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

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 550	0-SF.			
Part I	Annual Report I	dentification Information						
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013		
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan	
B This ret	turn/report is:	the first return/report	the final return/report		'	_		
		an amended return/report	short plan year retur	n/report (less than 12 mo	onths)			
C Check I	box if filing under:	Form 5558	automatic extension	natic extension DFVC program				
		special extension (enter description	n)					
Part II	Basic Plan Infor	mation—enter all requested informa	tion					
1a Name	of plan				1b	Three-digit		
MAINTENAN	NCE & MACHINERY EF	RECTORS, INC. PROFIT SHARING PL	_AN			plan number	004	
					4.0	(PN) •	001	
					10	Effective date o		
2a Plan e	noncor's name and add	Iress; include room or suite number (en	anloyer if for a single	omployor plan)	2h			
MAINTENAN	NCE & MACHINERY E		ipioyer, ir ior a sirigie-	-employer plan)	20		fication Number 93199	
ERECTORS	s, INC.				2c	Sponsor's telep		
	STRIAL PARK RD ', FL 33860-9504				24	863-425	(see instructions)	
	, 00000 000 .				Zu	81131	` ,	
		d address Same as Plan Sponsor Na	<u> </u>	n Sponsor Address	3b	Administrator's	EIN 593199	
IAINTENANO	CE & MACHINERY ERE	ECTORS, INC. 1525 INDUSTR MULBERRY, FL	IAL PARK RD _ 33860-9504		3c		telephone number	
						863-425	5-3870	
4		 						
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN		
name	, EIN, and the plan num	plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the				
name	, EIN, and the plan num or's name	ber from the last return/report.	·		4c		32	
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a				4c 5a		32	
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b		18	
name, a Spons 5a Total r b Total r c Numb compl	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b 5c	PN	18	
name, a Spons 5a Total r b Total r C Numb compl 6a Were	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc	efit plans do not	4c 5a 5b 5c	PN	18 18 X Yes No	
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	18	
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.)	efit plans do not ctions.)	4c 5a 5b 5c	PN	18 18 X Yes No	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you	, EIN, and the plan numor's name number of participants and provided in the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) ut use Form 5500-SF	efit plans do not etions.)ed public accountant (IQ	4c 5a 5b 5c PA)	PN	18 18 X Yes No	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) of use Form 5500-SF surance program (see	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)?	4c 5a 5b 5c PA)	PN	18 18 X Yes No Yes No	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruc n independent qualifie nd conditions.) t use Form 5500-SF surance program (see	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	PN 5500. Yes No established.	18 X Yes No X Yes No Not determined	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not etions.)ed public accountant (IQI and must instead use ERISA section 4021)? . unless reasonable cau examined this return/rep	4c 5a 5b 5c Form ase is coort, in	PN 5500. Yes No established. Cluding, if applic	18 18 X Yes No X Yes No Not determined able, a Schedule	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined benee e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in	PN 5500. Yes No established. Cluding, if applic	18 18 X Yes No X Yes No Not determined able, a Schedule	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	p. EIN, and the plan numor's name number of participants and number of participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/report	4c 5a 5b 5c PA) see is coort, in c, and t	PN 5500. Yes No established. cluding, if applic of the best of my	18 X Yes No X Yes No Not determined able, a Schedule knowledge and	
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined benee e assets? (See instruct in independent qualifier nd conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) see is coort, in c, and t	PN 5500. Yes No established. cluding, if applic of the best of my	18 X Yes No X Yes No Not determined able, a Schedule knowledge and	
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	p. EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c PA) Form use is coort, in it, and t	PN 5500. Yes No established. Cluding, if applic of the best of my	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and	
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in the coort, and the country and the coort sign are sign as	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor	
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in the coort, and the country and the coort sign are sign as	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and	
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in the coort, and the country and the coort sign are sign as	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor	
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in the coort, and the country and the coort sign are sign as	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor	
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined bene- e assets? (See instruction independent qualified and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form ase is coort, in the coort, and the country and the coort sign are sign as	PN 5500. Yes No cestablished. Cluding, if applic of the best of my ning as plan admining as employed.	18 X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor	

