## 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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Information	on								
For calend	dar plan year 2013 or		/01/2013		and ending	12/16/2013					
A This re	turn/report is for:	X a single-employer plan	am	ultiple-employer pl	an (not multiemployer)	rer) a one-participant plan					
<b>B</b> This re	turn/report is:	the first return/report	x the	final return/report							
		an amended return/report	x a sh	ort plan year returr	n/report (less than 12 m	onths	)				
C Check	box if filing under:	Form 5558	aut	omatic extension			DFVC progra	am			
	· ·	special extension (enter de	escription)								
Part II	Basic Plan Inf	ormation—enter all requested	l information	1							
1a Name		'				1b	Three-digit				
MELDEN PI	LUMBING, HEATING	& ELECTRIC, INC. EMPLOYEE	RETIREME	NT PLAN			plan number				
						10	(PN)	001			
						10	Effective date o	•			
<b>2a</b> Plan s	sponsor's name and a	iddress; include room or suite nur	mber (emplo	over. if for a single-	emplover plan)	2b	Employer Identi				
	LUMBING, HEATING		` '	, ,	, , , ,			79702			
						2c	Sponsor's telep	hone number			
4 SAND CR							518-43	7-0240			
ALBANY, N	IY 12205-1410					2d	Business code (				
20.00	1	По в о		По ги	0 411	2 h	23822				
		and address Same as Plan Spo		_	Sponsor Address	30	Administrator's 14-15	EIN 579702			
IELDEN PL	JMBING, HEATING 8	ALBAN	) CREEK R Y, NY 1220			3с	3c Administrator's telephone nu				
							518-437	7-0240			
4 If the	name and/or EIN of t	he plan sponsor has changed sine	ce the last r	eturn/report filed fo	or this plan, enter the	4h	EIN				
		umber from the last return/report.				-10					
	sor's name					+	4c PN				
<b>5a</b> Total	number of participant	ts at the beginning of the plan year	ar			5a		10			
		ts at the end of the plan year				5b		0			
		account balances as of the end	•	• •	-	5c		0			
6a Were	e all of the plan's asse	ets during the plan year invested i	in eligible as	sets? (See instruc	tions.)			X Yes No			
		of the annual examination and re									
		6? (See instructions on waiver eli						X Yes   No			
		either line 6a or line 6b, the pla						Not determined			
C if the	pian is a defined beni	efit plan, is it covered under the P	BGC Insura	ince program (see	ERISA Section 4021)?		Yes INO	Not determined			
Caution:	A penalty for the late	or incomplete filing of this ret	urn/report	will be assessed	unless reasonable cau	use is	established.				
		other penalties set forth in the inst and signed by an enrolled actuary									
	true, correct, and cor		y, as well as	the electionic vers	sion of this return/repor	ı, anu	to the best of my	knowledge and			
	Filed with outhorize	d/volid algotropic aignoture		04/00/0044	MADY DELIVEAU						
SIGN HERE	Filed with authorized	d/valid electronic signature.		01/09/2014	MARY BELIVEAU						
	Signature of plan	administrator		Date	Enter name of individ	lual si	gning as plan adr	ninistrator			
SIGN											
HERE		loyer/plan sponsor		Date	Enter name of individ						
Preparer's	name (including firm	name, if applicable) and address	s; include ro	om or suite numbe	r (optional)	Pre	parer's telephone	number (optional)			
						L					

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities					(b) End of Year					
	Total plan assets	7a	(a) Deginning of Tea		+		(b) Liid	01 1		)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	184200	06		0				)	
8	10						(b) T	otal			
	Contributions received or receivable from:		(a) Amount				(D) 1	Otai			
	(1) Employers	8a(1)	360	3							
	(2) Participants	8a(2)	780	03							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	12603	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	37443	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	197944	.9							
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						1	97944	9	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-18	84200	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 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	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	les in t	he instructi	ons:			
Dar	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δ	t		
a		tions within	n the time period described in		103			AIII	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х					
~	on line 10a.)	`	•	10b		X					
				10c	X					200	0000
d				100						200	000
	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										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10q		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the								
D	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								1	_	
	5500) and line 11a below)								Yes	Ш	No
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	nth	, and e	enter th Day	ne date of t	he le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
гаус	J		

