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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| | | | Complete all entries in act | cordance with the instruc | tions to the Form 550 | 10- 3г. | | |
|-----|--------------------|--|---|---------------------------------|---------------------------|--------------------|-------------------|--------------------------|
| | art I | | Identification Information | | | | | |
| Fo | r calenda | ar plan year 2012 or fis | scal plan year beginning 01/01/2 | 2012 | and ending | 12/31/2 | 2012 | |
| Α | This ret | urn/report is for: | a single-employer plan | a multiple-employer pla | an (not multiemployer) | | a one-particip | oant plan |
| В | This ret | urn/report is: | the first return/report | the final return/report | | | | |
| | | | an amended return/report | a short plan year return | /report (less than 12 m | onths) | | |
| С | Check b | oox if filing under: | Form 5558 | X automatic extension | | | DFVC progra | ım |
| | | · · | special extension (enter descri | iption) | | | _ | |
| P | art II | Basic Plan Info | rmation—enter all requested info | ormation | | | | |
| | Name | | | | | 1b | Three-digit | |
| | | ING AND HEATING, I | NC. PENSION PLAN | | | | plan number | |
| | | | | | | | (PN) ▶ | 001 |
| | | | | | | 1c | Effective date o | • |
| | | | | | | | 01/01 | |
| | | oonsor's name and add BING AND HEATING, I | dress; include room or suite numbe | er (employer, if for a single- | employer plan) | 2b | Employer Identi | fication Number 15584 |
| 002 | , LOME | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | - | (=114) | |
| 000 | | VENUE | | | | 2C | Sponsor's telep | |
| | FIFTH A HAM, N` | | | | | 2d | | see instructions) |
| | | | | | | Zu | 42370 | |
| 3a | Plan ad | dministrator's name an | nd address XSame as Plan Spons | or Name Same as Plan | Sponsor Address | 3b | Administrator's | EIN |
| | | | | П | | | | |
| | | | | | | 3с | Administrator's | telephone number |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 | | | | | | | | |
| 4 | | | e plan sponsor has changed since to mber from the last return/report. | the last return/report filed to | r this plan, enter the | 4b | EIN | |
| а | | or's name | noer from the last return/report. | | | 4c | PN | |
| | • | | at the beginning of the plan year | | | 5a | | 3 |
| b | Total r | number of participants | at the end of the plan year | | | 5b | | 3 |
| C | | | account balances as of the end of t | | | 35 | | |
| | | | | | | 5c | | |
| 6a | | | s during the plan year invested in el | | | | | X Yes No |
| b | | | the annual examination and report | | | | | N v. D v. |
| | | | ? (See instructions on waiver eligibi | | | | | X Yes No |
| _ | | | ther line 6a or line 6b, the plan c | | | | | |
| | | | or incomplete filing of this return | | | | | |
| | | | ner penalties set forth in the instruc nd signed by an enrolled actuary, a | | | | | |
| | | rue, correct, and comp | | s well as the electronic vers | sion of this return/repor | i, and i | to the best of my | Knowledge and |
| | | | | 00/00/00/0 | | | | |
| SIC | SN RE | Filed with authorized/ | valid electronic signature. | 09/26/2013 | ROBERT COURTIEN | | | |
| ПС | NE . | Signature of plan ac | dministrator | Date | Enter name of individ | lual sig | ıning as plan adr | ninistrator |
| SIC | | Filed with authorized/ | valid electronic signature. | 09/26/2013 | ROBERT COURTIEN | | | |
| | RE | Signature of employ | | Date | Enter name of individ | | | |
| Pre | eparer's | name (including firm na | ame, if applicable) and address; inc | clude room or suite number | (optional) | Prep | arer's telephone | number (optional) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form 5500-SF 2012 Page **2**

| Par | t III Financial Information | | | | _ | | | | | | |
|-------------|--|-------------|----------------------------------|------------|----------|---------------|-----------|-----------|-------|------|----|
| | Plan Assets and Liabilities | | (a) Beginning of Yea | ar | | | (b) Er | nd of Y | ear | | |
| | Total plan assets | 7a | 118182 | | | | (2) =: | | 23814 | 8 | |
| | Total plan liabilities | 7b | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7c | 118182 | 7 | | | | 1 | 23814 | R | |
| | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (h |) Total | | | |
| | Contributions received or receivable from: | | (a) Amount | | | | (1) | , iotai | | | |
| | (1) Employers | 8a(1) | 7000 | 0 | | | | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | | |
| b | Other income (loss) | 8b | -1367 | ' 9 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 5632 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | | | | |
| g | Other expenses | 8g | | 0 | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 0 | |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 5632 | 1 | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | | |
| Par | t IV Plan Characteristics | <u> </u> | l | | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension 1A | feature co | des from the List of Plan Char | acteris | tic Code | es in | the inst | ruction | s: | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Plan Chara | cteristi | c Codes | s in t | ne instru | ictions: | | | |
| . | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
| Part | • | | | 1 | · · | | | | | | |
| 10 | During the plan year: | 4: | | | Yes | No | ļ — | Am | ount | | |
| a | Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | ıciary Corı | rection Program) | 10a | | X | | | | | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | X | | | | | |
| С | Was the plan covered by a fidelity bond? | | | 10c | | X | | | | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's 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 cinstructions.) | of the bene | efits under the plan? (See | 10e | | X | | | | | |
| f | Has the plan failed to provide any benefit when due under the plan | | | | | X | | | | | |
| | | | | 10f | | | | | | | |
| g h | Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? | • | <u> </u> | 10g | | X | | | | | |
| | 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 2520.10 | | | 10i | | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | × | Yes | | No |
| 11a | | | | | | 1a | | | | | 0 |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ction 30 | 2 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 beir granting the waiver. | ng amortiz | ed in this plan year, see instru | | | ter th Day | e date d | of the le | | ling | |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedulo | e MB (For | m 5500), and skip to line 13. | | | | | | | | |
| b | Enter the minimum required contribution for this plan year | | | | 1 | 2b | | | | | |
| | | | | | | | | | | | |

