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).

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instru	ictions to the Form 550	10-SF.		
	art I		Identification Information	1				
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012	
A	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	x the final return/report				
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
			special extension (enter desc	cription)				
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation				
1a	Name of	of plan				1b	Three-digit	
WES.	T SIDE	MECHANICAL & REN	ITAL 401(K) PLAN				plan number	001
						10	(PN)	001
						10	Effective date of 01/01/	•
2a	Plan sp	oonsor's name and add	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identif	ication Number
WES	ST SIDE	MECHANICAL & REN	NTAL, LLC				(EIN) 20-04	74883
						2c	Sponsor's telep	
		CREEK ROAD URG, KY 40769					606-549	
VVILL	LIAIVIOD	DKG, KT 40709				2d	Business code (
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	ın Sponsor Address	3b	Administrator's I	
						3с	Administrator's t	elephone number
4	If the n	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4h	EIN	
-			mber from the last return/report.	and last rotally roport mod	ior and plant, orner are	70	LIIV	
a	Sponso	or's name				4c	PN	
5a	Total n	number of participants	at the beginning of the plan year.			5a		20
b			at the end of the plan year			5b		0
С			account balances as of the end of	, , ,	•	5c		0
6a			s during the plan year invested in					X Yes No
b		•	f the annual examination and repo	• ,	•			
			? (See instructions on waiver eligil					X Yes No
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.	
			or incomplete filing of this retur					
			her penalties set forth in the instru					
		rue, correct, and comp	nd signed by an enrolled actuary, plete.	as well as the electronic ve	ision of this return/repor	ı, and ı	to the best of my	knowledge and
				00/00/00/0	T			
SIG		Filed with authorized/	valid electronic signature.	02/26/2013	TODD WETZEL			
IILI	_	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIG								
HE		Signature of emplo	<i>.</i>	Date	Enter name of individ	_		
Pre	parer's ı	name (including firm n	name, if applicable) and address; in	nclude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

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Dor	t III Financial Information		<u> </u>		_		
Par	<u> </u>		(a) Denimina of Ven		1		(h) Fud of Voca
	Plan Assets and Liabilities	7-	(a) Beginning of Yea		+-		(b) End of Year
	Total plan assets	7a 7b	1000	13	+		0
	Net plan assets (subtract line 7b from line 7a)	7c	1835	3	+		0
	Income, Expenses, and Transfers for this Plan Year	70			+		-
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	173	8			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1738
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1679	7			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	329	4			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					20091
	Net income (loss) (subtract line 8h from line 8c)	8i					-18353
<u> </u>	Transfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Char	acterist	tic Coc	les in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristic	Code	s in th	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Χ	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ	
С	Was the plan covered by a fidelity bond?			10c		Χ	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		Χ	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,				
	instructions.)			10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ	
i	,						
Part	VI Pension Funding Compliance			<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
	Enter the amount from Schedule SB line 39				1	1a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	ction 30	02 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		and er	nter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule		· · · · · · · · · · · · · · · · · · ·		Ι.	l O L	
<u>b</u>	Enter the minimum required contribution for this plan year				1	l2b	

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Enter the amount contributed by the employer to the plan for this plan year	12c			
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			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
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			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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		_	
3c(1) Name of plan(s):	3 c(2) El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

Form 5500-SF

Department of the Treusury thiornal Revenue Service

Designations of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be flied under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of 2012

OMB Nos. 1210-9110 1210-0089

the Internal Revenue Code (the Code). This Form is Open to Public Penalen Boseft: Guaranty Corporatio inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 3012 or fiscal plan year beginning enibne bne 2/31/2012 z single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit WEST SIDE MECHANICAL & RENTAL 401(K) PLAN plan number 001 (PN) > Effective date of plan 01/01/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WEST SIDE MECHANICAL & RENTAL, LLC (EIN) 20-0474863 Sponsor's telephone number (606) 549-0393 306 PAINT CREEK ROAD Business code (see instructions) MILLLIAMSBURG 238290 KY 40769 3a Plan administrator's name and address [X]Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3¢ Administrator's telephone number 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 name. EIN, and the plan number from the last return/report. a Sponsor's name 4c 5a 20 5b 0 C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not XI Yes Are you claiming a waiver of the annual examination and report of an Independent qualitied public accountant (IQPA) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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 eigned 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. SICN Pamela S. Sulfridge HERE Signature of plan administrator Enter name of individual algning as plan administrator SIGN Cliny amela G. Sulfridge HERE Signature of employer/plan sponsor Date 8 12073 Enter name of individual signing as employer or plan sponsor Preparer's name (including tirm name, if applicable) and address; include room or stille number (optional) Praparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form \$500-SF.

