### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

0010

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enerit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		<b>Identification Information</b>				
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan		olan (not multiemployer)		a one-participant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	iption)			
Part II	Basic Plan Info	ermation—enter all requested info	ormation			
1a Name	of plan	·			1b	Three-digit
MORAN PLU	JMBING & HEATING	DEFINED BENEFIT PLAN				plan number
						(PN) • 003
					1c	Effective date of plan
<b>30</b> Diame		libraria de la la compania de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania del	- / I 'f f ' I-		Ol-	01/01/2002
	ponsor's name and ad JMBING & HEATING	ldress; include room or suite numbe	er (employer, if for a single	-employer plan)	20	Employer Identification Number (EIN) 06-1403431
					2c	Sponsor's telephone number
20 NATOMA						914-967-7090
RYE, NY 10	580				2d	Business code (see instructions) 238220
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
		e plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b	EIN
		mber from the last return/report.			4.	
a Spons					4c	
		at the beginning of the plan year			5a	1
<b>b</b> Total r	number of participants	at the end of the plan year			5b	1
		account balances as of the end of the	, ,	•	5c	
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in el	igible assets? (See instru	ctions.)		X Yes No
<b>b</b> Are yo	ou claiming a waiver of	f the annual examination and report	of an independent qualifi	ed public accountant (IQ	PA)	
		? (See instructions on waiver eligibi				<del>-</del> -
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form	5500.
		or incomplete filing of this return				
		her penalties set forth in the instruc				
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rsion of this return/report	., and i	to the best of my knowledge and
,	· · · · ·		<u> </u>	1		
SIGN	Filed with authorized/	valid electronic signature.	07/10/2013	WILLIAM F. MORAN		
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individu	ual sig	ning as employer or plan sponsor
Preparer's		name, if applicable) and address; inc				parer's telephone number (optional)
•	-					,

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	Year		
<u>.</u>	Total plan assets	7a	108024				(b) Liid 0	130672	26	
	Total plan liabilities	7b		0				100011	0	
	Net plan assets (subtract line 7b from line 7a)	7c	108024					130672		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To			
	Contributions received or receivable from:		(a) Amount				(6) 10	lai		
	(1) Employers	8a(1)	9600	0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	13047	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22647	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						2264		
ī	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	o <sub>j</sub>	l	0						
9a	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
•	1A		200 1.10 2.01 0. 1		J 0 0 0					
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	<i>A</i>	mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С						Χ				
				10c						
d	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plar	າ?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end )	10g		X				
h			·	iug						
	2520.101-3.)	•		10h						
i	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.101	1-3		10i						
Part	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							X Yes	s 📗	No
_11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)							
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day		e letter r	uling	J
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b				

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			1	
C	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

