan, in which the Internal Revenue Service stated that the volume submitter defined contribution plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 5 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	2010
Net assets available for benefits per the financial statements	$ 2,839,798
Loans in default	(1,032)
Net assets available for benefits per the Form 5500	$ 2,838,766

NOTE 6 - RELATED PARTY TRANSACTIONS

The Plan incurs expenses related to general administration and record keeping. Direct participant-related expenses, such as participant maintenance and loan setup fees are allocated and paid for out of the respective participant's account. Plan-level fees, such as year-end testing and accounting and auditing fees relating to the Plan are paid directly by the Plan sponsor. The employer paid administrative expenses on behalf of its participants of $12,500 for the period January 1, 2011 to December 14, 2011 and the year ended December 31, 2010.