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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) | 13c(3) 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

| | | | | V File as | an attachine | iii to Foi iii | 3300 01 3 | 300-3F. | | | | |
|-------|---------------------------|---------------------|--|---|------------------|----------------|---------------|--------------------|-------------------|----------------|-----------------|---------|
| Fo | r calendar | plan year 201 | 2 or fiscal plan | year beginning (| 01/01/2012 | | | and end | ling 12/31 | /2012 | | - |
| • | Round o | ff amounts to | nearest dollar | - | | | | | | | | |
| • | Caution: | A penalty of \$ | 1,000 will be as | sessed for late filing | of this report u | ınless reaso | onable cau | use is establish | ned. | | | |
| | Name of p | | TING, INC. PE | NSION PLAN | | | | B Three-d plan nur | igit mber (PN) | • | 001 | |
| | | | | | | | | | | | | |
| | | | | 2a of Form 5500 or 55 | 500-SF | | | D Employe | dentification | on Number (E | EIN) | |
| C8 | B PLUMB | ING AND HEA | TING, INC. | | | | | 13-3615584 | | | | |
| E | Type of pla | ın: X Single | Multiple-A | Multiple-B | F | Prior year pla | an size: X | 100 or fewer | 101-50 | More th | nan 500 | |
| Р | art I | Basic Infor | mation | | | | | | | | | |
| 1 | | e valuation da | | Month | Day01 | Year_ | 2012 | | | | | |
| 2 | Assets: | | | | | | | | | | | |
| | a Marke | et value | | | | | | | 2a | | | 1181827 |
| | b Actua | ırial value | | | | | | | 2b | | | 1181827 |
| 3 | Funding | target/particip | ant count breal | kdown: | | | (1) Nu | ımber of partio | cipants | (2) F | unding Target | |
| | a For re | etired participa | nts and benefic | iaries receiving paym | ent | 3a | | | 0 | | | 0 |
| | b For te | erminated vest | ed participants. | | | 3b | | | 0 | | | 0 |
| | C For a | ctive participar | nts: | | | | | | | | | |
| | (1) | Non-vested | benefits | | | 3c(1) | | | | | | 846 |
| | (2) | Vested bene | efits | | | 3c(2) | | | | | | 834240 |
| | (3) | Total active | | | | 3c(3) | | | 3 | | | 835086 |
| | d Total | | | | | 3d | | | 3 | | | 835086 |
| 4 | If the pl | an is in at-risk | status, check th | ne box and complete I | lines (a) and (b | b) | | | | | | |
| | a Fund | ing target disre | garding prescri | bed at-risk assumption | ons | | | _ | 4a | | | |
| | | | | sumptions, but disregations | | | | | 4b | | | |
| 5 | Effectiv | e interest rate. | | | | | | | 5 | | | 5.19 % |
| 6 | Target i | normal cost | | | | | | | 6 | | | 1105 |
| Sta | To the best of accordance | with applicable law | e information supplie and regulations. In m | ed in this schedule and according opinion, each other assun openionce under the plan. | | | | | | | | |
| | SIGN HERE | | | | | | | | | 09/09/20 | 013 | |
| | | l . | Sign | ature of actuary | | | | · <u></u> | | Date | | |
| AR | THUR TEI | LER, A.S.A | · · | • | | | | | | 11-011 | 57 | |
| | | | Type or p | rint name of actuary | | | | | Most re | cent enrollme | ent number | |
| AR | THUR TEI | LER, A.S.A | | | | | | | | 718-898 | 3-1017 | |
| | 24 01ST S | | | Firm name | | | | | elephone n | | ding area code) | |
| 1 | | | 4070 | | | | | | | | | |
| JA | JKSON H | EIGHTS, NY 1 | 13/2 | | | | | | | | | |
| | | | Add | dress of the firm | | | | = | | | | |
| If th | e actuary l | nas not fully re | flected any regu | ulation or ruling promu | ulgated under | the statute | in complet | ting this sched | ule, check t | he box and s | ee | П |
| : | | - | | - · | | | • | - | | | | ш |