						<u> </u>	File as an attact	nme	nt to Form	5500 or	5500-	SF.							
Fo	r calendar	pla	n year 2012	2 or f	iscal plan y	ear beginning	01/01/201	2				and end	ding	12/31/2	2012	2			
Þ	Round o	ff a	mounts to	near	est dollar.														
<b>•</b>	Caution:	Αp	enalty of \$	1,000	) will be ass	essed for late	e filing of this rep	ort u	ınless reas	onable ca	ause is	s establis	hed.						
A	Name of p	lan	INC 9 LIE	TINI		DENEET DI	LANI				В	Three-d	ligit				0	03	
IVIC	JRAN PLU	IIVIE	SING & HEA	A I IINO	5 DEFINEL	BENEFIT PL	LAN					plan nu	mbe	r (PN)	)	<u> </u>			
_	Plan span	cor'	c name ac	chou	m on line 2	of Form 550	00 or 5500-SF				D	Employe	r Ido	ntification	o Niu	mbor (	EINI)		
			SHAINE AS			3 01 1 01111 330	00 01 3300-3F					. ,		illillicatioi	IIIVU	iiibei (	LIIV)		
											06	-1403431							
F	Type of pla	n·	X Single	П	Multiple-A	Multiple-B		F	Prior year pla	n cizo:	100	or fewer	П	101-500	П	More t	han 500		
					· ·	Ividitiple-D		• '	noi yeai pio	111 3126.	100	or lewer	Ш	101-300	Ш	MOIE	nan 500		
Р	art I	Ва	sic Infor	mat	ion														
1	Enter th	e v	aluation da	te:	1	Month <u>01</u>	Day <u>0</u> 1	1	Year _	2012	_								
2	Assets:												_						
	<b>a</b> Marke	et va	alue											2a					1080249
	<b>b</b> Actua	rial	value											2b					1080249
3	Funding	j tai	get/particip	ant c	ount break	down:		ı	_	<b>(1)</b> N	lumbe	er of partic	cipar	nts		(2)	Funding	Target	
	<b>a</b> For re	etire	d participar	nts a	nd beneficia	aries receiving	g payment		3a					0					0
	<b>b</b> For te	erm	inated veste	ed pa	rticipants				3b					0					0
	<b>C</b> For a	ctiv	e participan	ıts:															
	(1)	١	lon-vested	bene	fits				3c(1)										0
	(2)	١	ested bene	efits					3c(2)										1071600
	(3)	٦	otal active						3c(3)					1					1071600
	<b>d</b> Total								3d					1					1071600
4	If the pl	an i	s in at-risk	statu	s, check the	box and con	nplete lines (a) a	and (b	b)					_					
							sumptions						Г	4a					
	_	•	ŭ	•	0.		disregarding trai							415					
							ears and disregar							4b					
5	Effectiv	e in	terest rate.											5					5.62 %
6	Target i	norr	nal cost											6					0
Sta	tement by	/ Eı	rolled Act	uary															
							and accompanying scl ner assumption is reas												
						erience under the			- ( J										
;	SIGN																		
	IERE														(	05/07/2	.013		
		•			Signa	ture of actuar	ТУ				_					Date			
MA	RK VIDAL				· ·		•									11-050	069		
					Type or pr	int name of a	ctuarv				_	-		Most rece				ber	
CO	RNERSTO	NE	GROUP		. , , , , , , , , , , , , , , , , , , ,		,										8-1700		
					F	irm name					_		Tele	phone nu				ea code	
	JEFFER	SOI	N BLVD.		•	iiiii iidiiio							1010	p110110 11a		,, (ii.ioic	anig are	a oodo,	
	ITE 3001 RWICK, F	RI O	2886																
	, •										_								
					Add	ress of the firr	m 												
		nas	not fully ref	lecte	d any regul	ation or ruling	g promulgated ur	nder	the statute	in comple	eting t	his sched	dule,	check th	e bo	x and	see		
instr	uctions				-	_					-								ш

