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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009				
Α.	This return/report is for:	x single-employer plan	single-employer plan multiple-employer plan (not multiemployer)							
В	This return/report is for:	first return/report	n/report							
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	extension	DFVC program							
		special extension (enter descripti	on)							
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation							
1a	Name of plan				1b	Three-digit				
JT &	T CORP. PROFIT SHARING F	PLAN				plan number 001				
					4.	(PN) /				
					1C	Effective date of plan 01/01/1997				
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number				
	T AIR CONDITIONING, CORF	,	, ,			(EIN) 11-2793053				
					2c	Plan sponsor's telephone number				
	I MAURICE AVENUE PETH, NY 11378				2d	718-416-1660 Business code (see instructions)				
	,				Zu	238220				
		d address (if same as Plan sponsor, e			3b	Administrator's EIN				
JI &	T AIR CONDITIONING, CORF	P. 64-54 MAUF MASPETH,		IUE	30	11-2793053 Administrator's telephone number				
					30	718-416-1660				
	f the name and/or EIN of the pl	4b EIN								
-	name, EIN, and the plan numb		4c PN							
5a	Total number of participants a	5a	17							
b	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					17				
С										
					5c	10				
		during the plan year invested in eligit				X Yes No				
b		the annual examination and report of				X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Inform									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	566060)	719777				
b	Total plan liabilities			()	0				
С	Net plan assets (subtract line	7b from line 7a)	. 7с	566060	60 7197					
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or received									
	• • • •			40046	-					
				10840	0					
h	• • •	s)	` '							
b	` ,	0-(0) 0-(0)101)		142877						
d	 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 					153717				
u	. ,	Tollovers and insurance premiums	8d	()					
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e	()					
f	Administrative service provide	ers (salaries, fees, commissions)	8f	()					
g	Other expenses		8g	()					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i			153717				
j	Transfers to (from) the plan (s	see instructions)	. 8i							

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 3D 3H

D I	rtn	e plan provides welfare benefits, enter the applicable welfare featul	ire codes from the L	List of Pian Chara	cteris	iic Co	des in	tne instruct	ions:			
Part	٧	Compliance Questions										
10	Dui	ing the plan year:				Yes	No		Amount	!		
а	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	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X					
С	C Was the plan covered by a fidelity bond?									195000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X					
										485		
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10q		X					
		is is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part \	۷I	Pension Funding Compliance										
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) Yes X No											
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
	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 granting the waiver											
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.												
b	b Enter the minimum required contribution for this plan year						12b					
С	Ent	er the amount contributed by the employer to the plan for this plan	year				12c					
	•						12d					
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A		
Part \	/II	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		<u>.</u>			Ye	s X No		
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								s X No			
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne plai	n(s) to	1		-			
13c(1) Name of plan(s):						13c(2) EIN(s) 13c				(3) PN(s)		
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonabl	e cau	ise is	establ	ished.				
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.												
SIGN	F	iled with authorized/valid electronic signature.	10/12/2010	JAMES MIKHAIL								
HERE	- Г	Signature of plan administrator Date Enter name of				individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor

For Paperwork Raduction Act Notice and OMB Cuntrel Numbers, see the Inc

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Page: 4/5

Date: 10/12/2010 10:47:51 AM

QMS Nos. 1210-0110 1210-0059 Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan Department of the Treasury Internet Revenue Service 2009 This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Employee Benefits Essurity Administration Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the This Form is Open to Public Internal Revenue Code (the Code). Inspection Mion Benefit Gueranty Companion Complete all antries in accordance with the instructions to the Form 5500-SF. Part Annual Report Identification Information For calender plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) A This return/report is for: one-participant plan B This return/report is for: first return/report final roturn/report an amended return/report short plan year return/report (less than 12 months) DFVC program C Check bax if filing under: Farm 5558 automatic extension special extension (enter description) Part | Basic Plan Information—enter all requested Information 1b Three-digit 1a Name of plan JT & T Corp. Profit Sharing Plan olan number (PN) 001 1c Effective date of plan 01/01/1997 Employer Identification Number 2a Plan sponsor's name and address (employer if for single-employer plan)
UT & T Air Conditioning. Corp. (EIN) 11-2793053 2c Plan sponsor's telephone number (718) 416-1660 64-54 Maurice Avenue 2d Business code (see instructions) 238220 NY 11378 3b Administrator's RIN 38 Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 46 EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 17 5a 50 Total number of participants at the beginning of the plan year..... 17 5<u>b</u> b Total number of participants at the end of the plan year...... Total number of participants with account balances as of the and of the plan year (defined benefit plans do not 10 5c complete this item).. Yes [] No Were all of the plan's exacts during the plan year invested in eligible assets? (See Instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes \ No under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 5s or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500, Part III Financial Information (b) End of Year 1 (a) Beginning of Year Plan Assets and Liabilities 719,777 566,060 79 Total pinn assets 0 70 Total pian liabilities..... 719.777 566,060 70 Net plan assets (oubtract line 75 from line 7a)....... (b) Total (m) Amount Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 88/11 (1) Employers 10,840 Ba(2) 84(3) (5) Others (including rollovors)...... 142,677 153,717 8b b Other income (loss)..... Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Sancitis paid (including direct rollovers and insurance premiums Ad to provide benefits)------O Certain deemed and/or corrective distributions (see instructions)... 8e 0 Administrativa service providers (salarius, fees, commissions)..... 8f 8a Other expenses..... 0 하 Total expenses (add lines 8d, 8e, 6f, and 8g)...... 153,717 ėi W. 73 Net income (loss) (subtract line 8h from line 6c)...... a log by Transfers to (from) the plan (see instructions) one 5500-RF (200 TOT 5500 BF