| Page 2 | 2 - |
|--------|-----|
|--------|-----|

| Pa | rt II | Begin | ning of Year | Carryov | er Prefunding Baland | ces | | | | | | |
|----|-------------------|-------------|---------------------------------|----------------|----------------------------------|-----------------|----------------|---------------------------------|---------|-------|-------------------------|---------------------|
| | | | | | | - | (a) (| Carryover balance | ; | (b) | Prefundi | ng balance |
| 7 | | | 0 1 , | | cable adjustments (line 13 f | • | | | 0 | | | 0 |
| 8 | | | • | • | unding requirement (line 35 | | | | 0 | | | 0 |
| 9 | Amount | remainir | ng (line 7 minus lin | ne 8) | | | | | 0 | | | 0 |
| 10 | Interest | on line 9 | using prior year's | s actual ret | urn of% | | | | 0 | | | 0 |
| 11 | Prior ye | ar's exce | ess contributions t | o be added | I to prefunding balance: | | | | | | | |
| | a Prese | ent value | of excess contrib | utions (line | 38a from prior year) | | | | | | | 0 |
| | | | | | nterest rate of5.83% | | | | | | | 0 |
| | C Total | available | at beginning of cur | rent plan ye | ear to add to prefunding balar | nce | | | | | | 0 |
| | d Portion | on of (c) t | to be added to pre | efunding ba | lance | | | | | | | 0 |
| 12 | Other re | eductions | in balances due | to elections | s or deemed elections | | | | 0 | | | 0 |
| 13 | Balance | at begin | nning of current ye | ear (line 9 + | line 10 + line 11d – line 12 |) | | | 0 | | | 0 |
| P | art III | Fun | ding Percenta | ages | | | | | | | | |
| 14 | Funding | g target a | ttainment percent | age | | | | | | | 14 | 141.52 % |
| 15 | Adjuste | d funding | target attainmen | t percentag | je | | | | | | 15 | 141.52 % |
| 16 | | | | | of determining whether car | | | | | | 16 | 128.27 % |
| 17 | If the cu | ırrent val | ue of the assets o | f the plan is | s less than 70 percent of the | e funding tar | get, enter s | such percentage | | | 17 | % |
| Pa | art IV | Con | tributions an | d Liquid | ity Shortfalls | | | | | | | |
| 18 | Contrib | utions ma | ade to the plan for | the plan y | ear by employer(s) and emp | oloyees: | | | | | | |
| (N | (a) Dat M-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) [(MM-DD | | (b) Amount p employer | | (| c) Amou emple | nt paid by byees |
| 01 | /02/2013 | 3 | | 12500 | 0 | | | | | | | |
| 02 | 2/01/2013 | 3 | | 12500 | 0 | | | | | | | |
| 03 | 3/01/2013 | 3 | | 12500 | 0 | | | | | | | |
| 04 | /01/2013 | 3 | | 12500 | 0 | | | | | | | |
| 05 | 5/01/2013 | 3 | | 12500 | 0 | | | | | | | |
| 06 | 5/01/2013 | 3 | | 7500 | 0 | | 1 | | | | | |
| | | | | | | Totals ► | 18(b) | | 70000 | 18(c) | | 0 |
| 19 | Discour | nted emp | loyer contributions | s – see inst | ructions for small plan with | a valuation | date after th | ne beginning of th | e year: | | | |
| | a Conti | ributions | allocated toward | unpaid min | imum required contributions | from prior y | /ears | | 19a | | | 0 |
| | b Contr | ibutions | made to avoid res | trictions ac | ljusted to valuation date | | | | 19b | | | 0 |
| | C Contr | ibutions a | allocated toward mi | nimum requ | uired contribution for current y | ear adjusted | l to valuation | n date | 19c | | | 0 |
| 20 | Quarter | ly contrib | outions and liquidit | y shortfalls | : | | | | | | | _ |
| | a Did th | he plan h | ave a "funding sh | ortfall" for t | he prior year? | | | | | | | Yes X No |
| | b If line | 20a is " | Yes," were require | ed quarterly | installments for the curren | t year made | in a timely | manner? | ····· | | | Yes No |
| | C If line | 20a is " | Yes," see instructi | ons and co | mplete the following table a | s applicable |): | | | | | |
| | | 40 | | | Liquidity shortfall as of e | nd of quarte | | - | | | (4) | |
| | | (1) 1s | st | | (2) 2nd | | (3) | 3rd | | | (4) 4th | 1 |
| | | | | | | | | | | | | |

