	Form 5500-SF		eturn/l Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employed	2	2	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).			s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.	ins	pection
		entification Information					
	calendar plan year 2011 or fisca	-			2/31/2		
	This return/report is for:	a single-employer plan	•	e-employer plan (not multiemployer)		a one-partici	bant plan
B	This return/report is:	the first return/report		eturn/report			
		an amended return/report	•	an year return/report (less than 12 mo	onths)	_	
С	Check box if filing under:	Form 5558		extension		DFVC progra	m
		special extension (enter descriptio					
		nation—enter all requested inform	ation		46		
	Name of plan	/ DEFINED BENEFIT PLAN			1D	Three-digit plan number	
VILA						(PN) ►	001
					1c	Effective date o 01/01	•
	Plan sponsor's name and addre	ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identi	fication Number
					2c	(EIN) 13-41 Sponsor's telep	
	WEST 47TH STREET					212-77	9-9260
	YORK, NY 10036					Business code (23821	0
	Plan administrator's name and NOVA ELECTRICAL COMPANY		7TH STRE	ÉT	3b	Administrator's 13-41	EIN 61830
		NEW YORK,	NY 10036		3c	Administrator's 212-779	elephone number 9-9260
4		lan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN	
2	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	DN	
	•	the beginning of the plan year					6
-		the end of the plan year			5a 5b		6
c		count balances as of the end of the			30		
					5c		
6a				(See instructions.)			X Yes 🗌 No
b				ndent qualified public accountant (IQF ions.)			X Yes 🗌 No
				SF and must instead use Form 550			
Pa	rt III Financial Informa	ation			- T		
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	
a	Total plan assets		. 7a	2245588	_		2530012
b				2245522	_		2530012
<u> </u>		'b from line 7a)	7c	2245588			
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) 1	otal
a			8a(1)	200000			
	(2) Participants		8a(2)	0			
	(3) Others (including rollovers))	8a(3)		_		
b	Other income (loss)		8b	84424			
c		8a(2), 8a(3), and 8b)	8c		_		284424
d		ollovers and insurance premiums	8d				
е	,	ive distributions (see instructions)					
f		s (salaries, fees, commissions)		0			
g				0			
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)					0
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				284424
j	Transfers to (from) the plan (se	ee instructions)	8j				

Page 2 - 1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Dı	uring the plan year:		Yes	No		Amour	nt
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported I line 10a.)	10b		Х			
С	W	/as the plan covered by a fidelity bond?	10c	Х				200000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х			
е	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х			
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))	•			•	X Y	es 🗌 No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Y	'es X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct anting the waiver						
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Er	ter the minimum required contribution for this plan year			12b			
С		ter the amount contributed by the employer to the plan for this plan year			12c			
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d			
е	W	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VI	Plan Terminations and Transfers of Assets						
13a	Ha	as a resolution to terminate the plan been adopted in any plan year?				Yes X N	lo	
	lf '	'Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?					ΠY	′es 🗙 No
С	lf	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)						_
1	3c(1) Name of plan(s):		130	c (2) El	IN(s)	130	:(3) PN(s)
_	_			_	_	_		_
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.	1	
		enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					able, a S	Schedule