Page <b>2</b> -
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Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Baland	ces						
							(a)	Carryover balance		(b) l	Prefundi	ng balance
7		•	0 1 7		,	•			0			0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)												0
Balance at beginning of prior year after applicable adjustments (line 13 from prior year)									0			0
10	Interest	t on line 9	ousing prior year's	actual ret	urn of6.15%				0			0
11	Prior ye	ear's exce	ess contributions to	be added	I to prefunding balance:							
b Interest on (a) using prior year's effective interest rate of											0	
												0
C Total available at beginning of current plan year to add to prefunding balance										0		
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	lance							0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)										0		
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	)			0			0
P	art III	Fun	ding Percenta	iges								
14	Funding	g target a	attainment percent	age							14	100.80 %
15	Adjuste	d funding	g target attainment	percentag	je						15	100.80 %
16											16	118.70 %
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	rget, enter	such percentage			17	%
Pa	art IV	Con	tributions and	d Liquidi	ity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	oloyees:						
(N	(a) Dat M-DD-Y		( <b>b)</b> Amount pa employer(		(c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0		nt paid by oyees
01	/25/2012	2		8000	0	07/25/2	.012		8000			0
02	2/25/2012	2		8000	0	08/25/2	.012		8000			0
03	3/25/2012	2		8000	0	09/25/2	2012		8000			0
04	/25/2012	2		8000	0	10/25/2	2012		8000			0
05	5/25/2012	2		8000	0	11/25/2	2012		8000			0
06	5/25/2012	2		8000	0	12/25/2	2012		8000		1	0
						Totals ▶	18(b)		96000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan with	a valuation	date after	the beginning of the	year:			
	<b>a</b> Cont	ributions	allocated toward u	ınpaid mini	imum required contributions	from prior	years		19a			0
	<b>b</b> Contr	ributions	made to avoid res	trictions ad	ljusted to valuation date				19b			0
	<b>C</b> Cont	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjuste	d to valuation	on date	19c			93298
20	Quarter	rly contrib	outions and liquidit	y shortfalls	:							
			_								<u> </u>	Yes X No
	<b>b</b> If line	e 20a is "	Yes," were require	d quarterly	installments for the curren	t year made	in a timely	y manner?				Yes No
	<b>C</b> If line	e 20a is "	Yes," see instruction	ons and co								
		(4) 4	<u>,</u>			nd of quarte					(4) 441	<u> </u>
	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the y  a Contributions allocated toward unpaid minimum required contributions from prior years.  b Contributions made to avoid restrictions adjusted to valuation date.								1		(4) 4th	I
									1			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 1.98%	2nd segment: 5.07%	3rd segment 6.19 %		N/A, fu	ll yield	curve	e used
	<b>b</b> App	licable month (	enter code)			. 21b				0
22	Weigh	ted average ret	irement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	tuarial assumptions for the current	•			. —	Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required atta	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		<u> </u>	Yes	X No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid			years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31	Targe	t normal cost a	nd excess assets (see instruct	tions):						
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				0
	<b>b</b> Exce	ess assets, if ap	oplicable, but not greater than	line 31a		. 31b				0
32	Amorti	zation installme	ents:		Outstanding Bala	ance	Ir	nstallm	ent	
	a Net	shortfall amortiz	zation installment			0				0
	<b>b</b> Wai	ver amortization	n installment			0				0
33				ter the date of the ruling letter gra		33				
34	Total f	unding requirer	nent before reflecting carryove	er/prefunding balances (lines 31a	· 31b + 32a + 32b - 33)	. 34				0
				Carryover balance	Prefunding bala	ince	То	tal bal	ance	
35			use to offset funding		)	0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				0
37				ontribution for current year adjuste		37				93298
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)						
	<b>a</b> Tota	I (excess, if any	, of line 37 over line 36)			. 38a				93298
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b				0
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39				0
40	Unpaid	d minimum requ	uired contributions for all years	S		. 40				0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected					2 plus 7 yea	rs	15	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010		2011
42	Amoun	nt of acceleratio	n adjustment			42	<u> </u>	_		
				d over to future plan years		43				

# MORAN PLUMBING & HEATING DEFINED BENEFIT PLAN

Statement of Actuarial Assumptions and Method Plan Year January 1, 2012 through December 31, 2012

Valuation Date:

January 1, 2012

Funding Method:

As prescribed in IRC Section 430

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

	Age - Eligibility age at last bilthday and other ages at hearest bilthday									
Interest Rates	For PPA Fur	nding	For 417(e)		For Actuaria	al Equiv.				
	Segment 1	1.98%	Segment 1	1.00%	Pre-Ret	5.50%				
	Segment 2	5.07%	Segment 2	3.57%	Post-Ret	5.50%				
	Segment 3	6.19%	Segment 3	4.77%						
Pre-Retirement Turnover Mortality	None None		None None		None None					
Assumed Ret Age	, , , , , , , , , , , , , , , , , , , ,	Normal Retirement Date is age 65 with 5 years of participation		ement Date h 5 years of	Normal Ret age 65 with participation	•				
Post-Retirement Mortality	2012 Applica Mortality Tab Rev Ruling 2	ole from	2013 Applicable Mortality Table from Rev Ruling 2006-67		GA2002U Mortality Ta	ble				
Assumed Benefit Form For Funding	The plan's no	ormal form of be	enefit which is a	benefit payabl	e for the life of	the participant				
Calculated Effective Interest Rate	5.62%									
Actuarial Valuation Assets	100.0% of the fair market value of assets adjusted for contributions under IRC 430(g)(4)									

