## 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).

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Compl	ete all entries in accor	dance witl	n the instructions to the Form 5500	)-SF.			
Pa	art I Annual Report Identificati	on Information						
For	calendar plan year 2011 or fiscal plan year l	beginning 01/01/201	1	and ending 1	2/31/2	011		
A	This return/report is for.	employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is:	eturn/report	the final r	eturn/report				
	an amend	ded return/report	a short pla	n year return/report (less than 12 mo	onths)			
С	Check box if filing under:	8	automatio	extension		DFVC progra	m	
_	The state of the s	tension (enter description	on)		Ų.	_		
Dr		, ,						
		nter all requested inform	ation	1	1 h	There is all all		
	Name of plan ST SIDE MECHANICAL & RENTAL 401(K) P	LAN			ID	Three-digit plan number		
WES	TODE MECHANICAL & RENTAL 401(R)	LAN				(PN) ▶	001	
					1c	Effective date of	plan	
						01/01/		
	Plan sponsor's name and address; include ST SIDE MECHANICAL & RENTAL, LLC	room or suite number (e	employer, if	for a single-employer plan)		Employer Identif		er
						Sponsor's telep	hone number	
200 [	DAINT ODEEK DOAD				20	606-549		
	PAINT CREEK ROAD LIAMSBURG, KY 40769				2d	Business code (	see instruction	 is)
						23829		-,
3a	Plan administrator's name and address (if s	same as plan sponsor, e	nter "Same	:")	3b	Administrator's E		
WES	T SIDE MECHANICAL & RENTAL, LLC	306 PAINT C				20-04	74883	
		WILLIAMSBU	JRG, KY 40	0769	3с	Administrator's t		ber
	If the common distribution is a second	han abanan da Sana da d	111	and Clark for this plant and an the	41-	606-549	9-0393	
4	If the name and/or EIN of the plan sponsor name, EIN, and the plan number from the I		iast return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a	Total number of participants at the beginning	ng of the plan year			5a			11
b	Total number of participants at the end of the	he plan year			5b			20
С	Number of participants with account balance			•	0.0			
	complete this item)			•	5c			13
6a	Were all of the plan's assets during the pla	an year invested in eligib	ole assets?	(See instructions.)			X Yes	No
b	3							١
	under 29 CFR 2520.104-46? (See instructi	• •		•			X Yes	No
- D-	If you answered "No" to either 6a or 6b,	the plan cannot use F	orm 5500-	SF and must instead use Form 550	)0.			
	art III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End		
а	Total plan assets		7a	0			18353	
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7b from line 7	7a)	. 7с	0			18353	
8	Income, Expenses, and Transfers for this F	Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:			17699				
	(1) Employers		. 8a(1)	17099				
	(2) Participants		. 8a(2)					
	(3) Others (including rollovers)		. 8a(3)		_			
b	Other income (loss)		. 8b	654				
С	Total income (add lines 8a(1), 8a(2), 8a(3),	, and 8b)	. 8c				18353	
d	Benefits paid (including direct rollovers and to provide benefits)		. 8d					
е	Certain deemed and/or corrective distribution	ons (see instructions)	. 8e					
f	Administrative service providers (salaries, f	fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8	g)					0	
i	Net income (loss) (subtract line 8h from line						18353	
j	Transfers to (from) the plan (see instruction	,						
			-,					

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Form	5500	-SF	2011

Page 2 - 1	
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Part IV	Plan	Cnara	cteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D
- 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		P	mount	:
	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
	Was the plan covered by a fidelity bond?	10c		X				
	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 instructions.)	10e		X				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
ı	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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 \		1						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						☐ Ye	s X N
,	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Ye Ye	
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						H	
)   	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	e or sec	ction 3	 302 of nter t	ERIS	 A? e of the	Ye letter r	es X N
(	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	e or sec	ction 3	 302 of nter t	ERIS	 A? e of the	Ye letter r	s X N
yo	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	e or sec	and e	 302 of nter t	ERIS	 A? e of the	Ye letter r	s X N
; 1   ; 9   yo	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))	e or sec	and e	nter t	ERIS	 A? e of the	Ye letter r	s X N
yœ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))	e or sections, th	and e	nter t Day	ERIS	 A? e of the	Ye letter r	s X N
; i ; j ; j ;	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	e or sec	and e	nter t Day 12b 12c	FERISA	 A? e of the	Ye letter r	ruling
y (	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))	e or sec	and e	nter t Day 12b 12c	FERISA	e of the	Ye letter r	es X N
yœ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))	e or sec	and e	nter t Day 12b 12c 12d	FERISA	e of the	Ye letter r	ruling
y y : \	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))	ctions,	and e	nter t Day 12b 12c 12d	he dat	A? e of the	Ye letter r	ruling
; you ! ; ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and come (5500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions are instructionally to the waiver	of a	and e	12b 12c 12d X	he dat	A? e of the	Ye letter r'/ear	ruling N/A
y ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (5500))	of a	and e	12b 12c 12d X	he dat	A? e of the	Ye letter r'/ear	ruling N/A
(	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (5500))	of a	and e	12b 12c 12d	he dat	A? e of the	Ye letter r'ear	ruling
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 15500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructions are instructionally to the minimum funding standard for a prior year is being amortized in this plan year, see instructionally the waiver.  Monor but 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?  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 brought of the PBGC?.  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.)	of a	and e	12b 12c 12d	FERIS/ the date  Y  Yes [	A? e of the	Ye letter r'ear	ruling N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	11/29/2012	TODD WETZEL
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