Form 5500-SF 2013 Page **2**

Do	rt III Financial Information									
Pa			()5 : : ()				<i>(</i>) =			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea		(b) End o				ear 6793	2
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b		0					0730	
	Net plan assets (subtract line 7b from line 7a)	7 C		141863					6793	
8	Income, Expenses, and Transfers for this Plan Year	70			-		(h)	Total	07.00	,
	Contributions received or receivable from:		(a) Amount				(a)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1315	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13151	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14822	1						
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							14822	1
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	135070)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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					65000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				00000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
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 as	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	∏ No
11a	Enter the unpaid minimum required contribution for current year for					11a		1	•	
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 0. 00	3.1311			<u>·· L</u>		<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk								-	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3	-	1	
гаус	J	_		

			1		
С	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			
е	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?	X	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
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	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)			•	
14a	Name of trust	14b ⊺	rust's EIN		

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

2013

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	ince with the instru	ictions to the Form 550	00-SF.		
For calen			01/2013	and ending		12/31/201	L3
A This re	eturn/report is for:	X a single-employer plan	multiple-employer p	olan (not multiemployer)		a one-partic	cipant plan
B This re	eturn/report is:	the first return/report t	he final return/report				
		an amended return/report a	short plan year retur	m/report (less than 12 m	nonths)		
C Check	box if filing under:	X Form 5558	utomatic extension			☐ DFVC prog	ram
		special extension (enter description)					
Part II	Basic Plan Info	rmation—enter all requested informati	on				
1a Name					1b	Three-digit	
MAINT	ENANCE & MACHI	NERY ERECTORS, INC. PROF	IT SHARING P	LAN		plan number	001
					1c	(PN) Fifective date	
						01/01/199	
2a Plans	sponsor's name and add	dress; include room or suite number (em	ployer, if for a single	-employer plan)	2b	Employer Iden (EIN) 59-15	tification Number
	DRS, INC.				2c	Sponsor's tele	
1525 1	NDUSTRIAL PARK	RD			1	863-425-3	
MULBER	RY	FL 33860-9504				Business code 811310	(see instructions)
3a Plan a	administrator's name an	d address Same as Plan Sponsor Nar	ne Same as Plai	n Sponsor Address		Administrator's	FIN
		ERY ERECTORS, INC.				59-159319	
					1		telephone number
1525 I	NDUSTRIAL PARK	RD				863-425-3	870
MULBER	RY	FL 33860-9504					
4 If the	name and/or EIN of the	plan sponsor has changed since the las	return/report filed for	or this plan, optor the	AL	=11.1	
name	EIN, and the plan nur	ber from the last return/report.	e retarrireport med it	or triis plant, enter the	4b	EIN	
	sor's name				4c	PN	
		at the beginning of the plan year					32
		at the end of the plan year			5b		18
C Numb	lete this item)	ccount balances as of the end of the plan	n year (defined bene	efit plans do not	5c		18
		during the plan year invested in eligible					X Yes ☐ No
b Are y	ou claiming a waiver of	the annual examination and report of an	independent qualifie	ed public accountant (IQ	PA)		
If you	answered "No" to eit	(See instructions on waiver eligibility and her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500	X Yes No
		plan, is it covered under the PBGC insu					Not determined
					-		J Not determined
		r incomplete filing of this return/repor					
SB or Sche	edule MB completed and true, correct, and complete	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a ete.	as the electronic vers	sion of this return/report	, and to	the best of my	knowledge and
SIGN	(/n	2	10/3/14	JOHN BECHTOL			
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sign	ing as plan adr	ministrator
SIGN	One	1	10/3/14	JOHN BECHTOL		mig do pidir ddi	in addition
HERE	Signature of employ		Date	Enter name of individu	ual sign	ning as employe	er or plan sponsor
Preparer's	name (including firm na	me, if applicable) and address; include re	oom or suite number	r (optional)			number (optional)