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/05/2012	JOE PEREZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/05/2012	JOE PEREZ
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	S	CHE	DULE S	B		Single-E	mplo	yer	Define	d Ben	efit Plar	า		(OMB N	lo. 1210	0110	
		(For	m 5500)						Inforn						2	2011		
			nt of the Treasur Revenue Service		т	'hio ochodulo io	roquirod t	a ha fil	laduadara	action 101	of the Emplo				_			
			ment of Labor			his schedule is tirement Incom							, –	This F	orm i	is Oper	to Pu	blic
E			s Security Admir Guaranty Corpo				Internal	Reven	ue Code (th	e Code).						spectio		
									nt to Form	5500 or 5			10/04	100.4.4				
				or fiscal plan		ar beginning	01/01/2	011			and en	ding	12/31	/2011				
				nearest dolla		ssed for late filin	a of this r	enort i	inless reas	anable ca	uco ic octablic	hod						
		of plan	enaity of \$1	,000 will be a	13303			epont			B Three-		•					
			CTRICAL C	OMPANY DE	FIN	ED BENEFIT PL	_AN				plan nu	•	er (PN)	►		00)1	
													()					
0 -						/= ====												
				shown on line		of Form 5500 or	5500-SF						entificatio	on Numb	ber (E	IN)		
v											13-416183	0						
FΤ	vne o	f plan:	X Single	Multiple-	<u>л</u> Г	Multiple-B		E F	Prior year pla	an size: 🗙	100 or fewer		101-500	οПм	ore th	an 500		
		1		· ·	` L				noi yeai pi	ATT 0120.			101 000					
-	rt I		sic Inforn					01		2011								
1 2			aluation date	ə:	Mc	onth	Day	01	Year _	2011	-							
2	Ass		tvoluo									ſ	2a					2245588
	a b												2a 2b					2245588
3				ant count bre							umbor of port				(2) E	undina '	Torgot	
5	a	0	• • •			iaries receiving	navment		3a		umber of part	сіра	0		(2)	unding	raiget	C
	b						-						2					35029
	c		tive particip															
	•								3c(1)	1			F					0
		• •							3c(2)	ł			-					2233747
		• •							- (-)				4					2233747
	d	• •							3d				6					2268776
4	If the	e plan i	s in at-risk s	tatus, check	the b	box and complet	e lines (a) and (b)		Π							
	а	Fundir	ng target disi	regarding pre	scrib	oed at-risk assu	mptions					[4a					
						umptions, but di						-	4b					
						nsecutive years												
5	Effe	ctive in	terest rate										5					5.31 %
6	`	,											6					0
T a	o the b	est of my nce with a	applicable law a	information supp nd regulations. In	my op	n this schedule and ac pinion, each other ass ience under the plan.	sumption is r											
	IGN ERE													10/	03/20	12		
				Sig	natu	re of actuary								Da	ate			
EDW	ARD	VIGNE	AU								_			11	-0273	2		
				Type or	print	t name of actuar	ry						Most red	cent enr	ollme	nt numt	ber	
TLC	PENS	SION C	ONSULTIN	G, INC,							<u> </u>			63	1-425	-0591		
		AWN R E, NY 1	D STE 103E 1747	E	Fin	m name						Tele	phone n	umber (includ	ling are	a code)
				A	ddres	ss of the firm					_							
	actua ctions		not fully refl	ected any re	gulat	ion or ruling pro	mulgated	under	the statute	in comple	ting this sche	dule	, check t	he box a	and se	e		
			eduction A	ct Notice an	d Ol	MB Control Nu	mbers, se	e the	instructior	s for For	m 5500 or 55	00-5	SF.	Sch	edule	e SB (F		500) 2011
																		v.012611

Pa	art II	Beginning of year	carryov	er and prefunding bal	lances							
						(a) (Carryover balance		(b) I	Prefundir	ng balance	
7		0 0 1 7		cable adjustments (line 13 f	•		6	0448			136143	
8				unding requirement (line 35				0			0	
9	Amount i	remaining (line 7 minus lir	ne 8)				6	0448			136143	
10	Interest o	on line 9 using prior year's	s actual ret	turn of <u>1.00</u> %				604			1361	
11	Prior yea	r's excess contributions t	o be adde	d to prefunding balance:								
	a Prese	ent value of excess contri	butions (lir	ne 38 from prior year)							0	
				e rate of <u>5.46</u> % excep							0	
	c Total	available at beginning of cu	urrent plan	year to add to prefunding bala	ince						0	
	d Portio	on of (c) to be added to p	efunding b	palance							0	
12	Other red	ductions in balances due	to election	s or deemed elections				0			0	
13	Balance	at beginning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)		6	1052			137504	
Р	art III	Funding percenta	ages									
14	Funding		-							14	90.22 %	
				ge						15	90.22 %	
16	current year's funding requirement									105.53 %		
17									%			
P	art IV	Contributions and	d liauidi	tv shortfalls								
				rear by employer(s) and emp	oloyees:							
	(a) Date /M-DD-YY	(b) Amount p	aid by	(c) Amount paid by employees	(a)	Date D-YYYY)	(b) Amount pa employer(s		(c) Amoui emplo	nt paid by byees	
09)/15/2012		200000	0				•				
					Totals <	18(b)		200000	18(c)		0	
19	Discount	ed employer contributions	s – see ins	tructions for small plan with	a valuation	date after th	ne beginning of the	year:				
	a Contril	butions allocated toward	unpaid mir	imum required contributions	from prior	years		19a			0	
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20												
	a Did the plan have a "funding shortfall" for the prior year?											
	b If 20a	is "Yes," were required qu	uarterly ins	stallments for the current yea	r made in a	a timely man	iner?				Yes No	
C If 20a is "Yes," see instructions and complete the following table as applicable:					plicable:							
			· ·	Liquidity shortfall as of e	nd of quarte	er of this pla	n year	_				
		(1) 1st		(2) 2nd		(3)	3rd			(4) 4th	1	
								1				

