Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/2	2019		and ending 0	1/31/2019				
A This ret	turn/report is for:	a single-employer plan				(Filers checking this beccordance with the for				
		a one-participant plan	a foreign plan							
B This reti	urn/report is	the first return/report	the final return	·						
_		an amended return/report	X a short plan ye	ar return/rep	ort (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic exte	ension		DFVC program				
.	<u> </u>	special extension (enter descr	· /							
Part II		rmation—enter all requested inf	formation			41	1			
1a Name	•	PROFIT OLIA PINO 404 (IO) PLANI				1b Three-digit plan number				
NORTHEAS	I MECHANICAL INC.	PROFIT SHARING 401 (K) PLAN				(PN)	001			
						1c Effective date of plan				
							01/1992			
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C			,	2b Employer Ident (EIN) 16-1	tification Number			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHEAST MECHANICAL INC.					ns)	2c Sponsor's telephone number 716-684-6301				
						2d Business code	(see instructions)			
139 SAWYE						238	220			
DEPEW, NY	14043									
3a Plan a	dministrator's name ar	nd address X Same as Plan Spor	nsor.			3b Administrator's	EIN			
		_				3c Administrator's	telephone number			
						7 Administrator s	telephone number			
4 11 1						4				
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN				
a Spons	or's name					4d PN				
C Plan N	lame									
5a Total	number of participants	at the beginning of the plan year				5a	1			
b Total	number of participants	at the end of the plan year				. 5b	0			
C Numb	er of participants with	account balances as of the end of	the plan year (only	defined conti	ribution plans	5c	0			
d(1) Tot	al number of active pa	rticipants at the beginning of the pl	an year			5d(1)	0			
d(2) Tot	al number of active pa	rticipants at the end of the plan yea	ar			5d(2)	0			
		terminated employment during the				5e	0			
		or incomplete filing of this return				use is established.				
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructed actuary, a	ctions, I declare tha	t I have exan	nined this return/re	port, including, if appl				
SIGN		/valid electronic signature.	10/26/2019	RO	GER HOFFMAN					
HERE	Signature of plan a	dministrator	Date	En	ter name of individ	lual signing as plan ac	Iministrator			
SIGN		/valid electronic signature.	10/26/2019		GER HOFFMAN	· ·				

Date

HERE

Enter name of individual signing as employer or plan sponsor

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second of the contract	an indeper and condit not use Fo	ndent qualified public a ions.)rm 5500-SF and mus	account t instea	ant (IC	(PA) Form	 1 5500.	X Yes [No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the					_		☐ Not detern (See instructi	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a		30046			` _	0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	1:	30046				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
<u>а</u>	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		0					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1:	30046					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
	Other expenses	8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						130046	
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-130046	
J	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV Plan Characteristics				<u> </u>	0	1 1 1 1		
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	reature co	ides from the List of Pi	an Cha	racteri	Stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?			10c	X			500000)
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Χ			
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					

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)		SB	Yes 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year
lf y	ou 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		
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 Ye	s 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 control of the PBGC?	the		X Yes No
С	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.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