	Financial Information									
	n Assets and Liabilities		(a) Beginning of Ye	ear			(b) E	nd of Ye	ear	
a Tota	al plan assets	7a]	1418	63					679
b T ota	al plan liabilities	7b			0					
C Net	plan assets (subtract line 7b from line 7a)	7c	1	1418	63					679
	ome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
(1)	tributions received or receivable from: Employers	8a(1)			0					
(2)	Participants	8a(2)			0					
(3)	Others (including rollovers)	8a(3)			0					
bOthe	r income (loss)	8b		1315	51					
C Tota	Il income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								1315
dBenefi to pr	it s paid (including direct rollovers and insurance premiums rovide benefits)	8d	1	4822	21					
	ain deemed and/or corrective distributions (see instructions)	8e			0					
f Adm	inistrative service providers (salaries, fees, commissions)	8f			0					
g Othe	r expenses	8g			0					
	l expenses (add lines 8d, 8e, 8f, and 8g)								1 /	1000
	income (loss) (subtract line 8h from line 8c)									1822
j Trans	sfers to (from) the plan (see instructions)	8j							-13	35070
Part IV		0)								
9a If the	e plan provides pension benefits, enter the applicable pension for	eature codes	from the List of Plan Char	acteris	stic Co	des ir	n the instr	uctions:		
b If the	e plan provides welfare benefits, enter the applicable welfare fe	ature codes fi	rom the List of Plan Chara	cterist	ic Cod	es in	the instruc	ctions:		
Part V	Compliance Questions									
	ring the plan year:				Yes	No		Amou	ınt	
29	s there a failure to transmit to the plan any participant contributi CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduo	ciary Correction	on Program)	10a		X		Airioc		
b Wer	re there any nonexempt transactions with any party-in-interest?	(Do not inclu	de transactions reported	10b		Х				
c Wa	as the plan covered by a fidelity bond?			10c	Х				6	5000
d Did	the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, the	hat was caused by fraud	10d		X				3000
e Wer	re any fees or commissions paid to any brokers, agents, or other area service, or other organization that provides some or all or ructions.)	er persons by	an insurance carrier,	10e		X				
f Has	the plan failed to provide any benefit when due under the plan'	?		10f		Х				
	the plan have any partic pant loans? (If "Yes," enter amount as					X				
h If this	is is an individual account plan, was there a blackout period? (S			10g		X				
i If 10 exce	h was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-	required noti	ce or one of the	10h						
	Pension Funding Compliance	· · · · · · · · · · · · · · · · · · ·		10i						
11 Is this	is a defined benefit plan subject to minimum funding requirement	nts? (If "Yes,"	see instructions and comp	plete S	Schedi	ule SE	3 (Form			
11a Ente	er the unpaid minimum required contribution for current year from	n Schedule S	B (Form 5500) line 39			11a			res	No
	nis a defined contribution plan subject to the minimum funding re						EDICAG	ТП	/00 FI	l No
(If "Y	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applicable	i codion 112 of the code	01 500	3	02 01	LKISA?	П,	res X	140
		applicable.)								
a If a w grant	vaiver of the minimum funding standard for a prior year is being ting the waiver.		Mont		and er	_	ne date of		r ruling	1
a If a w grant	ting the waiveromplete lines 3, 9, and 10 of Schedule I		Mont		and er	Day	ne date of	the lette Year	r ruling	

Form 5500-SF 2013	

C Enter the amount contributed by the employer to the plan for this plan year	. 12c		
dSubtr act 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		
e 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?	X	res	No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to of the PBGC?			☐ Yes ☒ No
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		100 21 110
13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust	14b Tr	ust's EIN	

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