## 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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	cordance with the instr	uctions to the Form 550	0-SF.				
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	turn/report is for: turn/report is:	a single-employer plan the first return/report	a multiple-employer the final return/repor	plan (not multiemployer)		a one-particip	oant plan		
	·	x an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)				
C Chock I	box if filing under:	Form 5558	automatic extension		,	DFVC progra	am		
C CHECK	box ii iiiiiig under.	special extension (enter descri				☐ Bi vo piogio			
Don't II	Dania Dian Info								
Part II		rmation—enter all requested info	ormation		4 15				
1a Name		OYEE SAVINGS PLAN			10	Three-digit plan number			
G & IVI IVILCI	TANICAL INC. LIVIPLO	TILL SAVINGS FLAN				(PN) ▶	001		
					1c	Effective date o	f plan		
					01/01/2000				
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) G & M MECHANICAL INC.					2b	<b>2b</b> Employer Identification Number (EIN) 11-3225782			
					2c	Sponsor's telep	hone numbe	er	
	YN AVENUE				516-785-6581				
MASSAPEC	QUA, NY 11758				2d Business code (see instructions) 238900				
3a Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b				
					2-				
					3C	Administrator's	telephone nu	umber	
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b EIN				
		mber from the last return/report.	no idot rotam, roport mod	To time plan, enter the	TO LIN				
<b>a</b> Spons	or's name				4c	PN			
<b>5a</b> Total i	number of participants	at the beginning of the plan year $\!\ldots$			5a	5a			
<b>b</b> Total i	number of participants	at the end of the plan year			5b			10	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c			5	
	•	s during the plan year invested in el			1		X Yes	No	
_		f the annual examination and report	-						
•	•	? (See instructions on waiver eligibi			,		× Yes	No	
If you	answered "No" to e	ither line 6a or line 6b, the plan ca	annot use Form 5500-S	F and must instead use	Form	5500.			
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	d unless reasonable cau	ıse is (	established.			
	, , ,	her penalties set forth in the instruc	•	•	, ,	O, 11	,		
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	ersion of this return/report	t, and t	o the best of my	knowledge	and	
SIGN	Filed with authorized	valid electronic signature.	10/14/2014	GEORGE LUKSCH					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of emplo	ver/nlan snonsor	Date	Enter name of individ	ndividual signing as employer or plan spons				
Preparer's		name, if applicable) and address; inc				arer's telephone			
· .		, , , , , , , , , , , , , , , , , , , ,			·	•	, <b>'</b>	,	

	rt III   Financial Information								
Pa	rt III   Financial Information		/\		$\top$				
	Plan Assets and Liabilities	_	(a) Beginning of Yea		(b) End of Year				
<u>а</u>	Total plan assets	7a 	26864		-		285479		
	Total plan liabilities	7b 7c		0			0		
	Net plan assets (subtract line 7b from line 7a)	26864	2				2854	79	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:  (1) Employers								
	(2) Participants								
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	3582	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							404	73
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1592	1				707	10
_	Certain deemed and/or corrective distributions (see instructions)	8e	715						
<del>_</del>	,			0					
<u>'</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u>	Other expenses (Addition 2d 2g 2f and 2g)	8g	55	8					
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						236	
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i						168	37
	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV   Plan Characteristics	_							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instruction	าร:	
Par	t V   Compliance Questions						1		
10	- 3 · · · · · · · · · · ·					No	Α	mount	
a	<b>a</b> 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)					X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х			
С	Was the plan covered by a fidelity bond?	s the plan covered by a fidelity bond?							250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X			
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		^			
f	las the plan failed to provide any benefit when due under the plan?								
		n?		10f		X			
g				10f 10g		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?	s of year e	end.)	10g					
— <u>.</u>	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the	s of year e	end.) Inctions and 29 CFR In notice or one of the	10g 10h		X			
h	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?  2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	s of year e	end.) Inctions and 29 CFR In notice or one of the	10g		X			
h	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	s of year e	d notice or one of the	10g 10h 10i		X X dule SE		Π ν~	e X No
h i Part	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e (See instru- ne required 1-3	d notice or one of the  Yes," see instructions and com	10g 10h 10i		X X dule SE		Ye	s 🛛 No
h i Part 11	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e (See instrument required 1-3ne required 1-3ne ents? (If "	end.)	10g 10h 10i		X X dule SE			
h i Part	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding	s of year e	end.)	10g 10h 10i		X X dule SE		Ye Ye	
Part 11 11a 12	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e (See instru- ne required 1-3 ents? (If " requirement	end.)	10g 10h 10i	ction	X X dule SE 11a 302 of	ERISA?	Ye	s X No
11 11a 12 a	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.  If 2520.101-3.)  Is this a defined benefit plan subject to minimum funding under the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (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.	s of year e (See instru- ne required 1-3 ents? (If "' requirement as application	end.)	10g 10h 10i nplete	ction	X X dule SE 11a 302 of	ERISA?	Ye	s X No
Part 11 11a 12 a	Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? (2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10:  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39.  Is this a defined contribution plan subject to the minimum funding (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	e MB (For	end.)	10g 10h 10i 10i pplete	ction	X  X  dule SE  11a  302 of	ERISA?	Ye	s X No