Page **3**

Ра	rt V	Assumptio	ns used to determine	funding target and target i	normal cost					
21	Disco	unt rate:								
	a Se	egment rates:	1st segment: <u>3.6</u> 1%	2nd segment: 6.20%	3rd segment: 6.53 %		N/A, full	/ield c	urve ı	used
	b Ap	plicable month	(enter code)			21b				3
22	Weigh	nted average ret	irement age			22				63
23	Morta	lity table(s) (see	e instructions) X Pr	escribed - combined Pre	scribed - separate	Substitut	e			
Ра	rt VI	Miscellaneo	ous items							
24		-		tuarial assumptions for the current			• • •		es 2	X No
25	Has a	method change	been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment		🗍 Y	/es	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		<mark>X</mark> Y	/es	No
27				nding rules, enter applicable code		27				
Ра	rt VII	Reconcilia	ation of unpaid minimu	um required contributions	for prior years					
28	Unpai	d minimum requ	ired contributions for all prior	years		28				0
29				d unpaid minimum required contrib		29				0
30	Rema	ining amount of	unpaid minimum required co		30				0	
Ра	rt VIII Minimum required contribution for current year									
31										
	a Tar	get normal cost	(line 6)			31a				0
	b Exc	cess assets, if a	pplicable, but not greater thar	n 31a		. 31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance	Ins	allmer	nt	
	a Net	t shortfall amorti	zation installment			221744				36347
	b Wa	aiver amortizatio	n installment			0				0
33				nter the date of the ruling letter gran) and the waived amount		33				0
34	Total f	funding requiren	nent before reflecting carryov	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				36347
				Carryover balance	Prefunding bala	nce	Tota	balar	nce	
35			use to offset funding	C		0				0
36	Additio	onal cash requir	ement (line 34 minus line 35)			36				36347
37				ontribution for current year adjuste		37			1	183114
38	Prese	nt value of exce	ss contributions for current ye	ear (see instructions)		II				
	a Tot	al (excess, if an	y, of line 37 over line 36)			38a				146767
	b Po	rtion included in	line 38a attributable to use of	f prefunding and funding standard	carryover balances	38b				0
39	Unpai	d minimum requ	ired contribution for current y	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpai	d minimum requ	ired contributions for all years	5		40				
Pa	rt IX	Pension f	unding relief under Pe	ension Relief Act of 2010 (see instructions)					
41	If a sh	ortfall amortizati	on base is being amortized p	ursuant to an alternative amortizati	on schedule:					
	a Sch	edule elected				П	2 plus 7 years	Π	15 ye	ars
	b Elig	ible plan year(s)	for which the election in line	41a was made				2010		011
42						42		L		
			-	ed over to future plan years		43				