			THE PARTY OF THE P	N Transconding Control					
Fr	rm 5500-SF	Short	Form	Annual Re	turn/Report of	Small Employ	/86		OMB Nos. 1210-0110 1210-0089
De	cariment of the Trabsury expel Royanus Service	1		Be	enefit Plan	d 4085 of the Employe		-	2012
	Department of Labor Bernith Scoully Administration	Retiremen	income	Security Act of 19	174 (ERISA), and sec Revenue Code (the Co	nous providi sun prose	(a) of	This Form	is Open to Public spection
	Benefit Gueranty Corporation	y Compt	oto all e	ntries in accords	nce with the instruct	lions to the Form 550	0:8F.		Sheet and the same of the same
Part	Annual Report I dar plan yeer 2012 or ils	dentificati estolen vest	on Inte	ormation B 01/	81/2012	and ending		12/31/201	2
	eturn/réport la for.	X a single-e	mbjoker	plan 🛮 a	multiple-employer pla	in (not multiemployer)	Ì	a one-partic	ipent plan
	eturn/report la:	the first re	1 ;	£ .	e (kial return/report	2 11 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ادخدد		
C Ched	box if filing under	an amend	•	<u>1</u> 100 €	ntowalic extension epoy blan Aest teimu	freport (leas than 12 m	ວກພາສຸງ	DFVC prog	raṃ
				(enter description)				<u></u>	
	Basic Plan Infor	mation e	tor all t	equested informati	<u>0η</u>		1b	Three-digit	1
Moran	e of plan Plumbing & Hea	iting Def	ined	Benefit Pla	an ·			plan number	003
	•		İ	4 4 4			10	Effective data 01/01/200	of plan 2
72 81	sponsor's name and add	negg include	room or	sulle number (em	ployer, If for a single-t	mployer plan)	-	<del></del>	tification Number
Moran	blamping & Hea spousors usuc sun sun	ting	Join O	Section and country	programme and the management			(EN) 06-14	03431
nn is-	toma Street							Sponsor's tele 914-967-7	phone number 1090
20 Na	comma screet						2d	Business code	(anolinations)
Rye		NA	<u> </u>	10580	na Warma sa Plan	Spoosor Address		238220 Administrators	EIN
3a Plan	administrator's name and	d address 1835	Selfie SS	inigu abousor visi	ile illeaning as Lune	· ·	ــــــــــــــــــــــــــــــــــــــ		telephone number
nen	name and/or EIN of the e, EIN, and the plan num	plan sponsor bar from the l	has che aet retu	nged since the las	t return/report filed fo	rthis plant enter the	4b.	EIÑ	dum en general de la company
S Spor	sor's name number of participants (	at the beginning	ig of the	plen year		*************************	5a		1. 1.
h Tota	s sursicionar to redinunt	at the end of the	he plan	year			5b	4	
C Nun	ber of participants with a	ccount balanc	98 88 0	the end of the pla	ın year (defined bene	ik plans do not	5¢	<u> </u>	
6a We b Are und	e all of the plants assets you deliming a walver of at 29 CFR 2520, 104-487	during the pla the annual ex (See instructi ther line 6a o	aminetic ons on line 6t	nveeted in eligible in and report of an valver eligibility an the plan canno	esseta? (See Instruci i independent qualifie id conditions.)	ions.) d public accountant (IC and must instead use	Form	5500.	Yes [] No
Under pe	A penalty for the late on the late of perjury and other medule MB completed an	er penalties s							icable, a Schedula ny knowledge and
	true, correct, and coyo	IND V	11	1	Do Jahr	William F. Mo			
SIGN HERE	Signature of plan ac	iministrator		<u> </u>	Date://	Enter name of individ	rust str	s nelg ea girin	dministrator
SIGN				1			-		i i i i i i i i i i i i i i i i i i i
HERE	Signature of employ s-name (including firm to	eriplan spor	1001	A printege Inclision	Date mom or suite number	Enter name of individ (optional)	Prer	parer's telephor	yer or plan aponsor ve number (optional)
4.i.àbaibi	S-HSHIE Costioning that the	1		A CANADA				<del></del>	
For Raise	work Reduction Act Notice	and Older Co	itroi Nu	phara, see the litetr	uctions for Form 5500-	\$F;	J		Farm 6500 SP (2012) V. 120125
Con Links	ALM'S STANDARDI CONTRADIO	- aren militari, e a							2-16A)&
				4	•				
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				* January 1					
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	1		1	1	•				

