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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the inst	ructions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 03/01/	2012	and ending ()2/28/2	2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
B This ret	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension	า		DFVC progra	am
	-	special extension (enter descr	ription)			_	
Part II	Basic Plan Info	prmation—enter all requested inf	ormation				
1a Name		one an requested in	omation		1b	Three-digit	
		& ELECTRIC, INC. EMPLOYEE RE	TIREMENT PLAN			plan number	
						(PN) ▶	001
					1c	Effective date o	
						03/01	/1992
	ponsor's name and ac LUMBING, HEATING	Idress; include room or suite numbe	er (employer, if for a sing	le-employer plan)	2b	Employer Identi	
WELDENT	LOMBINO, FILATINO	a LLLOTRIO, INO.			_	(=:: 1)	79702
					2c	Sponsor's telep	
4 SAND CR	EEK RD Y 12205-1410				24		
					Zu	23822	(see instructions)
3a Dlan a	dministrator's name a	nd address Same as Plan Spons	or Nama Sama as B	lan Sponsor Address	3h	Administrator's	
		_		ian oponsor Address	35		579702
IELDEN PLU	JMBING, HEATING &		REEK ROAD NY 12205-1410		3с	Administrator's	telephone number
						518-437	7-0240
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN	
	•	mber from the last return/report.			40	DNI	
	or's name				4c	T	
_		at the beginning of the plan year			5a		8
		at the end of the plan year			5b		10
		account balances as of the end of t	. , ,	•	5c		10
		and only and the order of the o					
		s during the plan year invested in e f the annual examination and repor					X Yes No
		? (See instructions on waiver eligib					X Yes No
		ither line 6a or line 6b, the plan c	•				
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assesse	ed unless reasonable cau	use is	established.	
		her penalties set forth in the instruc					able, a Schedule
		nd signed by an enrolled actuary, a	s well as the electronic v	ersion of this return/report	t, and t	to the best of my	knowledge and
belief, it is	true, correct, and com	plete.					
SIGN	Filed with authorized	/valid electronic signature.	09/23/2013	MARY BELIVEAU			
HERE			Data	_	ماماما	minintrator	
	Signature of plan a	idministrator	Date	Enter name of individ	uai sig	ning as pian aur	ninistrator
SIGN							
HERE	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)
Ī							

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
a	Total plan assets				1842006						
	Total plan liabilities	7b	360						0 1200		
	Net plan assets (subtract line 7b from line 7a)	7c	175801			1842006				3	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	3 12000		
	Contributions received or receivable from:		(a) Amount				(15)	lotai			
	(1) Employers	8a(1)	1258	89							
	(2) Participants	articipants									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	16068	30							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							98996	6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11500	00							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11500)	
i	Net income (loss) (subtract line 8h from line 8c)	8i							8399	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	,									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruc	tions:			
Dor	Part V Compliance Questions										
10					Yes	No					
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within	a the time period described in	1	162	NO		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	ıciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		Χ					
С	Was the plan covered by a fidelity bond?			10c	Χ					200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			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 of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h	X						
ī	If 10h was answered "Yes," check the box if you either provided the	ne required			.,						
-	exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
+	exceptions to providing the notice applied under 29 CFR 2520.10			10i	X						
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	1-3 ents? (If "\	Yes," see instructions and com	nplete	Sched			 	Yes		No
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	1-3 ents? (If "\	Yes," see instructions and com	nplete	Sched				Yes		No
11 11	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	1-3 ents? (If "\	Yes," see instructions and com	nplete	Sche	11a			1		
Part	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	1-3ents? (If "\requireme	Yes," see instructions and com	nplete	Sche	11a			Yes		No No
11 11a 12	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements, as applicating amortized	Yes," see instructions and com- ents of section 412 of the Code able.) ed in this plan year, see instru-	nplete e or se	Scheo	11a 302 of	ERISA?		Yes	X	
Part 11 11 11 12 a	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme as applica	Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instruments	e or se	Scheo	11a 302 of	ERISA?	the le	Yes	X	
11 11a 12 a	exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements, as applicating amortized	Yes," see instructions and coments of section 412 of the Code able.) ed in this plan year, see instructions and coments of section 412 of the Code able.) Months 5500), and skip to line 13.	e or se	Scheo	11a 302 of	ERISA?		Yes	X	