С	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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Gueranty 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Ranking Annual Report Identification Information								
For calendar plan year 2013 or fiscal plan year beginning 0.3	3/01/2013	and ending	1	12/16/2013				
A This return/report is for:	] a multiple-employer p	olan (not multiemployer)		a one-participant plan				
B This return/report is:	the final return/report	<u> </u>	_					
an amended return/report	a short plan year retur	m/report (less than 12 m	onths)					
C Check box if filling under: Form 5558	automatic extension	, .	Ī	DFVC program				
gpecial extension (enter description)			_	]				
Part II Basic Plan Information—enter all requested Inform			<del></del>					
1a Name of plan			1b 7	Three-digit				
MELDEN PLUMBING, HEATING & ELECTRIC, INC.	Employee Reti	rement Plan	ļ f	plan number				
			<del></del>	(PN) P				
			1	Effective date of plan 3/01/1992				
2a Plan sponsor's name and address; include room or suite number (e Melden Plumbing, Heating & Electric, Inc.	amployer, if for a single	-employer plan)		Employer Identification Number (EIN) 14-1579702				
4 Sand Creek RD			i .	Sponsor's telephone number 518-437-0240				
				Business code (see instructions)				
ALBANY NY 12205-1410				238220				
3a Plan administrator's name and address Same as Plan Sponsor Melden Plumbing, Reating & Electric, Inc.	Name Same as Plai	n Sponsor Address		Administrator's EIN 14–1579702				
			3¢ Administrator's telephone number					
4 Sand Creek Road			5	518-437-0240				
Albany NY 12205-1410								
4 if the name and/or EIN of the plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b E	EIN				
name, EIN, and the plan number from the last return/report.  3 Sponsor's name			4g PN					
5a Total number of participents at the beginning of the plan year			5a	· · · · · · · · · · · · · · · · · · ·				
b Total number of participants at the end of the plan year		1	5b	0				
C Number of participants with account balances as of the end of the		j						
complete this item)	•	•	5c	L <u>_</u> 0				
6a Were all of the plan's assets during the plan year invested in eligib				XYes No				
b Are you claiming a walver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility.)				X Yes ∏ No				
If you answered "No" to either line 6a or line 6b, the plan cann	•							
C If the plan is a defined benefit plan, is it covered under the PBGC in								
Caution: A penalty for the late or incomplete filing of this return/re	port will be assessed	uniess reasonable cau	se is e	etablished.				
Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as with belief, it is true, correct, and complete.	is, I declare that I have ell as the electronic ver	examined this return/report,	ort, incl and to	luding, if applicable, a Schedule the best of my knowledge and				
		·						
SIGN THEY & ASHE -	1/9/14	Mary Beliveau						
Signature of plan administrator	Date		ıal signi	ing as plan administrator				
SIGN WILL & Solve	1/9/14	Mary Beliveau						
Signature of employer/plan sponsor	Date			ing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address; include	le room or suite numbe	r (optional)	Prepar	rer's telephone number (optional)				
			angalata Salabaga	A POST CONTROL OF THE				

₽Pa	Financial Information									
7	Plan Assets and Liabilities	्रे क्षेत्रक क्षेत्रक हो । यह स्रोत स्थापन स्थापन हो । स्थापन स्थापन स्थापन	(a) Beginning of Year			(b) End of Year				
a	Total plan assets	7a	-18	4200	16		Ç			
b	Total plan liabilities	7b				n talenta				
С	Net plan assets (subtract line 7b from line 7a)	7e	1842006		)6		O			
8	Income, Expenses, and Transfers for this Plan Year	enementaria en elementaria en Estable de la companya	(a) Amount				(b) Total			
а	Contributions received or receivable from:			360	3					
	(1) Employers	8a(1)			- Resta	je u dagi dagi mata aming ping nganggang paggang nganggang nganggang nganggang nganggang				
	(2) Participents	8a(2)	<u> </u>	780	1.5 E.E.E					
	(3) Others (including rollovers)	8a(3)		2602						
	Other income (loss)	8b		2603			An port i praema nji nama dat sama dati sa kili i i i i i i i i i i i i i i i i i			
	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ingia o d'i	ilis iden	la de la composição de la La composição de la compo	137443			
u	Benefits paid (including direct rollovers and insurance promiums to provide benefits)	80	19	7944	9	de produce				
e	Certain deemed and/or corrective distributions (see instructions)	8e			11,23	3.07 (3)	The state of the s			
	Administrative service providers (salaries, fees, commissions)	8f				ind a, a fi	and the state of t			
	Other expenses	89			72	TLUE				
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	i de la maria de la companya de la c		13	SALL LANGE STATE	1979449			
ī	Net income (loss) (subtract line 8h from line 8c)	8i		44.4			-1842006			
J	Transfers to (from) the plan (see instructions)	81	Parties of the control of the training of the control of the contr	761 10:597.5	AF I		The state of the s			
Pai	Plan Characteristics	<u> </u>			A second	L is the reason	gitaal ah iib iipada 17 (kgerooraheede iyo yhe yhelye eis varvarungal ya <u>aara arde</u> m <u>araanaad</u>			
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T  If the plan provides welfare benefits, enter the applicable welfare for the applicable pension.									
10	During the plan year:				Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	х		200000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	er person: of the beni	s by an insurance carrier. ofts under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n7		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		x	Continue of the Continue of th			
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			10i						
Part	YE Pension Funding Compliance									
11	is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If ")	es," see instructions and com	piete :	Sched	lule SE	(Form Yes No			
11a	Enter the unpaid minimum required contribution for current year for					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERIŜA? Yes 🕱 No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see Instruc Mon		and e	nter th	ne date of the letter ruling Year			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Fon	n 5500), and akip to line 13.							
b	Enter the minimum required contribution for this plan year				<u> </u>	12b				

	Farm 5500-SF 2013 130118	Page 3 -					
C	Enter the amount contributed by the employer to the plan for this	plan year		12c			
d		er the result (enter a minus sign to the left of a	)	12d			
e	Will the minimum funding amount reported on line 12d be met by				Yes	No	N/A
Part	Plan Terminations and Transfers of Assets						<del>                                      </del>
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	Yes N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the						
b	Were all the plan assets distributed to perticipants or beneficiaries of the PBGC?	s, transferred to another plan, or brought und	er the	control		X Yes	. ∏ No
C	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	rom this plan to another plan(s), identify the p	lan(s)	to			<del>!=</del> !
	3c(1) Name of plan(s):		1	3o(2) E	IN(s)	13c(3	) PN(s)
			, , , , ,				
					<del></del>	<del></del>	
						-	
Date of the last							
Part	Trust Information (optional)			•		<u> </u>	****
14a i	Name of trust			14b T	ust's EIN		

14b Trust's EIN