| Pa | rt V | Assumptio | ns Used to Determine | Funding Target and Targe | et Normal Cost | | | | | |
|----|--------------------|-------------------------|---------------------------------------|--|---------------------------|--------------|--------------|----------|-------|--------|
| 21 | | unt rate: | | | | | | | | |
| | a Seg | gment rates: | 1st segment: 1.98% | 2nd segment: 5.07% | 3rd segment 6.19 % | | N/A, fu | l yield | curve | e used |
| | b App | licable month (| enter code) | | | . 21b | | | | 0 |
| 22 | Weigh | ted average ret | tirement age | | | . 22 | | | | 62 |
| 23 | Mortal | ity table(s) (see | e instructions) X Pro | escribed - combined Pre | scribed - separate | Substitut | 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 | × No |
| 26 | Is the | plan required to | provide a Schedule of Active | Participants? If "Yes," see instruc | ctions regarding required | l attachment | | | 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 Minim | um Required Contribution | s For Prior Years | | | | | |
| 28 | Unpaid | d minimum requ | uired contributions for all prior | years | | . 28 | | | | 0 |
| 29 | | | | d unpaid minimum required contrib | | . 29 | | | | 0 |
| 30 | Remai | ining amount of | funpaid minimum required co | ntributions (line 28 minus line 29). | | . 30 | | | | 0 |
| Pa | rt VIII | Minimum | Required Contribution | For Current Year | | | | | | |
| 31 | | | nd excess assets (see instruc | , | | T | | | | |
| | a Targ | et normal cost | (line 6) | | | . 31a | | | | 1105 |
| | | | <u> </u> | line 31a | | . 31b | | | | 1105 |
| 32 | | ization installme | | | Outstanding Bal | ance | Ir | stallm | ent | |
| | | | | | | 0 | | | | 0 |
| | | | | | L | 0 | | | | 0 |
| 33 | | | | ter the date of the ruling letter gra) and the waived amount | | . 33 | | | | 0 |
| 34 | Total f | unding requirer | ment before reflecting carryov | er/prefunding balances (lines 31a | 31b + 32a + 32b - 33) | . 34 | | | | 0 |
| | | | | Carryover balance | Prefunding bala | ince | To | tal bala | ance | |
| 35 | | | use to offset funding | (| | 0 | | | | 0 |
| 36 | Additio | onal cash requir | rement (line 34 minus line 35) | | | . 36 | | | | 0 |
| 37 | Contrib (line 1 | butions allocate 9c) | ed toward minimum required c | ontribution for current year adjuste | d to valuation date | . 37 | | | | 0 |
| 38 | Preser | nt value of exce | ess contributions for current ye | ear (see instructions) | | | | | | |
| | a Tota | l (excess, if any | y, of line 37 over line 36) | | | . 38a | | | | 0 |
| | 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 y | ear (excess, if any, of line 36 over | line 37) | . 39 | | | | 0 |
| 40 | Unpaid | | · · · · · · · · · · · · · · · · · · · | S | | . 40 | | | | |
| Pa | rt IX | Pension I | Funding Relief Under I | Pension Relief Act of 2010 | (See Instructions | i) | | | | |
| 41 | If an el | ection was mad | de to use PRA 2010 funding re | elief for this plan: | | | | | | |
| | a Sche | edule elected | | | | | 2 plus 7 yea | rs | 15 | years |
| | 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 | | | | |
| 43 | Excess | s installment ac | celeration amount to be carrie | d over to future plan years | | . 43 | | | _ | · |

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

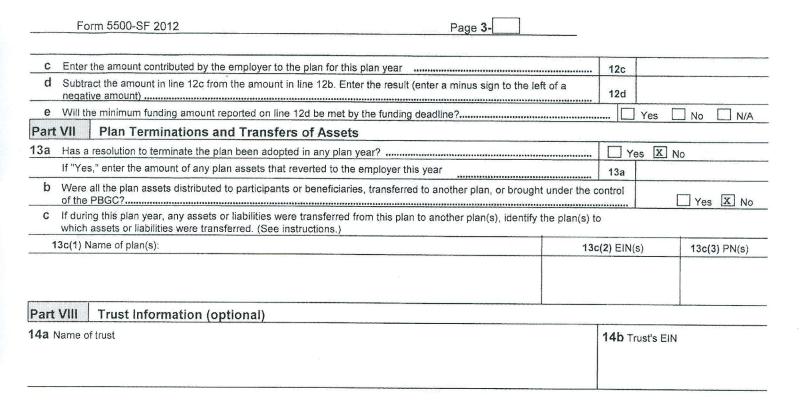
This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2012

