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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

r		lance witl	the instructions to the Form 5500	-SF.		•		
P	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	ſ	a one-particip	ant plan		
		•	eturn/report	L		•		
			•					
			in year return/report (less than 12 mo	ntns)	_			
С	Check box if filing under:	automatic	extension	L	DFVC progra	m		
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
	AIR ELECTRICAL SERVICES, INC. 401(K) PLAN				plan number			
					(PN) ▶	001		
				1c	Effective date of			
					01/01	/2006		
	Plan sponsor's name and address; include room or suite number (en- AIR ELECTRICAL SERVICES, INC.	nployer, if	for a single-employer plan)		Employer Identil		r	
DEL	AIR ELECTRICAL SERVICES, INC.				(EIN) 56-23			
				2c	Sponsor's telep			
	CODISCO WAY		•	0.1	407-330			
SANI	FORD, FL 32771			2 a	Business code (s)	
2-		. "0		O.L.	23821			
	Plan administrator's name and address (if same as plan sponsor, ent AIR ELECTRICAL SERVICES, INC. 531 CODISCO		(")	3D /	Administrator's I 56-23	±IN 48727		
	SANFORD, FL		ľ	30	3c Administrator's telephone number			
					407-333			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.			_				
	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			9	
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not					
	complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No	
b	- ,			,			NI-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•		••••••	X Yes	No	
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	rm 5500-	SF and must instead use Form 550	<i>J</i> U.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End			
а	Total plan assets	7a	20760			11469		
b	Total plan liabilities	7b	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	20760			11469		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		0					
	(1) Employers	8a(1)		_				
	(2) Participants	8a(2)	0					
	(3) Others (including rollovers)	8a(3)	-282					
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-282		
d	Benefits paid (including direct rollovers and insurance premiums		0605					
	to provide benefits)	8d	8685					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	324					
g	Other expenses	8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				9009		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-9291		
i	Transfers to (from) the plan (see instructions)	8j						
	` ' ` ` ' ' '	oj						

Form	5500	SF	201

Page 2 -	1	
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Part IV	Plan	Characteri	ietice
railiv	riaii	Character	เอเเตอ

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 3D
- **b** 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		Α	Alle4	
During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in	, —	163			AIII	ount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported							
on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	X					10000
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				
• 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		X					0
instructions.)	10e	^					65
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR)	109						
2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	molete	Sched	ule SF	R (Form	<u> </u>		
5500))						Yes	X N
							/ 140
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc						Yes	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						1	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instru	le or se	ction 3	302 of	ERISA	?	Yes	X No
(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 instrugranting the waiver	le or se uctions, nth	ction 3	302 of Inter th	ERISA	? of the le	Yes	X No
(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 instru	le or se uctions, nth	ction 3	302 of Inter th	ERISA	? of the le	Yes	X No
(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 instrugranting the waiver	de or se uctions, nth	and e	302 of Inter th	ERISA	? of the le	Yes	X No
(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 instrugranting the waiver	de or se uctions, nth	and e	02 of Inter th	ERISA	? of the le	Yes	X No
(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 instrugranting the waiver	de or se uctions, nth	and e	nter th Day 12b 12c	ERISA	? of the le	Yes	X No
(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 instrugranting the waiver	de or se uctions, nth 	and e	nter th Day	ERISA	? of the le	Yes	X No
(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 instrugranting the waiver	uctions, nth i. t of a	and e	12b 12c	ERISA	of the k	Yes	No No
(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 instrugranting the waiver	uctions, nth i. t of a	and e	12b 12c	ERISA ne date	of the k	Yes etter rul	No No
(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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? The VIII Plan Terminations and Transfers of Assets	de or se uctions, nth i.	and e	12b 12c 12d	e date	? of the k	Yes etter rul	No No
(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 instrugranting the waiver	de or se	and e	12b 12c 12d	ERISA ne date	of the k	Yes etter rul	No No
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(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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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	de or se uctions, nth t of a	and e	12b 12c 12d	e date	? Cof the lugarity of the lu	Yes etter rul	N/A
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(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 instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 or Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	de or se uctions, nth it of a	and e	12b 12c 12d 	e date	? Cof the lugarity of the lu	Yes etter rul	Notes
(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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	de or se uctions, nth it of a	and e	12b 12c 12d	e date Yes	? Cof the lugarity of the lu	Yes etter rul ar No Yes	N/A
(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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 D Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	de or se uctions, nth it of a	and e	12b 12c 12d 	e date Yes	? Cof the lugarity of the lu	Yes etter rul	N/A
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(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 instrugranting the waiver. Mo f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	de or se uctions, nth it of a	and e	12b 12c 12d	e date Yes	? Cof the lugarity of the lu	Yes etter rul ar No Yes	N/A

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	Filed with authorized/valid electronic signature.	10/08/2012	TATIANA POMBO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/08/2012	TATIANA POMBO
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 section 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

