## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	F Complete an entries in a	ccordance with	n the mstructions to the Form 5500	J-OF.			
	Part I Annual Report Identification Information						
For	r calendar plan year 2011 or fiscal plan year beginning 01/01	/2011	and ending 1	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant p	olan	
В	This return/report is:  the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: X Form 5558	automatio	extension		DFVC program		
	special extension (enter desc	cription)					
Pa	art II Basic Plan Information—enter all requested in	formation					
1a	Name of plan			1b	Three-digit		
MAIN	NTENANCE & MACHINERY ERECTORS, INC. PROFIT SHARII	NG PLAN			plan number		
				4.	(PN) •	001	
				1C	Effective date of plan		
	Plan sponsor's name and address; include room or suite numb	er (employer, if	for a single-employer plan)	2b	Employer Identification	n Number	
	INTENANCE & MACHINERY ERECTORS, INC. ECTORS, INC.				(EIN) 59-159319		
LIXL	zoroko, iwo.			2c	Sponsor's telephone		
	5 INDUSTRIAL PARK RD			0.1	863-425-387		
MULI	LBERRY, FL 33860-9504			<b>2</b> a	Business code (see ii 811310	nstructions	)
	Plan administrator's name and address (if same as plan spons	or enter "Same	2")	3h	Administrator's EIN		
	NTENANCE & MACHINERY ERECTORS, INC. 1525 INC	DUSTRIAL PAF RRY, FL 33860	RK RD		59-159319		
	WOLDER	(1(1,1 E 00000	3004	3C	Administrator's teleph 863-425-387		er
4	If the name and/or EIN of the plan sponsor has changed since	the last return/	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DNI		
	Total number of participants at the beginning of the plan year			5a	T		32
b				5b			30
C				30			-
	complete this item)			5c			21
6a	Were all of the plan's assets during the plan year invested in e	•	· ·		X	Yes	No
b	3				X	Yes $\square$	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligible If you answered "No" to either 6a or 6b, the plan cannot us	•	•				110
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Ye	ear	
а	Total plan assets	7a	125955			126505	
b							
С	Net plan assets (subtract line 7b from line 7a)	7c	125955			126505	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		0				
	(1) Employers	, ,		_			
	(2) Participants	, ,	0	_			
	(3) Others (including rollovers)	, ,	0	_			
b	,		550			550	
С						550	
d	Benefits paid (including direct rollovers and insurance premiun to provide benefits)		0				
е	Certain deemed and/or corrective distributions (see instruction	s) <b>8e</b>	0				
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	
i	Net income (loss) (subtract line 8h from line 8c)	8i				550	
j	Transfers to (from) the plan (see instructions)	8i					

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Part IV	Plan	Characteri	ietice
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		7		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	Χ					65000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt '	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc granting the waiver							
-	Enter the minimum required contribution for this plan year			12b				
	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 on the amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		Yes	□ N	lo	N/A
rt `							<u>,                                    </u>	
a	Has a resolution to terminate the plan been adopted in any plan year?			'	res X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?			ntrol 			Yes	X No
<b>C</b>	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plai	n(s) to					
1	Sc(1) Name of plan(s):		130	(2) E	N(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/28/2012	JOHN BECHTOL					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

## 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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Report Identification Information	01/01/2	2011 and ending		12/31/2011		
For	Calcifual plati year 2011 of 110001 plati year 9			Γ	a one-participa	ant plan	
A	Inis return/report is ior.		employer plan (not multiemployer)	1	_ a one-particip	and pian	
B	Inis return/report is.		eturn/report	46-1			
			n year return/report (less than 12 mo	ontns)			
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program	n	
	special extension (enter description	n)					
Pa	rt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan			-	Three-digit		
MA	INTENANCE & MACHINERY ERECTORS, INC. PRO	FIT SH	ARING PLAN		plan number (PN)	001	
				1c	Effective date of	plan	
					01/01/1994		
2a	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identifi	cation Nun	ber
MA	INTENANCE & MACHINERY ERECTORS, INC.				(EIN) 59-1593	3199	
ER	ECTORS, INC.				Sponsor's teleph		er
15	25 INDUSTRIAL PARK RD				863-425-38		
	22060 0504				Business code (s	see instruct	ions)
	LBERRY FL 33860-9504	-4 "C	37		811310 Administrator's E	IN	
3a MA	Plan administrator's name and address (if same as plan sponsor, er INTENANCE & MACHINERY ERECTORS, INC.	nter Same	,		59-1593199		
	25 INDUSTRIAL PARK RD			1000	Administrator's to		umber
MU	LBERRY FL 33860-9504				863-425-38	70	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/r	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	PN		
	Total number of participants at the beginning of the plan year			5a	T		32
	Total number of participants at the end of the plan year			5b			30
	Number of participants with account balances as of the end of the p						01
	complete this item)			5c		ra	21
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of	an indepen	ident qualified public accountant (IQ	PA)		X Yes	П No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
a	Total plan assets	. 7a	12595	55		1	26505
b	Total plan liabilities						
	Net plan assets (subtract line 7b from line 7a)		12595	55		1	26505
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
a	Contributions received or receivable from:						Malata de la contraction de la
	(1) Employers	8a(1)		U			
		- Dail				Account to the second of the s	
	(2) Participants			0			
		8a(2)		0			
b	(2) Participants	8a(2) 8a(3)	55	0			
b	(2) Participants	8a(2) 8a(3) 8b		0			550
b c d	(2) Participants	8a(2) 8a(3) 8b 8c		0			
b c d	(2) Participants	8a(2) 8a(3) 8b 8c		0			
b c d e	(2) Participants	8a(2) 8a(3) 8b 8c 8d 8e	555	0			
b c d e f	(2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8d 8d 8e	55	0 0 0 0 0 0 0			550
b c d e f g b	(2) Participants  (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			550
b c d e f g h :	(2) Participants  (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h		0 0 0			550
b c d e f g h i i	(2) Participants  (3) Others (including rollovers)	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i		0 0 0			550 0 550