| Employe | ee Benefits Security Administration | the Inter | rnal Revenue Code (t | he Code). | | This Form is Open to Public |
|---|-------------------------------------|--|--------------------------------|--|---------------|--|
| Pens | ion Benefit Guaranty Corporation | ► Complete all entries in acco | ordance with the inst | tructions to the Form 550 | 00-SE | Inspection |
| Part | I Annual Report Id | entification Information | | | 30 01 . 1 | |
| For cal | endar plan year 2012 or fisca | | 01/01/2012 | and ending | 12/3 | 31/2012 |
| A This | s return/report is for: | a single-employer plan | a multiple-emplove | r plan (not multiemployer) | | a one-participant plan |
| B This | s return/report is: | the first return/report | the final return/repo | | ш. | t one-participant plan |
| | | an amended return/report | a short plan vear re | eturn/report (less than 12 n | nonthe) | |
| C Che | ck box if filing under: | f | automatic extension | | | 25/0 |
| • 0110 | Control in initing under. | special extension (enter descripti | | 14 | LI | DFVC program |
| | | 1 | | | | |
| Part | | nation enter all requested info | ormation | | · | |
| Id No | ame of plan | | | | 1b Thr | ree-digit n number |
| C | B PLUMBING AND HEAT | ring, inc. pension plan | | | 1 | J) ▶ 001 |
| | | | | | | ective date of plan |
| 20 01 | on opposite same and add- | | | | | /01/2004 |
| C | B PLUMBING AND HEAT | ess; include room or suite number | (employer, if for a sin | gie-employer plan) | | ployer Identification Number |
| | | | | | - | N) 13-3615584 |
| | A Laborator | | | | | onsor's telephone number |
| 62 | 9 FIFTH AVENUE | | | | | 14) 738-7878 |
| US PE | LHAM | NY 10803 | | | | siness code (see instructions) 3700 |
| *************************************** | | address X Same as Plan Spons | or Name Same a | s Plan Sponsor Address | | ninistrator's EIN |
| | | | | or name openion managed | OD Adii | ministrator's Env |
| | | | | | 20 04- | |
| | | | | | 3C Adn | ninistrator's telephone number |
| | | | | | | |
| | | | | | | |
| 4 If t | he name and/or EIN of the pl | an sponsor has changed since the | last return/report file | d for this plan, enter the | 4b EIN | |
| na | me, EIN, and the plan numbe | er from the last return/report. | | | | |
| | onsor's name | | | | 4c PN | |
| 5a To | tal number of participants at t | the beginning of the plan year | ****************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 5a | 3 |
| b To | tal number of participants at t | he end of the plan year | ************************** | | 5b | 3 |
| C Nu | mber of participants with acc | ount balances as of the end of the | plan year (defined be | nefit plans do not | <i>c</i> - | |
| 6a We | ere all of the plan's assets du | ring the plan year invested in eligib | le assets? /See instr | ictions \ | 5c | FTV - TN |
| | | annual examination and report of | | | | X Yes No |
| und | der 29 CFR 2520.104-46? (Se | ee instructions on waiver eligibility | and conditions | The second secon | | X Yes No |
| | | r line 6a or line 6b, the plan cann | | F and must instead use | Form 5500 | <u>F</u> 163 140 |
| | | ncomplete filing of this return/re | | | | |
| Under p | penalties of perjury and other | penalties set forth in the instruction | ns. I declare that I ha | ve examined this return/re | nort includ | ling if applicable a Cabadula |
| 30 01 3 | scriedule MB completed and | signed by an enrolled actuary, as v | well as the electronic | version of this return/repor | t, and to th | e best of my knowledge and |
| belief, i | t is true, correct, and comple | Ge. | | | | 2 |
| SIGN | | | √ | ROBERT COURTIEN | | |
| HERE | Signature of plan adminis | strator | Date | Enter name of individua | ıl signing as | s plan administrator |
| SIGN | V | | 1/ | ROBERT COURTIEN | | - pidir darmina ator |
| HERE | Signature of employer/pla | an sponsor | Date | | J signinė | |
| | | e, if applicable) and address; inclu | P 9 18 | her (ontional) | | s employer or plan sponsor telephone number (optional) |
| £ | (100) | | and room or suite num | por (ophonal) | riepaiers | reieblione number (optional) |
| | | | | | | |
| | | | | | | 9 |
| | | | | | | |
| | | | | | | |

| P | art III Financial Information | | | | | | |
|---|--|---|---|---|----------|--|---------------------------------------|
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | T | | (b) End of Year |
| а | Total plan assets | . 7a | 1,181,8 | 327 | | * | 1,238,148 |
| b | Total plan liabilities | . 7b | | *************************************** | | ~~~,~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 1,181,8 | 27 | | *************************************** | 1,238,148 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | *************************************** | (b) Total |
| а | Contributions received or receivable from: | | | | | | |
| *************************************** | (1) Employers | | 70,0 | | _ | | |
| | (2) Participants | 8a(2) | | 0 | | • | |
| h | (3) Others (including rollovers) | 1 | | | | | |
| <u>b</u> | Other income (loss) | | (13,67 | 9) | | | |
| d | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | 56,321 |
| e | Certain deemed and/or corrective distributions (see instructions) | 1 | | | | - | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | |
| g | Other expenses | - | | 0 | | | |
| - | Total expenses (add lines 8d, 8e, 8f, and 8g) | - | | | 1 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8h 8i | | | | | 0 |
| | Transfers to (from) the plan (see instructions) | 1 | | | | | 56,321 |
| | | 8j | | | | | |
| - | art IV Plan Characteristics | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension for 1A | eature code | s from the List of Plan Charac | cteristi | ic Cod | es in t | he instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare fea | ature codes | from the List of Plan Charact | eristic | Code | s in th | e înstructions: |
| Pa | art V Compliance Questions | | | | | *************************************** | |
| 10 | During the plan year: | ······································ | | | Yes | NI- | |
| а | | tions within | the time period described in | 10a | 162 | No X | Amount |
| b | | ? (Do not in | clude transactions reported | 10b | | x | |
| С | addy day to the control of the contr | | | 10c | | X | |
| d | | | | 100 | | | |
| е | or dishonesty? | *************** | *************************************** | 10d | | х | |
| · | insurance service or other organization that provides some or all o instructions.) | of the benefi | ts under the plan? (See | 10e | | x | |
| f | Has the plan failed to provide any benefit when due under the plan | | | 10f | | X | · · · · · · · · · · · · · · · · · · · |
| | | | | | | 23. | |
| <u> </u> | Did the plan have any participant loans? (If "Yes," enter amount as | | | 10g | | X | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | See instruc | tions 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 2520.101 | e required a | notice or one of the | 10i | | | |
| Par | t VI Pension Funding Compliance | | | | - | ······································ | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | ents? (If "Y | es," see instructions and com | plete : | Sched | ule SE | B (Form X Yes No |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 1a | 0 |
| 12 | Is this a defined contribution plan subject to the minimum funding | *************************************** | | | | | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | as applicat | ole.) | | | | |
| a | If a waiver of the minimum funding standard for a prior year is bein granting the waiver | g amortized | d in this plan year, see instruc | tions, | and er | nter th | e date of the letter ruling |
| lf : | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | | |
| b | Enter the minimum required contribution for this plan year | *************************************** | | | | 2b | |
| | The state of the s | | | ******** | **** | EU | |





