For	rm 5500-SF	Short Form Annua	•	t of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Re	tireme	ent	2014		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (57(b) and 6058(a) of the I		This F	orm is Open to			
Pension Be	enefit Guaranty Corporation	Revenue Code (the Code). In is Form is Open to Public Inspection							
Part I		dentification Information							
For calenda	ar plan year 2014 or fis	cal plan year beginning 01/01/201		H	31/201- 				
	urn/report is for: urn/report is	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emplo a foreign plan the final return/report	blan (not multiemployer) (f byer information in accorda rn/report (less than 12 mo	ance w	-			
C Check I	box if filing under:	Form 5558	-			DFVC progra	ım		
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name WEST SIDE	of plan MECHANICAL & REN	TAL 401(K) PLAN			F	Three-digit plan number (PN) ▶	002		
				-		Effective date o	f plan		
	ponsor's name and add MECHANICAL & REN1	fress; include room or suite number	r (employer, if for a single	employer plan)		Employer Identi	/2011 fication Number		
		AL, 110		-	(EIN) 20-0474883 2c Sponsor's telephone number				
	REEK ROAD JRG, KY 40769			-	2d E		(see instructions)		
32 Dian o	dministrator's nome on	d address 🛛 Same as Plan Sponsc			3h	23829 Administrator's			
4 If the r	name and/or EIN of the	plan sponsor has changed since th	he last return/report filed f	for this plan, enter the	4b 1	EIN			
	, EIN, and the plan num or's name	ber from the last return/report.		-	4c	PN			
5a Total r	number of participants a	at the beginning of the plan year			5a	1	11		
b Total r	number of participants a	at the end of the plan year		[5b)	9		
comple	ete this item)	account balances as of the end of th		· · · · · · · · · · · · · · · · · · ·	5c	;	8		
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	5		
d(2) Tot	al number of active part	ticipants at the end of the plan year	٢		5d(2	2)	6		
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						•	0		
Caution: A	penalty for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is e	stablished.			
SB or Sche	alties of perjury and oth edule MB completed and true, correct, and comp	er penalties set forth in the instructi d signed by an enrolled actuary, as lete.	ions, I declare that I have well as the electronic ve	examined this return/repersion of this return/report,	ort, inc and tc	luding, if applic the best of my	able, a Schedule knowledge and		
SIGN		alid electronic signature.	10/04/2015	PAM SULFRIDGE					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ial sign	ning as plan adr	ninistrator		
SIGN									
HERE	Signature of employ		Date	Enter name of individu					
Preparer's	name (including firm na	ame, if applicable) and address (inc	lude room or suite numbe	er) (optional) -	Prepa	rer's telephone	number (optional)		

	Were all of the plan's assets during the plan year invested in eligibl						X Yes No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
	If you answered "No" to either line 6a or line 6b, the plan cannel									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No Not determined			
Pa	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year			
а	Total plan assets	7a	435				42554			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	435	567			42554			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers									
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	23	879						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11348			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	120)61						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	3	800						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12361			
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		-1013			
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in tl	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
a	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		10000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		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 instructions.) 									
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g				-		X				
 h				10g		~				
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	·		10h		Х				
	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)									
11a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
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 onegative amount)	of a	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?		· 🗆 ۲	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 u of the PBGC?	inder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				
14a Name of trust		14b ⊺⊧	rust's EIN	

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WEST SIDE MECHANICAL

Year	Ve.C			jnoM		granting the waiver	
date of the letter ruling	ent the	na bria		 h this plan year, see instruc	anoconqua es i besinoma i	ון "Yes," complete line 12a עו ווחפי אלג, אלג, אלל, מחל 12e blow. פון איז אלא און איז (ון "Yes," complete line ו וו א שגועפר סו נויפ אווחודעות funding standard for a prior אפגר is being	2
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ON 991	·····	r		28 (Eora 5500) line 30	alubado2.m	5500) and line 11a below). B Enter the unpold minimum required contribution for current year fro	11
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						t VI Pension Funding Compliance	164
· · · · · · · · · · · · · · · · · · ·			101	ent to ano ao the	on berluper s	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520,101.	
	х		401	STE SIG 26 CFR	instructio	Si this is an Individual account plan, was there a blackout period? (S 2520.101-3.)	
	х		₽01			Did the plan have any participant loans? (If "Yes," enter amount as	
	x		101		4	hair the plan tailed to provide any benefit when due under the plan	
336		x	₽0£	y an insurance carrier, s under the plan? (See	i the benefits of persons by	 Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all o instructions.) 	
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	х		901	nde nausscrious leboued		o Were there any nonexempt transactions with any party-In-Interest? on line 10a.)	
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						2E 3C 31 3K 3L 3D	9 86
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ετοτ-					18	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	÷
T982T					48	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>.</u>
		0	90		68	Other expenses	
					84	Administrative service providers (salarles, fees, commissions)	1
					98	Certain deemed and/or corrective distributions (see instructions)	a
		τ	9021		P8	Benefits paid (including direct rollovers and Insurance premiums to provide benefits)	
87611					90	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
		6	7337		98	Other income (loss)	9
					(5)58	(including rollovers) (including rollovers)	<u> </u>
					(Z)58	sineqibihs9 (2)	<u> </u>
		6	968		(t)s8	. Contributions received or receivable from: (1) Employers	
(b) Total				jnuomA (s)		Income, Expenses, and Transfers for this Plan Year	8
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₽\$\$Z₽		2	9587		в7	Total plan assets	
(b) End of Year			JE.	səY to pninnigəB (s)		seitilidaiJ bna stessA nal9	1
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	.0022	mioi	əsn p	, signal teum bue 92-0033 (nojibnoo bru mao ⁿ esu to	Inder 29 CFR 2520.104-467 (See instructions on waiver eligibility ⊨ If you answered "No" to either line 6a or line 6b, the plan cannu ; If the plan is a defined benefit plan, is it covered under the PBGC in	 >
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Form 5500-SF 2014

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b Were all the plan ass of the PBCC?	sets distributed to participants or beneficiaries, transferred to another plan, or brought u	der the control	зә ү []	on x s
ns enter the arr	mount of any plan assets that reverted to the employer this year	851		
13a Has a resolution to ter	Sininate the plan been adopted in any plan year?	X \$97	oN X s	
imneT nelg 🛛 IIV heg	stessA to sters of Assets			
nu) muminim erti IIIW 🛛 🖶	nding amount reported on line 12d be met by the funding deadline?	³⁹ ∧	oN _ 59∧	∀/N
truoms ant tastutes b (truoms avitegen	ונ in tine 12c from the amount in line 12b. Enter the result (enter a minus sign to the left c	PZ1 e		
C Enter the amount cor	ontributed by the employer to the plan for this plan year	120		
	required contribution for this plan year	921		
It Xon completed line 1	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
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	Part VIII Trust Information (optional)