c	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0085 1210-0085							
	Internal Revenue Service			ctions 104 and 4065 of the Employ		2011		
En	Department of Labor ployee Benefits Security Administration			ISA), and section 6057(b) and 6058 So Code (the Code).	(a) of	This Form is Open to Public		
	Pension Benefit Guaranty Corporation	► Complete all entries in accord	dance with	the instructions to the Form 5500)-SF.	Inspection		
220	TOPOLO NE MARK DO LABORDO DE LA	dentification Information	8					
For	the calendar plan year 2011 or fis		01/01	/2011 and ending	12	2/31/2011		
Α	This return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan		
В	This return/report is:	the first return/report	the final rel	turn/report				
		x an amended return/report	a short pla	n year return/report (less than 12 mor	iths)			
С	Check box if filing under:	x Form 5558	automatic	extension	I	DFVC program		
	Γ	special extension (enter description)			_		
P	art II Basic Plan Infor	mation enter all requested infor	mation.	<u></u>	2	1. B N N		
1a					1b	Three-digit		
	Vilanova Electrical C	Company Defined Benefit Pl	an			plan number (PN) ► 001		
		••••			1c	Effective date of plan		
_					<u></u>	01/01/1996		
2a	Plan sponsor's name and addre Vilanova Electrical C	ess; include room or suite number (em Company LLC	ployer, if for	single-employer plan)	2b	Employer Identification Number (EIN) 13-4161830		
28					2c	Plan sponsor's telephone number		
	605 West 47th Street				0.1	(212) 779-9260		
		10000			20	Business code (see instructions) 238210		
US New York NY 10036 236210 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") 3b Administrator's EIN								
	Same Same Same Same Same Same Same Same							
	3c Administrator's telephone number							
4	If the name and/or EIN of the pl	lan sponsor has changed since the las	t return/repo	ort filed for this plan, enter the	4b	EIN		
~	name, EIN, and the plan number			nano kaning ant 10 mm €1 m €1755555555 parata	4c	PN		
<u>a</u> 5a		the beginning of the plan year			5a	6		
b	A COMPANY AND A REPORT OF A COMPANY AND A	the end of the plan year			5b	6		
C	Number of participants with acc	count balances as of the end of the pla	n year (defii	The case of the second se	5c			
6a	Were all of the plan's assets du	ring the plan year invested in eligible a	issets? (See	e instructions.)	() , j	XYes No		
b	under 29 CFR 2520.104-46? (S	e annual examination and report of an See instructions on waiver eligibility and	d conditions)		XYes No		
-		r 6a or 6b, the plan cannot use Form	n 5500-SF a	ind must instead use Form 5500.		<u>10-11</u>		
10000	art III Financial Inform	lation		(a) Beginning of Year	1	(b) End of Year		
7	Plan Assets and Liabilities				+	Control Participation Control (Control (Contro) (Contro) (Contro) (Contro) (Contro) (Contro)		
a b	Total plan assets Total plan liabilities		. 7a . 7b	2,245,588	-	2,530,012		
c	Net plan assets (subtract line 7)	h from line 7a)	. 70 . 70	2,245,588	-	2,530,012		
8	Income, Expenses, and Transfe		<u> </u>	(a) Amount	-	(b) Total		
а	Contributions received or received			Concerning and a many and a manufacture of	а п	1. 22		
	(1) Employers		. 8a(1)	200,000	-	n = 2 ⁰ / ₂₁		
	(2) Participants		. 8a(2)	0	#3 34			
(1 1)	(3) Others (including rollovers)		. 8a(3)		-	n Ministria e e		
b	Sector and the sector of the s		. 8b	84,424	h li s	en producente		
c d	THE REPORT OF A CONTRACT OF A	Ba(2), 8a(3), and 8b)	. 8c			284,424		
u	to provide benefits)		. 8d		3261	na televitor		
e	Certain deemed and/or correcti	ve distributions (see instructions)	. 8e		=	AB Deletar Co		
f	Administrative service providers	s (salaries, fees, commissions) 🔒 🥫	. 8f	0	*) 	1999 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
g	Other expenses		. 8g	0	tine" is			
h	Total expenses (add lines 8d, 8	le, 8f, and 8g)	. 8h	aqaqda y'a coac ciae e fe		0		
i	Net income (loss) (subtract line	8h from line 8c)	. <u>8</u> i	na Marena (m. 1938) - La Marana (m. 1938) Carana (m. 1936) - Marana (m. 1936) Carana (m. 1936) - La Marana (m. 1936)		284,424		
Ĺ	Transfers to (from) the plan (see	e instructions)	. 8j			Earne EEGO OF (2044)		

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

Form 5500-8F 201	rm 5600-	SF 2011	
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Page 2-

Plan Characteristics

98 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 10 30
 10 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions.