5500-SF Electronic Filing Authorization

Plan Name:

C&B PLUMBING AND HEATING, INC. PENSION PLAN

EIN/PN:

13-3615584/001

Plan Year: 01/01/2012 - 12/31/2012

I hereby authorize Everett Berger to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

| Plan Administrator | Plan Sponsor | |
|--------------------|--------------|--|
| Y | | |
| (sign) | (sign) | |
| \checkmark | * | |
| (date) | (date) | |



Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

C&B Plumbing And Heating, Inc. Defined Benefit Pension Plan 13-3615584 / 001

For the plan year 1/1/2012 through 12/31/2012

Valuation Date:

1/1/2012

Funding Method:

As prescribed in IRC Section 430

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

New participants are included in current year's valuation

Prospective Compensation - Highest 3 consecutive years of participation

Form of Payment - 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 Valuation Date as permitted under IRC 430(h)(2)(C)

| Segment # | Year | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5 | 1.98 |
| Segment 2 | 6 - 20 | 5.07 |
| Segment 3 | > 20 | 6.19 |
| | | |

Pre-Retirement - Mortality Table -

None

Turnover/Disability -

None

Salary Scale -

None

Expense Load -

None

Ancillary Ben Load -

None

Post-Retirement - Mortality Table -

12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Lump Sum -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5%

12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8 5%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

C&B Plumbing And Heating, Inc. Defined Benefit Pension Plan 13-3615584 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer:

C&B Plumbing And Heating, Inc.

Type of Entity - C-Corporation

EIN: 13-3615584

TIN: 56-2505033

Plan #: 001

Plan Type: Defined Benefit

Dates:

Effective - 1/1/2004

Year end - 12/31/2012

Top Heavy Years - 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012

Valuation - 1/1/2012

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

Normal - Attainment of age 65 and completion of the 5th anniversary of the 1st day of the initial plan year of participation Early - Not provided

Average Compensation:

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - 100% of average monthly benefit

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to 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

Death Benefit - Face Amount

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

Percent: 100

Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Percent 0-1 20% 3 40% 4 60% 80% 100%

Service is calculated using all years of service



C&B Plumbing And Heating, Inc. Defined Benefit Pension Plan 13-3615584 / 001

For the plan year 1/1/2012 through 12/31/2012

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

417(e):

Interest Rates -

| Segment # | Years | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5 | 2.07 |
| Segment 2 | 6 - 20 | 4.45 |
| Segment 3 | > 20 | 5.24 |

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5%

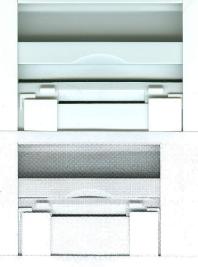
Mortality Table -

None

Post-Retirement - Interest -

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)



SCHEDULE SB (Form 5500)