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	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?		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):	3 <b>c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 8058(a) of the Internal Revenue Code (the Code).

2012

OM9 Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	Complete all entries in acco	rdance with the ine	ructions to the Form 55	OO-SE.	Ins	spection		
Part I	Annual Report lo	entification information	Action Will alo IIIo	d dollolle to the i olitico		<del></del>			
For caler	ndar plan year 2012 or fisc		01/01/2012	and ending		12/31/201	2		
	eturn/report is:	X a single-employer plan the first return/report	the final return/rep		,	a one-particip	oant plan		
C Chec	k box if filing under:	an amended return/report  Form 3558  special extension (enter descripti	automatic extension	tum/report (less than 12 r n	nonths)	DFVC progra	m		
Part II	Basic Plan Inform	nation—enter all requested inform	on)						
1a Nam	e of plan	ration - chiter all requested inform	nauon	······································	14h	Three-digit			
G &	G & M MECHANICAL INC. EMPLOYEE SAVINGS PLAN					plan number (FN) ▶	001		
<b>0</b> - <b>0</b>						Effective date of 01/01/2000			
2a Plan	sponsor's name and addre M MECHANICAL IN	ess; include room or suite number (e C .	employer, if for a sing	le-employer plan)		b Employer Identification Number (EIN) 11 - 3225782			
21 F	BROOKLYN AVENUE					C Sponsor's telephone number (516) 785-6581			
	SAPEOUA .		N	Y 11758		2d Business code (see instructions) 238900			
<b>3a</b> Plana	administrator's name and a	ddreas XSame es Plan Sponsor N		an Sponsor Address	3b /	Administrator's E	IN		
4 If the name	, EIN, and the plan numbe	in sponsor has changed since the li r from the last return/report,	ast return/report filed	for this plan, enter the	4b E	EIN			
a Total	number of participants at ti	ne beginning of the plan year		**************************	5a				
		ne and of the plan year			5b		1		
C Numb	er of participants with acco	ount balances as of the end of the p	lan year (defined bei	efit plans do not	5c				
D Are you under If you	ou claiming a waiver of the 29 CFR 2520.104-467 (Se answered "No" to either	ing the plan year invested in eligible annual examination and report of a se instructions on walver eligibility a line 6a or line 6b, the plan canno	an independent quall and conditions.) ot use Form 5500-S	ed public accountant (IQI and must instead use	PA) Form 5	500.	X Yes No		
Inder pena B or Sche	alties of perjury and other p	complete filing of this return/repo enalties set forth in the instructions gned by an enrolled actuary, as wel	. I declare that I have	examined this return/ren	od incl	uding if applicab	ile, a Schedule nowledge and		
IGN ERE	Mull	1 JAN	Idiyliy	GEORGE LUKSCH					
	Signature of plan admir	fistrator	Date	Enter name of individu	al signir	ng as plan admin	listrator		
IGN ERE	Classica of Soulariania	Managaran	D-4-	P. 1. 1. 1. 1.	****	Page 15.			
reparer's r	Signature of amployaring name (including firm name,	nan sponsor If applicable) and address; Include	Date room or suite numb	Enter name of individuer (optional)	al signir Prepare	ng as employer o er's telephone nu	r pian sponsor imbar (optional)		
							·		