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).

0010

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in acc	ordance with the insti	uctions to the Form 550	0-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan	=	plan (not multiemployer)		a one-partici	oant plan
B This ref	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension	1		DFVC progra	am
		special extension (enter descri	ption)				
Part II	Basic Plan Info	rmation—enter all requested info	rmation				
1a Name		ontor an requested line	maton		1b	Three-digit	
		RECTORS, INC. PROFIT SHARIN	G PLAN			plan number	
						(PN) ▶	001
					1c	Effective date o	f plan
						01/01	/1994
	ponsor's name and add NCE & MACHINERY E	dress; include room or suite numbe	r (employer, if for a sing	le-employer plan)	2b	Employer Identi	
ERECTORS		.RECTORS, INC.				(=114)	93199
					2c	Sponsor's telep	
	STRIAL PARK RD ', FL 33860-9504						
WOLDLINK	, 1 2 00000 0004				2 a	Business code ((see instructions)
3a Dian a	dminiatratar'a nama an	ad address Deams as Dian Crans	Nome Come as D	lan Changar Address	2h		_
		d address Same as Plan Sponso	—	an Sponsor Address	30	Administrator's 59-15	593199
IAINTENANC	CE & MACHINERY ER	MULBERRY	STRIAL PARK RD Y, FL 33860-9504		3c	Administrator's	telephone number
			,			863-425	
		plan sponsor has changed since the	ne last return/report filed	I for this plan, enter the	4b	EIN	
	•	nber from the last return/report.					
	or's name				4c	PN	_
5a Total i	number of participants	at the beginning of the plan year			5a		30
b Total	number of participants	at the end of the plan year			5b		32
		account balances as of the end of the	. , ,	•			24
					5c		21
		during the plan year invested in el					X Yes No
		the annual examination and report? (See instructions on waiver eligibil					X Yes No
		ther line 6a or line 6b, the plan ca	•				<u> </u>
		or incomplete filing of this return, ner penalties set forth in the instruct					able a Schodule
		nd signed by an enrolled actuary, as					
belief, it is	true, correct, and comp	olete.		·		•	ŭ
	Filed with outborized	valid electronic signature.	09/30/2013	JOHN BECHTOL			
SIGN HERE	riled with authorized/	valid electronic signature.	09/30/2013				
112112	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; inc	clude room or suite num	ber (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V	oar			
<u>,</u>	Total plan assets	7a	(a) Deginning of Tea		-		(b) Liiu		14186	33		
	Total plan liabilities	7a 7b	12030	,,,						0		_
	Net plan assets (subtract line 7b from line 7a)	7c	12650	15					14186	_		_
8	· · · · · · · · · · · · · · · · · · ·	70		,,,			/b\ T		14100)		_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai				
	(1) Employers	8a(1)		0								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b	1535	8								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1535	8		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0								
е	Certain deemed and/or corrective distributions (see instructions)	8e		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							1535	58		_
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics	_ vj										
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instructi	ons:				
Par						1						
10	During the plan year:			1	Yes	No		Am	ount			
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X						
С	Was the plan covered by a fidelity bond?			10c	X					6	500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х						
е	Were any fees or commissions paid to any brokers, agents, or oth										_	_
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X						
_	instructions.)			10e		1						
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		X						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								
Part												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	<u> </u>	— 1 м	10
112	Enter the amount from Schedule SB line 39					11a						
12	Is this a defined contribution plan subject to the minimum funding				ction		EDIGVA	Γ	Yes	· V	N	lo
12	• • • • • • • • • • • • • • • • • • • •			oi se	CHOIL	302 UI	EKISA!	LL	168	^	11	J
a	(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 being greating the weight.	ng amortize	ed in this plan year, see instru		and	_	ne date of t			uling	_	
	granting the waiver			ıtı		Day		Yea	al		_	
	you completed line 12a, complete lines 3, 9, and 10 of 3chedul	ואום (בתו	JJUUJ, anu Skip lu iiile 13.									
	Enter the minimum required contribution for this plan year		•			12b						

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	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		
<u>e</u>	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?		Yes X No	
	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 of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Renefit 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