Single-Employer Defined Benefit Plan Actuarial Information

| (Form | 1 5500) | P | ctuariai | intorn | nation | | | a.f | 2012 | |
|---|--|--|--|--|---------------------------------------|--|-------------------------|---|--|--|
| Department o Internal Rev | of the Treasury venue Service | This schedule is req | uired to be file | ed under se | ection 104 | of the Employee | | | M 0 1 M | |
| Internal Revenue Code (the Code). | | | | | | | | is Open to Public | | |
| Pension Benefit G | uaranty Corporation | | an attachmei | one of the same of | and the second second second | E00 SE | | 111 | spection | |
| For calendar plan | year 2012 or fiscal p | ······································ | 01/01/ | ····· | 3300 01 3 | and ending | 1 12 | /31/2012 | | |
| | ounts to nearest do | ······································ | | | | arra orrang | 2/ | 02/202 | | |
| | | e assessed for late filing of | of this report u | inless reas | onable ca | use is established | d | | | |
| A Name of plan | | | | | | B Three-digit | | | | |
| | AND HEATING, | INC. PENSION PLAN | 1 | | ŀ | plan numb | | | 001 | |
| | | | | | | • | | | | |
| | | | | | | • | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | | | | | | | entificat | ion Number (E | EIN) | |
| C&B PLUMBING AND HEATING, INC. | | | | | | | 3-361! | 5584 | | |
| E Type of plan: X | Single Multiple | e-A Multiple-B | F | Prior year p | lan size:[X | 100 or fewer |]101-5 | 00 More | than 500 | |
| Part I Basi | c Information | | | - , - 1000, 350-4444 | | | | *** | | |
| 1 Enter the val | uation date: | Month 01 | Day01 | Year_ | 2012 | | | | | |
| 2 Assets: | | | | | | | | | | |
| a Market val | ue | ******************* | | | | | 2a | | 1,181,827 | |
| b Actuarial v | alue | | | | | | 2b | 1,181,82 | | |
| 3 Funding targ | et/participant count t | oreakdown | | | (1) No | umber of participa | ants | (2) F | unding Target | |
| a For retired | participants and ber | neficiaries receiving payme | ent | 3a | | | 0 | | 0 | |
| b For termina | ated vested participa | ints | | 3b | | | 0 | | 0 | |
| c For active | participants: | | | | | | | | | |
| (1) No | n-vested benefits . | | | 3c(1) | | | | | 846 | |
| (2) Ve | sted benefits | | | 3c(2) | | | | | 834,240 | |
| (3) To | tal active | | | 3c(3) | | | 3 | | 835,086 | |
| d Total | | ********** | | 3d | | | 3 | | 835,086 | |
| 4 If the plan is | in at-risk status, che | eck the box and complete | lines (a) and (| (b) | | | | | | |
| a Funding ta | rget disregarding pre | escribed at-risk assumptio | ns | | | | 4a | | | |
| | | assumptions, but disregative consecutive years and | | | | have been in | 4b | | | |
| 5 Effective inte | | | | | | | 5 | | 5.19 % | |
| 6 Target norma | al cost | | | | | | 6 | | 1,105 | |
| accordance with ap- combination, offer n | nowledge, the information s plicable law and regulation | supplied in this schedule and acco s. In my opinion, each other assun ted experience under the plan. | mpanying schedul nption is reasonab | les, statements ble (taking into | and attachm account the e | ents, if any, is complet experience of the plan a | e and acc and reason | urate. Each presrib nable expectations | ed assumption was applied in and such other assumptions, in | |
| SIGN HERE | | Arthur | 1-1- | eiler | • | | | 09/09/201 | 3 | |
| | \$ | Signature of actuary | | | | | | Date | | |
| AF | RTHUR TEILER, | A.S.A | | | | | | 11-01157 | | |
| AF | Type | or print name of actuary A.S.A | | | | | | ecent enrollme 18) 898-10 | | |
| 33 | 324 01ST STREE | Firm name | | | · · · · · · · · · · · · · · · · · · · | Tel | | | ding area code) | |
| | | Address of the firm | | | | | | | | |
| If the actuany has n | not fully reflected and | regulation or ruling prom | ulanted und- | r the statut | . in acres: 1 | ating thisb | la al | la Abacharra C | | |
| instructions | ior runy renected any | regulation of ruling prom | uigated under | i the statute | an compi | emig mis schedu | ie, chec | w the pox and | see | |

OMB No. 1210-0110

| | | _ |
|--|-------------------|---|
| | | • |
| | | |
| | The second second | |

Schedule SB (Form 5500) 2012

Page **2**

| Part II Beginning of Year Carryover Prefunding Balances | | | | | | | | | | |
|---|---|--|----------------------------------|-----------|--------------------------|------------------|----------------|------------------------|--------|----------|
| | | | | | (a) Carryover balance (b | | | (b) Prefunding balance | | |
| 7 | | | licable adjustments (line 13 fro | | | | 0 | | | 0 |
| 8 | | ed for use to offset prior year's | | | 0 | | | 0 | | |
| 9 | Amount rema | aining (line 7 minus line 8) | 0 0 | | | | | | | |
| 10 | Interest on lir | ne 9 using prior year's actual re | 0 0 | | | | | | | |
| 11 | | excess contributions to be adde | | | | | | | | |
| | a Present va | alue of excess contributions (li | ne 38a from prior year) | | | | | | 0 | |
| | b Interest or otherwise | n (a) using prior year's effective provided (see instructions) | | | | | | 0 | | |
| | | lable at beginning of current pl | | | | | | 0 | | |
| | d Portion of | (c) to be added to prefunding | balance | | | | | | 0 | |
| 12 | | | ns or deemed elections | | 0 | | | | | 0 |
| 13 | Balance at be | eginning of current year (line 9 | + line 10 + line 11d - line 12) | | 0 | | | | | 0 |
| Part III Funding Percentages | | | | | | | | | | |
| 14 Funding target attainment percentage 14 141.52 % | | | | | | | | | | |
| 15 | | | age | | | | | | 15 | 141.52 % |
| 100 | Prior year's fu | unding percentage for purpose | s of determining whether carry | over/pref | unding bala | inces may be use | to reduce | 9 | 16 | |
| 4= | | | | | | | | ••••• | | 128.27 % |
| | | | is less than 70 percent of the t | funding t | arget, enter | such percentage | | ••••• | 17 | % |
| | | ontributions and Liqui | | | | V | | | | |
| 18 | | | year by employer(s) and emplo | | | | | | | |
| | (a) Date (b) Amount paid by employer(s) (c) Amount paid by employees (a) Date (b) Amount paid by employees (c) Amount paid by employees | | | | | | | | | |
| | 02/2013 | 12,500 | | | | | | | | * |
| | 01/2013 | 12,500 | | | | * | | | | |
| | 01/2013 | 12,500 | | | | | | | | |
| | 01/2013 | 12,500 | | | | | | | | |
| | 01/2013 | 12,500 | | | | | | | | |
| 06/ | 01/2013 | 7,500 | | | | - | | | | |
| | | | | | | | | _ | | |
| | | | | Totals | ► 40/b) | | 200 200 200000 | 49(0) | Ι | |
| 40 | D: | | | 10.000 | | | | 0 18(c) | | 0 |
| 19 | | | structions for small plan with a | | | 1 | | | | |
| | | | nimum required contribution fro | | | •••••• | 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 19c 66,147 | | | | | | | | | | |
| Quarterly contributions and liquidity shortfalls: | | | | | | | | | | |
| a Did the plan have a "funding shortfall" for the prior year? | | | | | | | | | | |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | | | | | | | | | |
| C If line 20a is "Yes," see instructions and complete the following table as applicable: | | | | | | | | | | |
| Liquidity shortfall as of end of quarte (1) 1st (2) 2nd | | | | | | n year 3rd | 10 | | (4) 4t | h |
| | (1) | | | | (3) | | | | , 10 | |
| | * | | | | | | | | | |