Dopartment of Labor Emsleyee Bonesis Security Administration Penalan Benedit Guaranty Corparation

## 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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

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OMB Nos. 1210-0110 1210-0089

parameter.	Complete all entries in accor	dance wit	h the instructions to the Form 5500	SF.	11155	ecnon	
	art I Annual Report Identification Information	<del>```</del>					
		01/01/2		<del>,,,,,,,,</del>	12/31/2013	2	
A	This return/report is for.	a multiple			a one-participa	int plain	
B	This return/report is: the first return/report	the final i	return/report				
	an amended return/report	a short pla	ah yéar return/report (less than 12 mc	onths)	ı		
C	Check box if filing under: Form 5558	automati	c extension		DFVC program	1	
	special extension (enter description	, pn)			-		
P	art II Basic Plan Information—enter all requested inform	etion					
1a	Name of plan	·		"1b	Three-digit		·····
	WEST SIDE MECHANICAL & RENTAL 401(K) PLA	ΤŊ			plan number		_
					(PN)	00	1
			ļ	٦¢	Effective date of p	olan	
2a	Plan sponsor's name end address; include room or sulte number (e	mnlover i	f for a single-employer plact	21-	Employer Identific	Till to a second	
	WEST SIDE MECHANICAL & RENTAL, LLC	contract act to	is a suffic embed at best	230	(EIN) 20-0474	283 883	ricigi:
					Sponsor's teleph		er
	306 PAINT CREEK ROAD		į		(606) 549-(	393	
	200 SYIMA CKPPK KOVO			2d	Business code (si	e instruc	dons)
	WILLTAMSBURG		KY 40769		238290		
<i>5</i> a	Plan administrator's name and address (if same as plan sponsor, all SAME	nter "Same	è <sup>n</sup> }	3b	Administrator's El	N	
			ŀ	30	Administrator's te	714 K. 214 K. 11	
					worthings agot a fal	aprone n	()114()(H)
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4 <u>b</u>	EIN		
ä	name, EIN, and the plan number from the last return/report, Sponsor's name		[	ă.	154.3	7-1-1-1-1-1-1	
5a	3 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		III III Wattodox C. Company	4c	FN		20
b	Total number of participants at the end of the plan year			5a	-		· · · · · · · · · · · · · · · · · · ·
c	Number of participants with account balances as of the end of the			5b			0
	complete this item).	Hall Jose (	manufating naman high programmer and the	5c			Ü
бa	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)	********	/) /9/0X b Fm; /:   8434	X Yes	ΠNo
b	Are you claiming a waiver of the annual examination and report of	an Indeper	ident qualified public accountant (IQF	A)		E3	<u>-</u>
	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	and conditi	ORS.)		****************	X Yes	∐No
Pa	rt III Financial Information	Will Sance	or and must instead use Form 550	Ü.		······································	
7	Plan Assets and Liabilities	I	(a) Beginning of Year	T	(b) End o	· · · · · · · · · · · · · · · · · · ·	
ā	Total plan assets	7a	18,35	3	Int Elia A	tual	C
	Total plan liabilities		**************************************	1			** · · · · · · · · · · · · · · · · · ·
Ç	Net plan assets (subtract line 7b from line 7s)		18,35	3			C
8	income, Expenses, and Transfers for this Plan Year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Amount	-	(b) To	lal	
ā	Contributions received or receiveble from:			_		<del>-</del> 1.	
	(1) Employers	8ප(1)		2			
	(2) Participants	8a(2)		]			
t.	(3) Others (including reliavers)	<b>8</b> a(3)	(	]			
	Other income (loss)	8b	1,738	3			
Ç	Total income (add lines 8a(1), 8a(2), 8s(3), and 8b)	<b>8</b> ċ	Are 18 in year in a committee 1/4 have hill global prins grown years and committee in the c		MATERIAL CONTRACTOR OF THE STATE OF THE STAT	·	1,738
Q	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	윤성	16,79	7			
8	Certain deemed and/or corrective distributions (see instructions)	8e	7 T F ' W'	1			
f	Administrative service providers (salaries, fees, commissions)	8f	3,29	1			
g	Other expenses	8g	<b>0,2</b> 0	1			
ĥ	Total expenses (add lines 6d, 8e, 8f, and 8g)	8h	**************************************	<del> </del>			0,091
1	Net income (loss) (subtract line 8h from line 8a)	8)	- timber - t	-		***	,353)
j	Transfers to (from) the plan (see instructions)	****		<del> </del>		1+0	1 2221
<b></b>	apurwork Requetion Act Natice and ONE Control Numbers, see the instructions for	8)		1		40.00	