	Compliance Questione							
10	During the plan year:			Yes	No	Ал	nount	- in iter
	Was there a failure to transmit to the plan any participant contributions			Da	x			
þ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Ware there any nonexempt transactions with any party-in-interest? (O				-	<u> - 1</u> 1000 - 0		
1.5	on line 10s.)			OD	x			
C	Was the plan covered by a fidelity bond?.			De X	Ĕ		20	000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel							
	or dishonesty?		<u>1</u>	00	X			in an
	Were any fees or commisions paid to any brokers, agents, or other pe	raons by an insurance	artier,					
	insurance services or other organization that provides some or all of the			0e	x			
. 	Has the plan failed to provide any benefit when due under the plan?			01	x			10- III
1					x	<u> </u>		0.00
9	Did the plan have any participant loans? (If "Yes," enter amount as of		41 JP64	0g	+	DUATA NAMA	ور المدروبية	
ħ	If this is an individual account plan, was there a blackout period? (See 2520,101-3.)			011	1	and a second		
Ĩ.	If 10h was answered "Yes," check the box if you either provided the re	equired notice or one	of the		1	a management	AND A - N	
_	exceptions to providing the notice applied under 29 CFR 2520.101-3	<u></u>	1	01	10	a nan nanapang	and the second	And And And
	Pension Funding Compliance					12.		
11	Is this a defined benefit plan subject to minimum funding requirements	e? (if "Yes," see instru	ctions and complete	Sched	ule 58 (Form	X Yes	No
40	5500))						TY00	X No
12	Is this a defined contribution plan subject to the minimum funding requ (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
-	If a waiver of the minimum funding standard for a prior year is being a	mational in this sleet t	eer ees instructions	. and a	nter the	date of the lat	ter ruling	
	prenting the waiver		, , , . Monin		_ Oa	Y Y	ear	
11)	ou completed line 12s, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and si	tip to line 13.		r~			
Þ	Enter the minimum required contribution for this plan year				126	· · · ·		
C	Enter the amount contributed by the employer to the plan for this plan	yeer		• •	12c			
d	Subtract the emount in line 12c from the emount in line 12b. Enter the	e result (enter a minus	sign to the left of a		120	2		
	negative amount)			• •		TYes (No [NA
_	Will the minimum funding amount reported on line 12d be met by the	funding descriner .	<u></u>					_
jat go	Plan Terminations and Transfers of Assets				-	.	Yes	X No
13a	Has a resolution to terminate the plan been adopted in any plan year					<u>,</u>		
	If "Yes," enter the amount of any plan assets that revented to the emp							
b	Were all the plan assets distributed to participants or beneficiaries, tri of the PBGC?	ensigned to another p	lan. or brought unde	r the co	Ioninol		∏Yee	XNO
-	of the PBGC? . If during this plan year, any assets or lisbilities were transformed from	this plan to another pl	en(s), identify the plu	in(s) (o	8 R			
C	which assets or liabilities were transferred. (See instructions.)							
	Sc(1) Name of plan(s):	N. 18 49-00			13c(2)	EIN(u)	130(3)1	PN(s)
					S.			
-								
Caut	on: A penalty for the late or incomplete Illing of this return/report	will be appeared uni	es resonable cau	80 IS B	STADING	180.		
The second second second	the second s	teclers that I have are	mined this saturn/re	port, int	pribuk	f approable, F	edge and	
88 q	Schedule MB completed and signed by an enrolled actuary, as walt an	e ris gigctònic aguno						
	it is irus, correct, and completer		Jose Peres		1	1968 - S. 1999) 1		
- 22 - 13		Date 10-4-12	Enter name of Indi	vidual a	igning s	s plan adminia	trator	
	Signature of plan administrator	14 17					64/6/	33.52

Sporture of employer/plan eponeor jo -4 1080 26 Enter name of individual signing as employer or plan sponsor Dete

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

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001 For the plan year 1/1/2011 through 12/31/2011