	Donald Contractor	Complete all entries in ac	cordance with the insur	ictions to the Form 530	70-31.	
		Identification Information	01/01/2012	and ending	12/31/20	12
		a single-employer plan				
A This return	report is for:		=	olan (not multiemployer)	L a dilo pai	acipalit plan
B This return	report is:	the first return/report	the final return/report			
		an amended return/report		rn/report (less than 12 m	pany	
C Check box	if filing under:	区 Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descr	iption)			
Part II B	asic Plan Info	rmation—enter all requested inf	ormation		1 41 -	-
1a Name of p					1b Three-digit plan number	
MAINTENA	NCE & MACHII	VERY ERECTORS, INC. I	PROFIT SHARING E	DAN	(PN) >	001
					1c Effective dat 01/01/19	
2a Plan spon	sor's name and add	tress, include room or suite number	er (employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 59-1	entification Number
ERECTORS		ATILIT TITLEM TOTAL WATER			2c Sponsor's te	
	JSTRIAL PARE	CRD			863-425	
					2d Business co	de (see instructions)
MULBERRY		FL 33860-950	4		811310	
		c address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b Administrato	
MAINTENA	NCE & MACHIN	NERY ERECTORS, INC.			3c Administrato	r's telephone number
	TOWN THE DATE	7 D.D.			863-425-	-3870
1929 INDI	USTRIAL PARE	RD				
MULBERRY		FL 33860-9504				
			the last estum/rapad filed	for this plan enter the	4b EIN	
4 If the nam	ne and/or EIN of the No and the plan nur	plan sponsor has changed since ober from the last return/report.	the last returnineport med	for tins plan, cinter the	40 CIN	
a Sponsor's					4c PN	
5a Total num	ber of participants	at the beginning of the plan year	/#14	***************************	5a	3 (
b Total num	nber of participants	at the end of the plan year			5b	32
		account balances as of the end of			. 5c	2.1
The second secon	and the second s	during the plan year invested in e				∑ Yes ☐ No
b Are you o	daiming a waiver of	the annual examination and repor	t of an independent qualif	ied public accountant (IC	QPA)	О. П.
under 29	CFR 2520.104-461	(See instructions on waiver eligible ther line 6a or line 6b, the plan of	ility and conditions.)	E and must instead use	e Form 5500	M Los II 140
The second secon						
Caution: A pe	enalty for the late of	or incomplete filing of this return ner penalties set forth in the instruc	tions I declare that I have	e examined this return/re	enort including if an	nlicable, a Schedule
SB or Schedul	le MB dompleted are, competed, and comp	nd signed by an enrolled actuary, a	is well as the electronic ve	ersion of this return/repor	rt, and to the best of	my knowledge and
SIGN	Vile	1	9/30/13	JOHN BECHTOL		
HERE S	gnature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN /	(/2.		9/30/13	JOHN BECHTOL		
HERE -	ignature of emplo	ver/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor
	~ //	ame, if applicable) and address; in		er (optional)	Preparer's teleph	one number (optional)

Par	t III Financial Information				_				
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Ye		1050
а	Total plan assets	7a	12	650	5			14	1863
b	Total plan liabilities	7b							0
С	Net plan assets (subtract line 7b from line 7a)	7c	12	650	5			14	1863
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	1	535	8				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							1	.5358
	Benefits paid (including direct rollovers and insurance premiums				0				
	to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			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						1	.5358
j	Transfers to (from) the plan (see instructions)	- 8j							
Pai	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions	3:	
	2E								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructions:		
Par	t V Compliance Questions				Vac	No		4	
10	During the plan year:		- the time region described in		res	NO	Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
0	Was the plan covered by a fidelity bond?			10c	X			(55000
- 0	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
6	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all	her person	s by an insurance carrier,			v			
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X			
(Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X			
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)				Sched	dule SE	3 (Form	Yes	No
11:	a Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
- 7	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ing amortiz	zed in this plan year, see instru		, and	enter tl Day	11		ng
1	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.						
_	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012	Page 3 -	_					
С	Enter the amount contributed by the emplo		12c					
d		line 12b. Enter the result (enter a minus sign to the left of a		12d				
е		12d be met by the funding deadline?			Yes		No	N/A
Part	VII Plan Terminations and Tra	of Assets						
13a	Has a resolution to terminate the plan been a	n any plan year?			Yes X]No		
	If "Yes," enter the amount of any plan asse	reverted to the employer this year		13a				
b	Were all the plan assets distributed to part of the PBGC?	or beneficiaries, transferred to another plan, or brought under	the	control			Ye	s X No
С	If during this plan year, any assets or liabilities were transferred	re transferred from this plan to another plan(s), identify the planstructions.)	n(s)	to				
	I3c(1) Name of plan(s):		1	3c(2) E	IN(s)		13c(3) PN(s)
	VIII Trust Information (optional			14h T	rust's Ell	N		
14a	Name of trust			140	rusts Ell			