mployee Benefits Security Administration Pension Benefit Guaranty Corporation

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

F	art I Annual Report	Identification Information				
For	r calendar plan year 2018 or fi	scal plan year beginning	01/01/2019	and ending	01/31/201	.9
Α	This return/report is for:	x a single-employer plan		plan (not multiemployer employer information in		
R	This return/report is:	the first return/report	x the final return/repor	}		
	This return report is.	:		urn/report (less than 12	months)	
		an amended return/report	a short plan year ret	uni/report (less than 12	monuis)	
Ç	Check box if filing under:	x Form 5558	automatic extension		☐ DFVC p	rogram
Property		special extension (enter descri	ption)			
P	art II Basic Plan Info	ormation enter all requested in	nformation			
1a	Name of plan NORTHEAST MECHANIC	AL INC. PROFIT SHARING 4	01 (K) PLAN		1b Three-digit plan numb (PN) ►	
					1c Effective d. 01/01/1	ate of plan
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)	etructions)		dentification Number -1312566
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHEAST MECHANICAL INC.				2c Sponsor's (716) 6	telephone number 84-6301
	139 SAWYER AVENUE				2d Business of 238220	ode (see instructions)
	US DEPEW NY 14043			######################################		
3а	Plan administrator's name a	and address X Same as Plan Spo	nsor		3b Administra	tor's EIN
					3c Administra	tor's telephone number
4		e plan sponsor or the plan name hansor's name, EIN, the plan name an			4b EIN	
а	Sponsor's name				4d PN	
С	Plan Name					
<u>-</u> 5а	Total number of participants	at the beginning of the plan year			5a	1
b	Total number of participants	at the end of the plan year		***************************************	5b	0
С	Number of participants with complete this item)	account balances as of the end of the	ne plan year (only defined	contribution plans	5c	0
d(1) Total number of active par	rticipants at the beginning of the plan	n year	***************************************	5d(1)	0
d(2) Total number of active par	rticipants at the end of the plan year	***************************************	***************************************	5d(2)	0
е	Number of participants who less than 100% vested	terminated employment during the p	olan year with accrued be	nefits that were	5e	0
Ca	ution: A penalty for the late	or incomplete filing of this return	report will be assesse	d unless reasonable c	ause is establishe	d.
Un SE	der penalties of perjury and o	ther penalties set forth in the instruc	tions, I declare that I hav	e examined this return/reportsion of this return/reports	report, including, if a ort, and to the best	applicable, a Schedule
s	IGN 6 11414			ROGER J-	HOPFMAN	
20.00	ERE Signatur e of plan agin	Prinstrator	Date 10 24-19	Enter name of individu		administrator
s	IGN FIME	h-		RUGER J.	HOPFMAN	
\$44,652	ERE Signature of employe	r/plan sponsor	Date 10 2/19	Enter name of individu	ual signing as emplo	yer or plan sponsor

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I VIIII	0000-	v.	201	U

6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)			•••••		X Yes No
b	Are you claiming a waiver of the annual examination and report of a							t-mensed transmit
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pr	emium filing for this year	m				(See instructions.)
Pa	rt III Financial Information	***************************************						
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year
a	Total plan assets	. 7a	1:	30,0	46			0
b	Total plan liabilities	. 7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1:	30,0	46			0
8	Income, Expenses, and Transfers for this Plan Year	48.4 Million (45.4 Million (45	(a) Amount	:				(b) Total
a	Contributions received or receivable from:	D (4)			0			5.085873.03.03.03.03
	(1) Employers			~~~~	0	10/10/00/00		
	(2) Participants					10000		
	(3) Others (including rollovers)				0			
	Other income (loss)	+		Nichal City	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	13	30,0	46			
e	Certain deemed and/or corrective distributions (see instructions)	1		************	0			Maria Carago Maria de Carago d
	Administrative service providers (salaries, fees, commissions)	. 8f			0	(8)		
 }	Other expenses		***************************************		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)							130,046
	Net income (loss) (subtract line 8h from line 8c)	 						(130,046)
 i	Transfers to (from) the plan (see instructions)	1		de caració designa	0			
D a	rt IV Plan Characteristics		<u> </u>			- Assessment		
	If the plan provides pension benefits, enter the applicable pension f	acture cod	on from the List of Blan C	hara		ic Cod	loc in t	ha instructions:
a	2E 2F 2G 2J 2K 2R 3D	eature cou	es nom me ciscor rian c	ala a	JEHS!		ics iii t	ne mandenona.
$\overline{\cdot}$								
a	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Ch	aract	eristic	Code	is in th	e instructions;
D ₂	rt V Compliance Questions	· · · · · ·		······································				
0	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period	1	, 00	110		7
_	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			Ì			38,000	
	Program)			10a		x		
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not i	nclude transactions					
	reported on line 10a.)	************	***************************************	10b		X		
С	Was the plan covered by a fidelity bond?			10c	х	<u> </u>	160	500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other					1	- 30	
	carrier, insurance service, or other organization that provides som			10e		x		
	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			106 10f		x	AMAGE:	
<u> </u>								
g 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?			10g		x		District Course
	2520.101-3.)	•		10h		х		
Ĭ	If 10h was answered "Yes," check the box if you either provided the			10i				
	exceptions to providing the notice applied under 29 CFR 2520.10	1-0	***************************************	101	L		1950(0450)	Photographic responses to the second

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Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (Form 5500 and line 11a below)	s and complete S	chedule	SB Yes X No	
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line		11a		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA?				
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver	. Month		r the date of the letter ruling yYear	
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 the plan year	12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?	1115********	X	Yes 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 control of the PBGC?	X Yes No			
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	identify the plan(s) to		
13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)	