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	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		
е	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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treesury 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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

P CO	unbiete an eutries in accolds	ince with the instru	ctions to the Form 550	0-SF.	
Part Annual Report Identific					
For calendar plan year 2012 or fiscal plan y		01/2012	and ending	02/28/	2013
A This return/report is for:	jle-employer plan	a multiple-employer p	lan (not multiemployer)	a one-	participant plan
B This return/report is:	rst return/report t	he final return/report	•		
an an	nended return/report a	short plan year retur	n/report (less than 12 m	onths)	
C Check box if filing under:	5558	utomatic extension		DFVC	program
Special	al extension (enter description)			
Pari II Basic Plan Information	-enter all requested informat	ican			
1a Name of plan				1b Three-dig	pit
MELDEN PLUMBING, HEATING	& ELECTRIC, INC. E	mployee Reti	rement Plan	piạn nụm	ber 001
				(PN) >	
				1c Effective 03/01/	
2a Plan sponsor's name and address; inch	ude mam ar suite number (em	alover if for a simple.	ampioser plan)	}	
Melden Plumbing, Beating &		picyal, ii ioi a angle	апроуы рапу		Identification Number -1579702
					s telephone number
4 Sand Creek RD				1	37-0240
				2d Business	code (see instructions)
ALBANY NY	12205-1410			238220)
3a Plan administrator's name and address		me 🏻 Same as Plan	Sponsor Address	3b Administr	
Melden Plumbing, Heating 8	i Electric, Inc.			14-157	
				I	ator's telephone number 7-0240
4 Sand Creek Road				310-43	7-0240
Albany NY	12205-1410				
4 If the name and/or EIN of the plan spor		t return/report filed fo	or this plan, enter the	4b EIN	
name, EIN, and the plan number from	the last return/report.			4- 514	77.22.22
Sponsor's name Total number of participants at the beg	inning of the plan year			4c PN	
				5a	8
b Total number of participants at the end		·-		5b	10
 Number of participants with account be complete this item) 				5c	10
6a Were all of the plan's assets during the				.,,,	X Yes No
b Are you claiming a waiver of the annua	il examination and report of an	independent qualifie	iOi) Instruocos cilduq b	PA)	
under 29 CFR 2520.104-46? (See insti					XYes No
If you answered "No" to either line 6					T. A. C.
Caution: A penalty for the late or incomp					
Under penalties of perjury and other penaltic SB or Schedule MB completed and signed t	es set forth in the instructions, by an enrolled actuary, as well	I declare that I have as the electronic ver	examined this return/rep sion of this return/report	oort, including, if	applicable, a Schedule
belief, it is true, correct, and complete	y an emonas zerony, na wen		por or the returneport	, and to the best	or my knowiedge and
11.8. 13.li	-	Ta/- (-	h		
	ulki	1/00/15	Mary Beliveau		
Signature of plan administral	tor	Date	Enter name of individu	ılq as gningiz Isu	an administrator
	ulâ.	9/20/13	Mary Beliveau		
Signature of employer/plan s	ponsor	Date	Enter name of Individu	ual signing as en	nployer or plan sponsor
Preparer's name (including firm name, if app	plicable) and address; Include	room or suite numbe	r (optional)	Preparer's tele	phone number (optional)
•					
			Ì	VLAPAT ()	