Pa	rt III Financial Information	,						······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year	
a	Total plan assets	7a	10	8024	19			13	06726
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	10	8024	19			13	06726
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from: (1) Employers	8a(1)		9600	00				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	1	3047	77				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2:	26477
	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d			1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>
***************************************	Certain deemed and/or corrective distributions (see instructions)	8e			0			<del></del>	
f	Administrative service providers (salaries, fees, commissions)	8f			9	·····			
<u>g</u>	Other expenses	8g			<u> </u>				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						2.	26477
j	Transfers to (from) the plan (see instructions)	8j			0			·····	
	t IV Plan Characteristics								.,
9a	If the plan provides pension benefits, enter the applicable pension 1A	feature co	des from the List of Plan Char	acteri	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	tic Cod	es in t	he instructio	ns:	
Par	V Compliance Questions				1,,		T		
10	During the plan year:			<del></del>	Yes	No	<u> </u>	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iclary Corr	ection Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х			
С				10c		X	<u> </u>	·····	····
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?	.,	10f		Х			
g				10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10"	ne required	d notice or one of the	10i					
Part					·····				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	nplete	Sched	lule SE	3 (Form	X Yes	No
11a	Enter the amount from Schedule SB line 39					11a		<u></u>	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection :	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				<u> </u>		
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon	ith	, and e	enter th Day	ne date of the	e letter ruli Year	ng
lf ·	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.		<del></del> -		Γ		
b	Enter the minimum required contribution for this plan year				<u> </u>	12b	<u> </u>		

	Form 5500-SF 2012	Page <b>3</b> -	-		
	Enter the amount contributed by the employer to the plan for this plan year		12c		***************************************
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left of a	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify the plan(	s) to		
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
	Name of trust		14b T	rust's EIN	