P	art I Annual Report Identification Information			**				
For	the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011	and ending	12/	/31/2011		
Α	This return/report is for: X a single-employer plan	a multiple-e	mployer plan	(not multiemployer)		a one-participant plan		
В	This return/report is:	the final ret	urn/report					
		a short plar	n vear return/re	eport (less than 12 mo	nths)			
_	H H	automatic e	•		ÍГ	DFVC program		
C	Check box if filing under: Form 5558		L	j 21 to program				
,,	Li '			, , , , , , , , , , , , , , , , , , , ,				
	art II Basic Plan Information enter all requested inform	nation.			4 b T	· · · · · · · · · · · · · · · · · · ·		
1a	Name of plan					hree-digit lan number		
	DEL-AIR ELECTRICAL SERVICES, INC. 401(K) PLAN					PN) ▶ 001		
						Effective date of plan		
-		Januar if for	rainala amplai	(or plan)		1/01/2006		
Za	Plan sponsor's name and address; include room or suite number (emp DEL-AIR ELECTRICAL SERVICES, INC.	noyer, ii ioi	single-employ	yei pian)	2b Employer Identification Number (EIN) 56-2348727			
						Plan sponsor's telephone number		
						(407) 333–2665		
	531 CODISCO WAY				2d E	Business code (see instructions)		
US	SANFORD FL 32771				2	38210		
$\frac{3}{3a}$	Plan administrator's name and address (If same as plan sponsor, enter	r "Same")			3b A	dministrator's EIN		
	Same							
					3c A	dministrator's telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this	nlan enter the	4b EIN			
-e	name, EIN, and the plan number from the last return/report.	returniop	ort mod for tric	pian, onto the	4c PN			
	Sponsor's Name					1		
	Total number of participants at the beginning of the plan year				5a 5b	90		
b	Total number of participants at the end of the plan year				ວນ	· · ·		
С	complete this item)				5c	6		
6a	Were all of the plan's assets during the plan year invested in eligible a	ssets? (Se	e instructions.)			XYes No		
b	Are you claiming a waiver of the annual examination and report of an i	ndepender	nt qualified pub	olic accountant (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		•			<u>X</u> Yes <u>No</u>		
- D-	If you answered "No" to either 6a or 6b, the plan cannot use Forn	1 5500-51	and must ins	tead use Form 5500.				
		- Name - 1	(a) B	eginning of Year	1	(b) End of Year		
7	Plan Assets and Liabilities	7-	(2) 5	20,760		11,469		
a	Total plan assets	7a		20,780		11,409		
b	Total plan liabilities	7b				11 460		
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c		20,760 a) Amount	1	11,469 (b) Total		
o a	Contributions received or receivable from:	2011		a, /		(2) 1000		
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0	:			
	(3) Others (including rollovers)	8a(3)		(282)				
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		a de la Carte de l		(282)		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,685				
0	Certain deemed and/or corrective distributions (see instructions)	8e		-,	7			
e f	Administrative service providers (salaries, fees, commissions)	8f		324	-			
		8g		0				
9 h	Other expenses		11/1/11	· · ·		9,009		
h i	Net income (loss) (subtract line 8h from line 8c)	8i				(9,291)		
i	Transfers to (from) the plan (see instructions)	8j	· · · · · · · · · · · · · · · · · · ·					
	mandicio to (nom) the plan (see instructions)							

Par		Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension feature	re codes from the List	t of Plan Characte	ristic	Codes	in the	instructions:	
b	If the	2E 2F 2G 3D plan provides welfare benefits, enter the applicable welfare feature	e codes from the List	of Plan Characteri	stic C	odes	in the ir	nstructions:	
Pai	tV	Compliance Questions							
10		ing the plan year:				Yes	No	Am	nount
а	Wa	s there a failure to transmit to the plan any participant contributions	s within the time perio	d described in	10a		x		
b	29 \//e	DFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary re there any nonexempt transactions with any party-in-interest? (D	/ Correction Program) oo not include transac	tions reported	104				
10	on	ine 10a.)			10b		Х		
C	Wa	s the plan covered by a fidelity bond?			10c	Х			10,000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	lity bond, that was ca	used by fraud	10d		х		
е	ins	re any fees or commisions paid to any brokers, agents, or other per rrance services or other organization that provides some or all of t ructions.)	he benefits under the	plan? (See	10e	х			65
f		the plan failed to provide any benefit when due under the plan? .			10f		х		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		х		
h	252	is is an individual account plan, was there a blackout period? (Sec 0.101-3.)			10h		х		
i	If 1 exc	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i				
Par	t VI	Pension Funding Compliance							
11	550		<u> </u>	<u> </u>	• •	• •	· · ·	<u> </u>	Yes X No
12		nis a defined contribution plan subject to the minimum funding requ		112 of the Code or	secti	on 30	2 of ER	RISA?	Yes X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl						-1-4	44 No
a	ara	waiver of the minimum funding standard for a prior year is being a nting the waiver		. Mon	ons, a ith	and en	Day	/Y	ear
b		er the minimum required contribution for this plan year				. [12b		
C		er the amount contributed by the employer to the plan for this plan					12c		
d	Su	otract the amount in line 12c from the amount in line 12b. Enter the pative amount)	e result (enter a minus			. [12d		
e	Wi	the minimum funding amount reported on line 12d be met by the	funding deadline? .					Yes	NoN/A
Par	t VII	Plan Terminations and Transfers of Assets							
13a		s a resolution to terminate the plan been adopted in any plan year				٠ ٦	• • •		X Yes No
		Yes," enter the amount of any plan assets that reverted to the emp			•	· · · !	13a		0
b c	of t	re all the plan assets distributed to participants or beneficiaries, transfer PBGC?					ntrol · · ·		Yes X No
		ch assets or liabilities were transferred. (See instructions.)				1	3c(2) ⊟	IN/e)	13c(3) PN(s)
	13c() Name of plan(s):					JC(Z) ∟	.114(3)	130(3)114(3)
					<u> </u>				
		A penalty for the late or incomplete filing of this return/report							
SB	r Sch	alties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have exa the electronic versio	amined this return n of this return/rep	/repoi oort, a	rt, incli ind to	uding, i the bes	f applicable, a st of my know	a Schedule ledge and
	GN	1/1//		Robert G De	110	Russ	:0		
	RE	Signature of plan administrator	Date	Enter name of in	dividu	ıal sigi	ning as	plan adminis	trator
				Robert G. De	e11c	Rus	so		

Date

Enter name of individual signing as employer or plan sponsor

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HERE Signature of employer/plan sponsor