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		Identification Information	01/01/2012	and ending	12/31/20	12
		a single-employer plan				
A This return	report is for:		=	olan (not multiemployer)	L a dilo pai	acipalit plan
B This return	report is:	the first return/report	the final return/report			
		an amended return/report		rn/report (less than 12 m	pany	
C Check box	if filing under:	区 Form 5558	automatic extension		DFVC pro	gram
		special extension (enter descr	iption)			
Part II B	asic Plan Info	rmation—enter all requested inf	ormation		1 41 -	-
1a Name of p					1b Three-digit plan number	
MAINTENA	NCE & MACHII	VERY ERECTORS, INC. I	PROFIT SHARING E	DAN	(PN) >	001
					1c Effective dat 01/01/19	
2a Plan spon	sor's name and add	tress, include room or suite number	er (employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 59-1	entification Number
ERECTORS		ATILIT TITLEM TOTAL WATER			2c Sponsor's te	
	JSTRIAL PARE	CRD			863-425	
					2d Business co	de (see instructions)
MULBERRY		FL 33860-950	4		811310	
		c address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b Administrato	
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	TOWN THE DATE	7 D.D.			863-425-	-3870
1929 INDI	USTRIAL PARE	RD				
MULBERRY		FL 33860-9504				
			the last estum/rapad filed	for this plan enter the	4b EIN	
4 If the nam	ne and/or EIN of the No and the plan nur	plan sponsor has changed since ober from the last return/report.	the last returnineport med	for tins plan, cinter the	40 CIN	
a Sponsor's					4c PN	
5a Total num	ber of participants	at the beginning of the plan year	/#14	***************************	5a	3 (
b Total num	nber of participants	at the end of the plan year			5b	32
		account balances as of the end of			. 5c	2.1
The second secon	and the second s	during the plan year invested in e				∑ Yes ☐ No
b Are you o	daiming a waiver of	the annual examination and repor	t of an independent qualif	ied public accountant (IC	QPA)	О. П.
under 29	CFR 2520.104-461	(See instructions on waiver eligible ther line 6a or line 6b, the plan of	ility and conditions.)	E and must instead use	e Form 5500	M Los II 140
The second secon						
Caution: A pe	enalty for the late of	or incomplete filing of this return ner penalties set forth in the instruc	tions I declare that I have	e examined this return/re	enort including if an	nlicable, a Schedule
SB or Schedul	le MB dompleted are, competed, and comp	nd signed by an enrolled actuary, a	is well as the electronic ve	ersion of this return/repor	rt, and to the best of	my knowledge and
SIGN	Vile	1	9/30/13	JOHN BECHTOL		
HERE S	gnature of plan a	dministrator	Date	Enter name of individ	dual signing as plan	administrator
SIGN /	(/2.		9/30/13	JOHN BECHTOL		
HERE -	ignature of emplo	ver/plan sponsor	Date	Enter name of individ	dual signing as emp	loyer or plan sponsor
	~ //	ame, if applicable) and address; in		er (optional)	Preparer's teleph	one number (optional)

Par	t III Financial Information				_				
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Ye		1050
а	Total plan assets	7a	12	650	5			14	1863
b	Total plan liabilities	7b							0
С	Net plan assets (subtract line 7b from line 7a)	7c	12	650	5			14	1863
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from: (1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	1	535	8				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							1	.5358
	Benefits paid (including direct rollovers and insurance premiums				0				
	to provide benefits)	8d			0				
е	Certain deemed and/or corrective distributions (see instructions)	8e			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						1	.5358
j	Transfers to (from) the plan (see instructions)	- 8j							
Pai	t IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions	3:	
	2E								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Cod	es in th	ne instructions:		
Par	t V Compliance Questions				Vac	No		4	
10	During the plan year:		- the time region described in		res	NO	Am	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
0	Was the plan covered by a fidelity bond?			10c	X			(55000
- 0	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
6	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all	her person	s by an insurance carrier,			v			
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X			
(Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X			
ŀ	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					
Par	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)				Sched	dule SE	3 (Form	Yes	No
11:	a Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
- 7	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ing amortiz	zed in this plan year, see instru		, and	enter tl Day	11		ng
1	f you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.						
_	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012	Page 3 -	_					
С	Enter the amount contributed by the emplo		12c					
d		line 12b. Enter the result (enter a minus sign to the left of a		12d				
е		12d be met by the funding deadline?			Yes		No	N/A
Part	VII Plan Terminations and Tra	of Assets						
13a	Has a resolution to terminate the plan been a	n any plan year?			Yes X]No		
	If "Yes," enter the amount of any plan asse	reverted to the employer this year		13a				
b	Were all the plan assets distributed to part of the PBGC?	or beneficiaries, transferred to another plan, or brought under	the	control			Ye	s X No
С	If during this plan year, any assets or liabilities were transferred	re transferred from this plan to another plan(s), identify the planstructions.)	n(s)	to				
	I3c(1) Name of plan(s):		1	3c(2) E	IN(s)		13c(3) PN(s)
	VIII Trust Information (optional			14h T	rust's Ell	N		
14a	Name of trust			140	rusts Ell			