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

Schedule SB, Part V **Summary of Plan Provisions**

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001

For the plan year 1/1/2011 through 12/31/2011

Employer:	Vilanova Electrical Com	pany	
Type of Entity -	S-Corporation		
	EIN: 13-4161830	TIN:	Plan #: 001
Dates:	Effective - 1/1/1996	Year end - 12/31/2011	Valuation - 1/1/2011
	Top Heavy Years - 1996 2011	6, 1997, 1998, 1999, 2000,	2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2010,
Eligibility:	All employees excluding	g non-resident aliens, mem	bers of an excluded class and union
	Minimum age - 21 M	onths of service - 12	
Hours Required for -	Eligibility - 1000	Benefit accrual - 1000	Vesting - 1000
Plan Entry -	Anniversary date neares	st eligibility satisfaction	
	First of month coinciden Not provided	nt with or next following atta	inment of age 62 and completion of 5 years of participation
Average Compensation: Top Heavy Minimum Benefit -	Highest 3 consecutive y Highest 5 consecutive to		tion
Plan Benefits: Retirement -	Derived from the unit cr	edit benefit formula below:	
	2% of average monthly	compensation per year of	f service beginning vear 1
	not greater than \$10,72		
Accrued Benefit -	Unit credit based on ser	vice	
	Minimum Benefit - Nor	ne	
	Maximum Benefit - Nor	ne	
	distribution, which is the	e lesser amount computed u	alent of normal form not to exceed 415 maximum allowable using a) 5.5% interest and the Applicable Mortality Table or t and mortality or 417(e) Minimum
Death Benefit -	Present Value of Accrue	ed Benefit	
Top Heavy Minimum:		sation per top heavy year o rlier), limited to 10 years	f participation excluding years prior to the adoption date of
IRS Limitations:	415 Limits - Per	cent: 100 Dollar: \$1	195,000
	Maximum 401(a)(17) cc	mpensation - \$245,000	
Normal Form:	Life Annuity		
Optional Forms:	Lump Sum Life Annuity Guaranteed Joint with 50%, 75% or		
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100% Soncion is colculated us		
	Service is calculated us	ing all years of service	

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Vilanova Electrical Company Defined Benefit Plan

13-4161830 / 001

For the plan year 1/1/2011 through 12/31/2011

Present Value of Accrued Benefit: Based on Actuarial Equivalence only

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.02
	Segment 2	6 - 20	4.56
	Segment 3	> 20	5.75

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5.5%
	Mortality Table -	None
Post-Retirement -		5.5% I83 - 1983 Individual Annuity blended 50.00% male and 50.00% female rates

Schedule SB, line 32 -**Schedule of Amortization Bases**

Vilanova Electrical Company Defined Benefit Plan

13-4161830 / 001

For the plan year 1/1/2011 through 12/31/2011

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2011	221,744	Shortfall	221,744	7	36,347
Totals:				\$221,744		\$36,347

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Vilanova Electrical Company Defined Benefit Plan 13-4161830 / 001

For the plan year 1/1/2011 through 12/31/2011

Voluction Deter	1/1/2011						
Valuation Date:	1/1/2011						
Funding Method:	As prescribed in IRC S						
Age	- Eligibility age at last birthday and other ages at last birthday						
Potrospostivo Componention	New participants are in		years valuation				
Retrospective Compensation			s lump sum equivalent of normal form. Funding Target for lump sum is				
	 Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum 						
Interest Rates	- Segment rates for the Val Date as permitted						
	Segment #	Year Rate	≥ %				
	Segment 1	0-5 3	.61				
	Segment 2	6 - 20 6	.20				
	Segment 3	> 20 6	.53				
Pre-Retirement -	Mortality Table -	None					
	Turnover/Disability -	None					
	Salary Scale -	None					
	Expense Load -	None					
	Ancillary Ben Load -	None					
Post-Retirement -	Mortality Table -	11C - 2011 Fur	nding Target - Combined - IRC 430(h)(3)(A)				
	Cost of Living -	None					
	Lump Sum -	183 - 1983 Indiv or	vidual Annuity blended 50.00% male and 50.00% female rates at 5.5%				
			licable Mortality Table for 417(e) (unisex)				
Asset Valuation Method:	Fair market value of as	ssets adjusted for	contributions under IRC 430(g)(4)				
Discrimination Test Assumption	<u>15:</u>						
HCE Determination -	Based on all employee	es					
Otherwise Excludable -	 Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees 						
410(b)/401(a)(4) Testing:							
Pre-Retirement -	Interest - 8%	%					
Post-Retirement -	Interest - 8%	%					
	Mortality Table - Ga	83M - 1983 Grou	p Annuity (male)				
Permissively Aggregated Plans -	s - Not tested As Single Plan						
Compensation -	n - Use current compensation to calculate the benefit accrual rate (annual method)						
Testing Age -	e - Normal retirement age or attained age, if older						
Normal Form for MVAR -	-	-					
Normal Form for MVAR							