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	rt IV Plan Characterístics		***			<del>leg kinde ek jejeje, je</del>		
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chail 2E 2G 2J 2K 2T 3D	racteri	stic Co	odes in	the Insti	ructions	7:	***************************************
ь	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara							
E- 1710	Administration of the state of the special and the content of the city of high Cuals	cteris	tic Çec	ies in i	he instru	otions:		
Par	t V Compliance Questions		SEALER IN A			······································	*****	·····
10	During the plan year:	<del>*************************************</del>	Yes	No		Amo	24147	<u> </u>
а	Was there a failure to transmit to the plan any participant contributions within the time period described in					MET 15	2 <b>9</b> 111	· · · · · · · · ·
ħ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<u> </u>	X	<u> </u>			
,	on line 10s.)	10b		Х				
¢		10c		X	***********	<del></del>		<del>Matrice de la c</del>
d	Did the plan have a loss, whether or not reimbursed by the plants fidelity bond, that was no read by fraud			ļ,,		·		
	or dishonesty?	100		Х				
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							January VIII
	instructions.)	10e		Х				
f	Has the plan failed to provide any banefit when due under the plan?	10f		Х	***************************************			
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	100		х		<del></del>	*********	2020
h	if this is an individual account plan, was there a blackout period? (See instructions and 29 CER	1.42			, , , , , , , , , , , , , , , , , , ,	<del>~~~;;;;;=</del>		N-18/1/
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10h		Х			<del></del>	
	exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part								***********
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	piete :	Sched	ule SB	(Form			<del></del>
12	2200))mm.	*******	********	<u> Stantove</u>			Yeş X	
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	pt se	etion 3	302 of I	ERISA?.	. <u>L</u>	Yes [	No
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 instruc	. <b></b>	رماله مدمد					
	Register fit fied indiadi	urons, Ur	anc e	naran Dav	e cate of	the lett Year	ter ruling	3
	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5506), and skip to line 13.							
	Enter the minimum required contribution for this plan year	T-1/27761		12b		***		
C A				12c				
u	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	********			7 Yes	Пи	_ [1]	N/A
Part	VII Plan Terminations and Transfers of Assets	***************************************		Line L	1 72		<u> </u>	TANAMAN
13a	Has a resolution to terminate the plan been adopted in any plan year?			ΧУ	es l'I	No		
	if "Yes," enter the amount of any plan assets that reverted to the employer this year		 8s	ایسم		:46		
b	Were all the plan assets distributed to participants or handficiaties, transferred to postbar plan or handfully	onder e	de la company	ntrol		····		
¢	of the PBGC?  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 plan	(s) to	7611		X	Yes	No
1	3c(1) Name of plan(s):		130	(2) EIN	d/el	14	garas os	indi Militari N
	111000000000000000000000000000000000000		( 4-4-	ates imit	11-2/		3c(3) Pi	A(#)
Canh	OR: A Dentitor for the late or incomplete filling of this							
Unae	on: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable penalties of peniltry and other penalties set forth in the instructions. I dealers that I have a late of the penalties and the penalties are forth in the instructions.							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r It is true, correct, and complete.	m/repi eport,	ort, inc and to	the b	, if applic est of my	abie, a knowie	Schedu odge and	d d

SIGN	Famora) A Suy co	10-9-12	Pamela G. Sulfridge
HERE	Signature of plan administrator V	Date	Enter name of individual signing as plan administrator
SIGN	toward of suffice	16-912	Pamela G. Sulfridge
TILEN SE	Signature of employer/plan sportsor	Date	Enter name of individual signing as employer or plan aponaor