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Page: 5/5

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		Form 6500-SF 2009	Page	2							
Part	īv	Plan Characteristics							<u>,</u>		
5a	fine	plan provides pansion benefits, enter the applicable pension feature :	codes from the List	of Plan Char	acieris	tic Co	des in t	he Instruction	(8;	······	
h	H the i	2E 2G 2J 3D 3H plan provides walfare benefits, enter the applicable welfare feature o		al Blos Chan	ata ele l	la Cas	taa ia H	a instruction	. ,		
	II M 2007	best higa cost mailara basellet aten inti abbecació Mallets, Jennia C	iother trour (lie Mat	of Lieu Cusu	i Grafi lex	415 COC	H IN BOX	IC IIISU 29001	b.		
and	Ÿ	Compliance Questions		•						,	
0		ng the plan year:				Yes	No	. An	nount		
•		there a failure to transmit to the plan any participant contributions wit FR 2510.3-1029 (866 Instructions and DOL's Voluntary Fiduciary Co			10a		х				
р	Were	there any nonexampt transactions with any party-in-interest? (Do no	ot Include transacti	behogen and	10b		х			•	
•		the plan covered by a fidelity bond?	•		100	x			195	5,000	
	DIG t	he plan have a loss, whether or not reimbursed by the plan's fidelity t shonesty?	bond, that was cau	sed by fraud	10d		x	,			
		e any fees or commissions paid to any brokers, agents, or other parse			1,20						
•	insu	rance service or other organization that provides some or all of the bauctions.)	inefits under the pl	an? (8ee	100	x				485	
ť	Has	the plan falled to provide any benofit when due under the plan?	**		10f	1	х				
a		the plan have any participant loans? (If "Yes," enter amount as of yea			10g		x				
-		e is an inclividual account plan, was there a blackout period? (See ins							123	1478.	
••	2520).101-3.)	36 54 - 87 LEF 6073 204 1 1 77 7 # P 804 1	*******	10h		X	18 14/24	1.46.00 TO	11/4	
i	1/ 10 exce	th was answered "Yes," check the box if you either provided the requi- ptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one c	f the	101			and the second		1	
art	VI:	Pension Funding Compliance									
11	la Mi	is a defined benefit plan subject to minimum funding requirements? (lf "Yez," see instru	oo bns snoit	nplete	Sche	dule SE	(Form	Yes		
12	is th	nis a defined contribution plan subject to the minimum funding require	ments of section 4	12 of the Cod	lo or si	action	302 of	ERISA7	Yes	⊠ No	
	44.0	e a colore des colores des certaines de la colore dela colore de la colore de la colore de la colore de la colore dela colore de la colore de la colore de la colore de la colore dela colore de la colore de la colore de la colore de la colore dela colore del							tener nit	ina	
7	14	ree," complete 122 or 120, 120, 120, 210 120 below, as applicable.) Walver of the minimum funding standard for a prior year is being amounting the walver.	rtized in this plan y	eer, see instri 	uctions with	, and	onter u Day	———— Y	edf		
19	gran Vou c	nung the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MS (I	Form 5500), and a	kip to line 13	l						
b	Ente	er the minimum required contribution for this plan year		,, ,			12b				
C	Ente	er the amount contributed by the employer to the plan for this plan ye	2 [120	<u> </u>			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rel	sul (enter a minue	**************************************	u or a		. 12d		No [] N/A	
	Will	the minimum funding amount reported on line 12d be met by the fun	ding desdine?	P1777	-4	117-40 1061	<u></u>	Y64	NO	IVA	
Par	ŴΙ.	Plan Terminations and Transfers of Assets							77 7	X No	
13a	Has	s a resolution to terminate the plan boon adopted during the plan year	r or any prior year?	***************************************			13a		1 1 1 1 1 1 1 1	IN NO	
			er ible vest				1 :==	.\			
	We	re all the plan assets distributed to participants or beneficiaries, trans	Heusen to guorner b	יייייייייייייייייייייייייייייייייייייי		40000000.			Yes	X No	
C	14.4	he PBGC? uring this plan year, any assets or liabilities were transferred from this ich assets or liabilities were transferred. (See instructions.)	s plan to another p	HAD(E), KRIMCIUT	tile b	te bistite) in					
		1) Name of plan(a):				13c(2) EIN(6) 13) PN(8)	
	v				- 1				1		
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		A penalty for the late or incomplete filling of this return/report w	di) be assessed u	nices respon	able c	ause	is osta	blished.			
Un	der pe	A penalty for the late or incomplete filing of the recurring of the recurring of the instructions, I declared by an enrolled actuary, as wall as	plare that I have e the electronic vers	comined this on, of this retu	itiv, teb Letinium	report ort, ar	, includ nd to the	ing, if applica a best of my)	duomiedā alei e Sc	e and	
58 bel	orsc Jaf, K	is rue, correct, and complete.						·			
10.00	21.11	10-12-10 James Mikh				thail					
31	CN PVE	Signature of plan administrator	Ignature of plan administrator Date Enter name			/idual	aigning	as plan edm	<u>nistrator</u>		
44.	IGN .										
	ere .	Signature of employer/plan sponsor	D010	Enter name	of Indi	vidual	<u>Dřímpla</u>	as employer	or plan e	ponsor	