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor

Single-Employer Defined Benefit Plan **Actuarial Information** 

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

OME No. 1210-0110

2012

This Form is Open to Public

Employee Bellekis Security Administration	Internal Reve	enue Code (tr	ie Code).		Ins	spection
Pension Benefit Guaranty Corporation	File as an attachr	nent to Form	5500 or 5500-S	F.		
For calendar plan year 2012 or fiscal p	plan year beginning 01/01	/2012		and ending	12/31/2	012
Round off amounts to nearest do						
Caution: A penalty of \$1,000 will b	e assessed for late filing of this report	rt unless reaso	onable cause is	established.		
A Name of plan			В	Three-digit	www.	
Moran Plumbing & Heat	ing Defined Benefit Pl	Lan		plan number (PI	4) 🕨	003
C Plan sponsor's name as shown on li	ine 2a of Form 5500 or 5500-SF		D E	Employer Identific	cation Number (E	IN)
C Flatt sponsor s traine as shown on a	mo za di volim occo di coto di		-			
Moran Plumbing & Heat	ing		06-	1403431		
E Type of plan: X Single Multiple	e-A [] Multiple-B	Prior year pla	an size: 🔯 100 d	orfewer 101	-500 More tha	an 500
Part I Basic Information						
Enter the valuation date:	Month 01 Day 01	Year_	2012			
2 Assets:						
a Market value				2a		1080249
<b>b</b> Actuarial value				2b		1080249
3 Funding target/participant count b	oreakdown:		(1) Number	of participants	(2) F	unding Target
a For retired participants and ben	eficiaries receiving payment	За			0	0
<b>b</b> For terminated vested participa	nts	3b			0	O
c For active participants:						
(1) Non-vested benefits		3c(1)				0
(2) Vested benefits		3c(2)	Ara.		<u> </u>	1071600
	***************************************				1	1071600
d Total		3d			1	1071600
4 If the plan is in at-risk status, chec	ck the box and complete lines (a) and	d (b)(d) t				
a Funding target disregarding pre	escribed at-risk assumptions	,		4a		
<b>b</b> Funding target reflecting at-risk	assumptions, but disregarding trans	ition rule for p	lans that have b	een in 4b		
· · · · · · · · · · · · · · · · · · ·	ive consecutive years and disregard			5		F (20)
				6		5.62%
			***************************************	0		
Statement by Enrolled Actuary	instead in the schedule and accompanying sched	dules statements:	and attachments, if a	nv. is complete and ac	curate. Each prescribe	d assumption was applied in
To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assumption is reason	able (taking into a	count the exactionor	of the plan and reason	onable expectations) ar	nd such other assumptions, in
5.819.xx-/7.V.531						
SIGN					05/07/20	12
HERE 4		***************************************				1. J
/ s	lignature of actuary				Date 1105069	<b>)</b>
48 B 22 TTT B 2 T						,
				Man		*
Туре	or print name of actuary			Mos	t recent enrollmer	
Туре				····	t recent enrollmer 800-678-1	700
Туре	or print name of actuary Firm name			····	t recent enrollmer	700
CORNERSTONE GROUP  931 JEFFERSON BLVD.				····	t recent enrollmer 800-678-1	700
Type of CORNERSTONE GROUP  931 JEFFERSON BLVD. SUITE 3001				····	t recent enrollmer 800-678-1	700