P	ag	e	2	
	43	-	-	

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Part IV	Plan Characteristics		
Manual Color of the Color of th	I Idii Olidiaotelionoo		 

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		C.7.C.Bab.							
a Was there at allure to transmit to the plan any participant contributions within the time particl described in 29 CFR 2510.3-102* (See instructions and DOL's Voluntary Föliudary Correction Program)  10a	Part	V Compliance Questions							
2 OFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  10a	10				Yes	No		Amount	
on line 10a.)	a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Cor	rection Program)			Х			
C Was the plan covered by a flocity bond?  Of Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  If Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant (caans? (If "Yes," enter amount as of year end.)	b			10b		X			
or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan falled to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	C	Was the plan covered by a fidelity bond?		10c	X				65000
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.).  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	d			10d		X			
By Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the benefit	efits under the plan? (See	10e		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan?		10f		X			
This is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	a	Did the plan have any participant loans? (If "Yes," enter amount as of year	end.)	10a					
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	_	If this is an individual account plan, was there a blackout period? (See instru				X	TOTAL STATE OF THE SAME OF T		
11   Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form S500).    12   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?   Yes   N (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   2   If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	i	If 10h was answered "Yes," check the box if you either provided the require	d notice or one of the					a Pranta a la line la da la	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Part '	VI Pension Funding Compliance							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?			Yes," see instructions and con	plete	Sched	ule SE	(Form	Ye	
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  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.  c Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?  Part VIII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  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 control of the PBGC?  c 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.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Under penalties of pepturg and other penalties set priff in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete.  9/28/12 JOHN BECHTOL  SIGN  12b  12c  12c  12d  12c  12d  12d  12d  12d			ents of section 412 of the Code	e or se	ction 3	802 of	ERISA?	Ye	s X No
granting the waiver. Month Day 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. 12b 12c		(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
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	a	If a waiver of the minimum funding standard for a prior year is being amortize	ed in this plan year, see instru-	ctions,	and e	nter th	e date of the	ne letter r	uling
b Enter the minimum required contribution for this plan year						Day		Teal	
C Enter the amount contributed by the employer to the plan for this plan year.  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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?.  Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  If were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					[	12b			
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).  e Will the minimum funding amount reported on line 12d be met by the funding deadline?						12c			
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  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 control of the PBGC?  c 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.)  13c(1) Name of plan(s):  13c(2) EIN(s) 13c(3) PN(s)  Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete.  Sign Signature of plan administrator  Date Enter name of individual signing as plan administrator  Sign Date Enter name of individual signing as plan administrator	d	Subtract the amount in line 12c from the amount in line 12b. Enter the result	t (enter a minus sign to the left	of a		12d			
Part VII Plan Terminations and Transfers of Assets  13a Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year							Yes	No	N/A
Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year									
If "Yes," enter the amount of any plan assets that reverted to the employer this year	dimon a time					T Y	es X N	0	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
of the PBGC?						ntrol			
which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)  Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete.  9/29/12 JOHN BECHTOL  SIGN  HERE  Signature/of plan administrator  Date  Enter name of individual signing as plan administrator  9/29/12 JOHN BECHTOL		of the PBGC?						Ye	s X No
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.  Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  9/29/12 JOHN BECHTOL SIGN JOHN BECHTOL		which assets or liabilities were transferred. (See instructions.)						10-1	0) DM(-)
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and complete.  SIGN    O/Z9/12   JOHN BECHTOL	1:	3c(1) Name of plan(s):		-	130	(Z) EI	N(S)	130(	3) PN(S)
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.  SIGN  SIGN  Signature/of plan administrator  Date  Enter name of individual signing as plan administrator  9/29/12 JOHN BECHTOL  JOHN BECHTOL	Under	nonalties of periumand other penalties set forth in the instructions. I declar	e that I have examined this ret	urn/rer	ort, in	cluding	g, if applica	ble, a Sc	hedule
SIGN HERE Signature of plan administrator  Date Enter name of individual signing as plan administrator  9/25/12 JOHN BECHTOL	SB or	Schedule MB completed and signed by an enrolled actuary, as well as the	electronic version of this return	report	, and t	o the b	best of my l	cnowledg	e and
HERE Signature/of plan administrator  Date Enter name of individual signing as plan administrator  SIGN  SIGN  Date  Enter name of individual signing as plan administrator  9/25/12 JOHN BECHTOL	SICI	1/2/1/ 19/2	9/12 JOHN BECHT	OL					
SIGN / / ON BECHTOL	The same of the same of	1/9		ndividu	al sign	ning as	s plan admi	nistrator	
SIGN		9/	- / TOTAL DECLIN						
	the strength his			ndividu	al sign	ning as	employer	or plan s	ponsor