Form 5500-SF (2012)

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	, .	(a) Beginning of Ya	ar	T	<i>i</i> t	o) End c	of Veer	VV
a	Total plan assets	7a		8,35	3		· J HELLOW A	1 1 0 40	0
d	Total pien liabilities	7b			1		· · · · · · · · · · · · · · · · · · ·		<u>`</u>
¢	Net plan assets (subtract line 7b from line 7a)	7c	1	8,35	3	***************************************			Č
8	Income, Expenses, and Transfers for this Plan Year		(a) Amcont				(lg) Tc	1451	
a	Contributions received or receivable from:				+		112) 15	, page	
	(1) Employers	8a(1)			· ·				
	(2) Participants	8a(2)					·		,
	(3) Others (including rollovers)	8a(3)			*********	ويوجو والمراجو	×	·····	
	Other income (loss)	2b		1,73	8				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						· · · · · · · · · · · · · · · · · · ·	1,738
u	Benefits paid (including direct reliovers and Insurance premiums to provide benefits)	8d	1	6,79	7				
Ê	Certain deemed and/or corrective distributions (see instructions)	åe .		-7	+				
Ť	Administrative service providers (salaries, fees, commissions)	8 1		3,29	4		····		···,··
ä	Other expanses	80	accontracting to the second	- F -	1				•
	Total expenses (add lines 8d, 8a, 8f, and 8g)	8h	The state of the s						20,091
	Net income (loss) (subtract line 8h from line 8c)	8i	***************************************	.,,	+				8,353)
ī	Transfers to (from) the plan (see instructions)	Taraninia nota			-		ند سکل همه	برازرانتدیند ۲۰	0,0003
Dat	t IV Plan Characteristics	8j	· · · · · · · · · · · · · · · · · · ·						<u> </u>
-	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cox	des from the List of Plan Char	acteris	tic Code	s in the ,	instructi	ons:	- Andreas - Angresia -
þ	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Chara	clerist	o Codes	in the ir	structio		·
Par	V Compliance Questions								
10	During the plan year				Yes h	is	Ā	រំពាងដូការ	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.5-1027 (See instructions and DOL's Voluntary Fidu	iciary Come	sction Program)	10a	,	K			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not ir	oclude transactions reported	10b	}	X.			
C	Was the plan covered by a fidelity band?			10c		ζ			
d	The state of the s						ni ri ali di	i jagas in ne arden	**************************************
	or dishonasty? Were any fees or commissions paid to any brakers, agents, or oth		T to black the part of the p	10d	2	<u> </u>		****	
•	insurance service or other organization that provides some or all o instructions.)	f the benef	fits under the plan? (See	10e	,	,			
	Has the plan failed to provide any benefit when due under the plan			\vdash					
	1131/2131/2131/2131/2131/2131/2131/2131			10f	}		mere		
9			<u> </u>	105	<u> </u>	٠			
3.1	If this is an individual account plan, was there a blackout period? (-2520.101-3.)			10h	,	.			•
Ì	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	riotice or one of the	10i			*, NZ#* * . F . 101		
Part		4 1741411141141	10 054) POST 14 (14 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 1	701					
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ants? (if "Y	es," see instructions and com	plete S	chedule	SB (Fo	m	Yes	X No
11a	Enter the amount from Schedule SB line 39				118			3 1441 -144-144	************************
12	is this a defined contribution plan subject to the minimum funding						ДЭ	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-, -,-			1	<u> </u>	
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	c in this plan year, see instruc	tions,		r the dar		e letter ra 'ear	anüng
If	you completed line 12s, complete lines 3, 9, and 10 of Schedule								
ь	Enter the minimum required contribution for this plan year	pg 30.8648.44.81.44.1	dayida birin iya gayibin ay ilb yoka da daba anaban ka adanda	· < 4 * + 3 1	_ 12	ه 📗			

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c. Enter the amount contributed by the employer to	o the plan for this plan year	120			
d Subtract the amount in line 12c from the amount	it in line 125. Enter the result (enter a minus sign to the left of a	12d			· · · · · · · · · · · · · · · · · · ·
e Will the minimum funding amount reported on in	rie 12d be met by the funding deadline?		Yes	No	N/A
Part VII Plan Terminations and Transfe				<u> </u>	
13a Has a resolution to terminate the plan been adopted	d in any plan year?	X	Yes	No	
If "Yes," enter the amount of any plan assets the	at reverted to the employer this year	13a			· · · · · · · · · · · · · · · · · · ·
b Were all the plan assets distributed to participar	nts or beneficiaries, transferred to another plan, or brought under the	- constroi		X Yes	[No
C If during this plan year, any assets or liabilities which assets or liabilities were transferred. (See	were transferred from this plan to another plants), identify the elemination) lo	4		1
18c(1) Name of plan(s):				13c(3)	PN(s)
,					
Part VIII Trust Information (optional)			·····		***************************************
14a Name of trust	14b 7	řusťs EIN			
				•	
		İ			
V		1			