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	felinberegiene auf	(a) Beginning of Ye	ar	- T		(b) End o	of Year	//
a	Total plan essets	7a	17	616	12			4 001000	12006
b	Total plan liabilities	7b		36	02	•			
¢	Net plan assets (subtract line 7b from line 7a)	7c	17	580	10			184	12006
8	Income, Expenses, and Transfers for this Plan Year	Pignific II Brail of the State	(a) Amount				(b) To	tal	
a	Contributions received or receivable from:	"		7.O.C.	Eligi.	hi 4 (.):,	(b) To	Maryland Maryland Consults	estilisterati (f. 83) estilisterati
	(1) Employers	8a(1)			59 E S		n a London and the suite state of the state	h the effective controls	metablicity.
	(2) Participants	8a(2)		257:	27	rit	her and the Paris	A construction of the cons	Frankin
	(3) Others (including rollovers)	1			referal 2 facility	auerd surblate	in the first service of the service		
	Other income (loss)	- 8b	1	6061	30	. Committee			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	A CONTRACTOR OF THE STATE OF TH	44					8996
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	. 8d	1	150	00			(-1) (-1) Lest inserement (-1) Lest inserement (-1) Lest inserement	erice Çildini Andronen
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				rank) or branch	ere an na Bilani Ludia Tipinga janggan men	7	Stationalist cores the bigging and a
f	Administrative service providers (salaries, fees, commissions)	. 8f			e Maide (an al. 15	Halairh - Urin Harairh - Urin	marketeningen		gande et in .
9	Other expenses	- Bg			igneria.	P. CP T. P.	Piling of April 1971	Constitution of the state of th	All Children
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		Legal is globally and in responsibilities on the property are new to the property of the control	Chirmon	-25			13	15000
1	Net income (loss) (subtract line 8h from line 8c)	8i	in chaire consider a least the same and the				minus a papa paga an		33996
Ī	Transfers to (from) the plan (see instructions)	8)			43	Part Part	option to the property of the state of the s	rammerina establica establica projekt te koten 1981/1981/1981 projekt te koten 1981/1981/1981/1981/1981/1981/1981/1981	an (Senda Alf 15° ar
Par	tV: Compliance Questions			-					
10	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No		Amount	
2	Was there a failure to transmit to the plan any perticipent contribu	rtions withir	the time period described in				· · · · ·		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Com	ection Program)	10a		Х			
į.	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	Х			20	0000
C	Did the plan have a loss, whether or not reimbursed by the plen's or dishonesty?			10d		x			
Ę	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all of instructions.)	of the bene	fits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
ę	Did the plan have any participent loans? (If "Yes," enter amount a	s of year e	nd.)	10g		X	_		
ŀ	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	х		rangajini simmari m	ed en er	ideal (board) ideal (board) ideal (board)
i	If 10h was answered "Yee," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10î	х		The second secon	A September 1987	24.40
ăř	Vi Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	No.
115	Enter the amount from Schedule SB line 39					110		. M.1	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	Yes	X No
	(If "Yes." complete fine 12a or lines 12b, 12c, 12d, and 12e below.								
	If a waiver of the minimum funding standard for a prior year is hair			rtione	and a	enter H	a data of th	a letter milir	<u> </u>

Day

12b

Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....

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C	Enter the amount contributed by the employer to the	plan for this plan year	, k		12c			
d	Subtract the amount in line 12c from the amount in line negative amount)	12d		n., .				
0	Will the minimum funding amount reported on line 12					Yes	∏ No .	N/A
Part			\"					
13a	3a Has a resolution to terminate the plan been adopted in any plan year?						0	
	If "Yes," enter the amount of any plan assets that reve				13a			
b	Were all the plan assets distributed to participants or of the PBGC?	tht under the d	control		∏ Yes	X No		
С	If during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru	ransferred from this plan	n to another plan(s), identil	y the plan(s)	to	L		<u> </u>
1	3c(1) Name of plan(s):			1:	3c(2) El	N(5)	13c(3) PN(5)
								<u> </u>
	1							
asenusen	VIVE APPLIED						_l	
Pent	Trust Information (optional)						-	
14a N	lame of trust				14b Tr	usťs EIN		