Schedule SB, line 26 -Schedule of Active Participant Data

Vilanova Electrical Company Defined Benefit Plan

13-4161830/001

For the plan year 1/1/2011 through 12/31/2011

Years of Credited Service

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

	SCHEDULE SB	Single-Employer Defined Benefit Plan					OMB No. 1210-0110			
(Form 5500) Actuarial Information								2011		
	Department of the Treasury Internal Revenue Service		2011							
Emple	Internal Revenue Service Department of Labor byee Benefits Security Administration	l of the Employee section 6059 of the	, -	This Form is Open to Public Inspection						
Pen	sion Benefit Guaranty Corporation									
For ca	lendar plan year 2011 or fiscal p	File as an attachmer lan year beginning 01/01/2			and ending	12/	/31/2011			
► Ro	und off amounts to nearest do	llar.								
► Ca	ution: A penalty of \$1,000 will be	e assessed for late filing of this report u	nless reas	onable ca	use is established	i		. <u></u>		
	ne of plan			-	B Three-digit					
Vilar	ova Electrical Compan	y Defined Benefit Plan			plan numb	er (PN)	• •	001		
C Plai	n sponsor's name as shown on li	ne 2a of Form 5500 or 5500-SF	-		D Employer Ide	entificat	ion Number (EIN)		
	ova Electrical Compan				13	-4161	LB30			
Е Тур	e of plan: 🔀 Single 🔲 Multiple	-A Multiple-B	rior year pl	an size:[≱	100 or fewer]101-5	00 🗌 More	e than 500		
Part	Basic Information									
<u>1</u> E	inter the valuation date:	Month <u>01</u> Day <u>01</u>	_ Year_	2011	-					
	ssets:				r			2,245,588		
						<u>2a</u> 2b				
_	unding target/participant count b	ſ	3a	(1) Ni	umber of participa	0	(2)	Funding Target 0		
a b		peneficiaries receiving payment	 3b			2		35,029		
C						-				
	• •		3c(1)					O		
								2,233,747		
			3c(3)			4		2,233,747		
d	Total		3d			6		2,268,776		
4 II	the plan is in at-risk status, che	ck the box and complete lines (a) and (b)							
а	Funding target disregarding	prescribed at-risk assumptions		• • • • • • • • • • • •		4a				
t	at-risk status for fewer than t	isk assumptions, but disregarding trans five consecutive years and disregarding) loading fa	ctor .		4b				
						5		5.31		
						6		C		
To t acce	nent by Enrolled Actuary he best of my knowledge, the information s ordance with applicable law and regulations bination, offer my best estimate of anticipal	upplied in this schedule and accompanying schedul s. In my opion, each other assumption is reasonable led experience under the plan.	es, statements (taking into ac	and attachm count the ex	nents, if any, is complete operience of the plan and	e and acci d reasona	urate. Each presi ble expectations)	ibed assumption was applied in and such other assumptions, in		
SI(HE	SN RE	vad Myneauf					10/03/20	12		
	S Edward Vigneau	Signature of actuary					Date 11-02732			
	Туре	or print name of actuary					ecent enrollm			
	TLC Pension Con	sulting, Inc,				(63	31) 425-0	591		
	35 Pinelawn Rd	Firm name Ste 103E			Tele	ephone	number (incl	luding area code)		
	US Melville	NY 11747								
,		Address of the firm		-						
If the a instruct		regulation or ruling promulgated under	the statute	in compl	leting this schedul	e, chec				
For Pa	perwork Reduction Act Notice	and OMB Control Numbers, see the	instructio	ns for Fo	rm 5500 or 5500-	SF.	Schedu	lle SB (Form 5500) 2011 v.012611		