age 2	-		
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Pa	art II	Begin	ning of Year	Carryov	er Prefunding Baland	ce	s								
L	_				(a	a) (	Carryover balance		<u> </u>	(b) F	refund	ing balance			
7	year)						0	0 0							
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											(				
9 Amount remaining (line 7 minus line 8)								C							
10					turn of 6.15%						C				(
11															
	11 Prior year's excess contributions to be added to prefunding balance:  a Present value of excess contributions (line 38a from prior year)														
b Interest on (a) using prior year's effective interest rate of 6.15% except as otherwise provided (see instructions)										·····					
	<b>c</b> Total	available	at beginning of cu	rrent plan y	ear to add to prefunding balar	nce									
					alance							<u> </u>			
					s or deemed elections						C	-			······································
13	Balanc	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)					С				
P	art III	Fun	ding Percenta	ages											1
14	Fundin	g target a	ttainment percent	age										14	100.80%
			g target attainmen											15	100.80%
16	Prior ye	ear's fund	ing percentage fo	r purposes	of determining whether car	rryc	over/prefund	ing ba	ılar	ices may be used t	to redu	ice		16	118.70%
17	If the ci	irrent val	ue of the assets of	of the plan	is less than 70 percent of th	e fu	unding targe	t, ente	ers	uch percentage				17	%
	art IV		tributions an												<u> </u>
L					rear by employer(s) and em	ola	vees:								
	(a) Dat		(b) Amount p		(c) Amount paid by	T	(a) Date		П	(b) Amount pa		T	(0		unt paid by
	IM-DD-Y	YYY)	employer		employees	╀	(MM-DD-Y	YYY)	_	employer(s	5)	$\dashv$		emp	loyees
	/25/2			8000	0	╂		•	-			$\dashv$			
	2/25/2			8000	0	╂			-			$\dashv$			
	3/25/2			8000	0	┼						$\dashv$			
	/25/2			8000	0	╂						$\dashv$	***************************************		
	/25/2	<del></del>		8000	0	+			$\dashv$			$\dashv$			
	/25/2			8000	0	-			-			1			
	7/25/2 3/25/2			8000	0	+-			-			-			
	/25/2			8000	0	+			$\neg$						
	$\frac{3/25/2}{25/2}$			8000	0	+-			1						
	/25/2			8000	0	$\vdash$						$\dashv$			***************************************
	2/25/2			8000	0	1									
	, , , , , ,					T									
						7	Γotals ►	18(1	b)		960	00	18(c)	***************************************	
19	Discour	nted empl	loyer contributions	s – see ins	tructions for small plan with	av	valuation dal	te afte	er th	ne beginning of the	year:				
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	s fr	om prior yea	агѕ			19a	_			
b Contributions made to avoid restrictions adjusted to valuation date								1							
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date								_			9329				
20 Quarterly contributions and liquidity shortfalls:															
a Did the plan have a "funding shortfall" for the prior year?															
	<b>b</b> If 20a	a is "Yes,"	" were required qu	uarterly ins	tallments for the current yea	ar r	made in a tin	nely m	nan	iner?					Yes No
					ete the following table as ap	ppli	icable:								
					Liquidity shortfall as of e						<u> </u>			(4) 4	th
		(1) 1s	t		(2) 2nd			(3	3)	3rd	+-			(4) 4	U I

21 Discourt rate: a Segment rates: 1. 98	Pa	art V   Assumptio	ons Used to Determine	Funding Target and Targ	get Normal Cost		\$			
b Applicable month (relat code)	21	Discount rate:								
B Applicable motin refere footing and a properties of the process of the current plan year? If Yes, "see instructions regarding required attachment.  22							N/A, full yield curve used			
Prescribed - separate   Substitute   Prescribed   Prescribed   Prescribed   Substitute   Part VI   Miscellaneous Items   Part VI   Part		<b>b</b> Applicable month (	21b	0						
Part VI   Miscellaneous Items   24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.   Yes S No   No   25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.   Yes S No   No   26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.   Yes No   No   72 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment.   Yes No   No   72 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment.   Yes No   No   No   No   No   No   No   No	22	Weighted average re	22	65						
Part VI   Miscellaneous Items   24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.   Yes S No   No   25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.   Yes S No   No   26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.   Yes No   No   72 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment.   Yes No   No   72 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding required attachment.   Yes No   No   No   No   No   No   No   No										
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	Pa									
28   Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	24	Has a change been r	made in the non-prescribed ac	uarial assumptions for the curre	nt plan year? If "Yes," see	instructions	Yes X No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.  28 Urpead minimum required contributions For Prior Years  28 Urpead minimum required contributions for all prior years	25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
Part VII	26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instr	uctions regarding required	attachment	Yes 🗵 No			
28 Unpaid minimum required contributions for all prior years	27					27				
28 Unpaid minimum required contributions for all prior years	Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contributio	ns For Prior Years					
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 0 0 (line 199)	28	<del></del>				28	0			
Part VIII   Minimum Required Contribution For Current Year		Discounted employer	contributions allocated toward	unpaid minimum required contr	ibutions from prior years	29	0			
Part VIII    Minimum Required Contribution For Current Year	30					30	0			
a Target normal cost (line 6)										
b Excess assets, if applicable, but not greater than line 31a	31	Target normal cost a	nd excess assets (see instruct	ions):						
D Excess assets, if applicable, but not greater than line 31a		a Target normal cost	(line 6)			31a	0			
a Net shortfall amortization installment						31b	0			
a Net shortfall amortization installment	32					ance	Installment			
b Walver amortization installment						0	0			
Month   Day   Year   ) and the waived amount   34   Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).   34   O		_				0	0			
Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) 34  Carryover balance Prefunding balance Total balance  35 Balances elected for use to offset funding requirement	33	33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval								
Carryover balance   Prefunding balance   Total balance	3/			<del></del>		34	0			
Balances elected for use to offset funding requirement		Total fullding requirer	Helit before reflecting carryove	······································	<del></del>		Total balance			
requirement				Carryover balance	1 Telatiang bala	1100	Potar balanco			
Additional cash requirement (line 34 minus line 35)	35				0	ol	0			
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	20			<u> </u>		36	0			
(line 19c)										
a Total (excess, if any, of line 37 over line 36)	31									
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0  39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39 0  40 Unpaid minimum required contributions for all years 40 0  Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected 2010 a Schedule elected 2010 great Schedule plan year(s) for which the election in line 41a was made 2011 and 2011 2011 2011 2011 2011 2011 2011 201	38	Present value of exce	ss contributions for current ye	ar (see instructions)		· · · · · · · · · · · · · · · · · · ·				
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		a Total (excess, if any, of line 37 over line 36)								
40 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)  40 Unpaid minimum required contributions for all years 40 0  Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected 2010 (See Instructions)  b Eligible plan year(s) for which the election in line 41a was made 2010 [2010 2011 2011]  42 Amount of acceleration adjustment 42										
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected	39	Unpaid minimum requ	39	0						
41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected	40	Unpaid minimum requ	0							
a Schedule elected										
b Eligible plan year(s) for which the election in line 41a was made										
42 Amount of acceleration adjustment 42	a Schedule elected									
42 Amount of acceleration adjustment		b Eligible plan year(s)	for which the election in line	11a was made		200	8 2009 2010 2011			
12	42	Amount of acceleration	n adjustment			42				
43 Excess installment acceleration amount to be carried over to future plan years	43									