Schedule SB (Form 5500) 2012

Page 3

| Pa | art V Assum | ptio | ons Used To Determine | Funding Target and Targ | et Normal Cost | | | | |
|---|------------------------------------|---|---------------------------------------|--|--|-------------|----------------------------|--|--|
| 21 | Discount rate: | | 9. | | | | | | |
| | a Segment rate | Segment rates: 1st segment: 2nd segment: 3rd segment 1.98 % 5.07 % 6.19 | | | | , | N/A, full yield curve used | | |
| | b Applicable m | onth | 21b | 0 | | | | | |
| 22 | | 22 | 62 | | | | | | |
| | 22 Weighted average retirement age | | | | | | | | |
| Pa | rt VI Miscel | land | eous items | | | | | | |
| | | - | | tuarial assumptions for the current | nlan year? If "Vee " see | instruction | as regarding required | | |
| 24 | | | | | a a | | | | |
| 25 | Has a method o | hang | ge been made for the current p | lan year? If "Yes," see instructions | regarding required atta | chment . | Yes 🕱 No | | |
| 26 | Is the plan requ | ired t | to provide a Schedule of Active | Participants? If "Yes," see instruc | ctions regarding required | l attachme | nt Yes X No | | |
| 27 | | - | | ter applicable code and see instru | | 27 | | | |
| | | | | | | | | | |
| - | | | | um Required Contribution | The second secon | | | | |
| | | | | ears | | 28 | 0 | | |
| 29 | | | | d unpaid minimum required contrik | | 29 | 0 | | |
| 30 | Remaining amo | unt c | of unpaid minimum required co | ntributions (line 28 minus line 29) | | 30 | 0 | | |
| Pa | rt VIII Minim | ıum | Required Contribution | For Current Year | | | | | |
| 31 | Target normal o | ost a | and excess assets (see instruc | tions): | | | | | |
| | a Target norma | l cos | t (line 6) | | | 31a | 1,105 | | |
| - | b Excess asset | s, if a | applicable, but not greater than | line 31a | | 31b | 1,105 | | |
| 32 | Amortization ins | stallm | nents: | | Outstanding Bala | ance | Installment | | |
| | a Net shortfall a | mort | zization installment | | | 0 | 0 | | |
| | b Waiver amort | izatio | on installment | | | 0 | 0 | | |
| 33 | If a waiver has I (Month | | | nter the date of the ruling letter gra | | 33 | 0 | | |
| 34 | Total funding red | | | /prefunding balances (lines 31a - 3 | | 34 | 0 | | |
| | 3 | | | Carryover balance | Prefunding Bala | | Total balance | | |
| 35 | Palancos olocto | d for | use to offset funding | | | | | | |
| 33 | | | · · · · · · · · · · · · · · · · · · · | 0 | | 0 | 0 | | |
| 36 | Additional cash | requ | irement (line 34 minus line 35) | | | 36 | 0 | | |
| 36 Additional cash requirement (line 34 minus line 35) | | | | | | | 66 147 | | |
| (line 19c) | | | | | | | | | |
| | | | | | | 38a | 66 147 | | |
| a Total (excess, if any, of line 37 over line 36) | | | | | | | 66,147 | | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | | | | 0 | | |
| Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)Unpaid minimum required contribution for all years | | | | | | 39 40 | 0 | | |
| | | | | Pension Relief Act of 2010 | | | | | |
| (m. 162) | | | de to use PRA 2010 funding re | | | • | - | | |
| | | | | | | [| 2 plus 7 years 15 years | | |
| | b Eligible plan y | /ear(s | s) for which the election in line | 41a was made | · · · · · · · · · · · · · · · · · · · | . 200 | 08 2009 2010 2011 | | |
| 42 | Amount of accel | eratio | on adjustment | | | 42 | | | |
| 43 | Excess installme | nt ac | cceleration amount to be carrie | d over to future plan years | | 43 | | | |