Pa	nt II 🖉 🛛 Beç	ginning of year o	carryove	er and prefunding bala	nces							
							(a) Carryover balance (t			(b) Prefunding balance		
7				licable adjustments (line 13 fro			60,	448			136,	,143
8			•	unding requirement (line 35 fr		. 0					0	
9	Amount rema	aining (line 7 minus li	ne 8)				60,	448			136,	<u>,143</u>
10	Interest on lir	te 9 using prior year'	s actual re	turn of <u>1.00</u> %				604			1	,361
11	Prior year's e	excess contributions t	o be adde	d to prefunding balance:								
	a Present v	alue of excess contril	outions (lin	ne 38 from prior year)	• • • • • • • • •							0
				e rate of <u>5.46</u> % excep	t as							0
	C Total avai	lable at beginning of	current pla	an year to add to prefunding b	alance							0
	d Portion of	(c) to be added to pr	efunding b	alance	<u></u>							0
12	Other reducti	ons in balances due	to election	ns or deemed elections				0			.	0
13	Balance at be	eginning of current ye	ear (lìne 9	+ line 10 + line 11d - line 12).			61,	052			137,	,504
Pa	FILLE FI	unding percenta	ges									
14	Funding targe	et attainment percent	age						1	4	90.2	2 %
15	Adjusted fund	ding target attainmen	t percenta	ge					1	15	90.2	2 %
16	Prior year's fi current year's	unding percentage fo s funding requiremen	r purposes t	s of determining whether carry	over/pre	funding bala	nces may be used f	o reduce		6	105.5	<u>3 %</u>
17	If the current	value of the assets of	of the plan	is less than 70 percent of the	funding f	arget, enter	such percentage		1	17		%
Pa	rt IV C	ontributions an	d liquidi	ity shortfalls								
		made to the plan for	the plan y	year by employer(s) and employer	oyees:		····					
(MI	(a) Date M-DD-YYYY)	(b) Amount pa employer(s		(c) Amount paid by employees		a) Date DD-YYYY)	(b) Amount p employer			(c) Amount paid by employees		
09/	/15/2012	2	00,000									
							• •					
. <u> </u>												
					7-4-1-				19/0)			
					Totals			200,000			-	0
19	19 Discounted employer contributions see instructions for small plan with a valuation date after the beginning of the year:											
	b Contributions made to avoid restrictions adjusted to valuation date									0		
				required contribution for curren	nt year a	djusted to va	Iluation date	19c		14 - 14	183,	, 114
20	20 Quarterly contributions and liquidity shortfall(s):											
	a Did the plan have a "funding shortfall" for the prior year?											
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	C If 20a is "Y	'es," see instructions	and comp	blete the following table as app								
	(1)	1st		Liquidity shortfall as of end (2) 2nd	or Quart	er of this pla (3)	n year 3rd		. (4)	4t	h	
	<u>_</u>	101		(2) 200								

Schedule SB (Form 5500) 2011

Page 3

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Pa	art V Assum	ptions used to determine	funding target and target	normal cost		
21	Discount rate:					
	a Segment rate		2nd segment: 6.20 %	3rd segment: 6,53 %		N/A, full yield curve used
	b Applicable m	3.61 %		, 21b	3	
22					22	63
				scribed - separate	− ∃ Substitu	
_23	·····					
Pa		aneous items	·····			
24			ictuarial assumptions for the current			
05	attachment		plan year? If "Yes," see instructions	· · · · · · · · · · · · · ·	• • • • • •	
25						
26			ve Participants? If "Yes," see instruc		attachmer	nt , <u> X</u> Yes No
27			funding rules, enter applicable code		27	
Pa			num required contributions			
28			years		28	0
29			ard unpaid minimum required contrik		29	
	(line 19a)	<u></u>				0
30	Remaining amo	int of unpaid minimum required o	contributions (line 28 minus line 29)		30	0
Pa	rt VIII Minim	um required contributior	for current year			·····
31	Target normal o	ost, adjusted, if applicable (see in	structions)			
	a Target norma	cost (line 6)	<u></u>	<u> </u>	31a	0
	b Excess asset	, if applicable, but not greater tha	un 31a		31b	0
32	Amortization ins	allments:		Outstanding Bala		Installment
	a Net shortfall a	nortization installment	• • • • • • • • • • • • • • • • • • • •	2	21,744	36,347
			••••••		0	0
33			enter the date of the ruling letter gra		33	n
) and the waived amount .		24	
34	Total funding rea	uirement before reflecting carryov	er/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33) Prefunding Bala	34	36,347 Total balance
			Carryover balance			
35		to use to offset funding	0		0	0
36	· · · · · · · · · · · · · · · · · · ·		5)		36	36,347
37			contribution for current year adjuste		37	
	· · · · · · · · · · · · · · · · · · ·					183,114
38		excess contributions for current			38a	140 808
			<u> </u>		38b	146,767
			of prefunding and funding standard of		39	0
39			year (excess, if any, of line 36 over		40	
<u>40</u>		required contribution for all yea				·····
	-		Pension Relief Act of 2010 (
41			pursuant to an alternative amortizat			2 plus 7 years 15 years
		· · · · · · · · · · · · · · · · · · ·				
			e 41a was made		••• <u>1200</u>	08 2009 2010 2011
			· · · · · · · · · · · · · · · · · · ·		42	
- 43	Excess installme	nt acceleration amount to be cari	ied over to future plan.years.		40	