## MORAN PLUMBING & HEATING DEFINED BENEFIT PLAN

Summary of Plan Provisions
Plan Year January 1, 2012 through December 31, 2012

Plan Effective Date January 1, 2002

Plan Year From January 1 to December 31

Hours Requirements Eligibility - 1,000 Benefit accrual - 1,000 Vesting - 1,000

Eligibility All employees, except as noted below, are eligible to enter on the January 1 or July 1

coincident with or following the completion of the following requirements:

1 Year of service Minimum age 21

Employees covered by a collective bargaining unit under which pension benefits were a

subject of good faith bargaining are not eligible to participate

Normal Retirement Age All participants are eligible to retire with their full retirement benefit on the later of the

following:

Attainment of age 65

Completion of 5 years of participation

Average Compensation The 3 year average salary calculated using salary during the highest 3 consecutive

years of participation where the salary for each year is limited to that year's Sec 416

limit

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit payable in the

normal form equal to the following:

250.000% of average compensation reduced for years of participation less than 25

Maximum yearly benefit is 100% of the 3 year average salary calculated using salary during the highest 3 consecutive years of employment, not to exceed 200,000 per year

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit A fraction of the normal retirement benefit calculated based on the assumption that the

average salary preceding termination equals the average salary at retirement with such

fraction being limited to 1 and determined as follows:

Numerator: years of participation to current date

Denominator: years of participation to normal retirement age

## MORAN PLUMBING & HEATING DEFINED BENEFIT PLAN

Summary of Plan Provisions
Plan Year January 1, 2012 through December 31, 2012

#### Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Crd Yrs	Vtd%
1	0
2	20
3	40
4	60
5	80
6	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before age 18

Years with less than 1,000 hours

Years before the effective date of the plan

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Top Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company

This plan is currently top heavy

Top Heavy Minimum Benefit

2.0% of 5 year average compensation multiplied by years of participation during which the plan is top heavy; not to exceed 10 years and not counting years beginning prior to January 1, 2002