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

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number PRES AIR TROL, LLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PRES AIR TROL, LLC 20-0985562 (EIN) 2c Sponsor's telephone number 914-698-2026 1009 WEST BOSTON ROAD MAMARONECK, NY 10543 2d Business code (see instructions) 238210 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN PRES AIR TROL. LLC 1009 WEST BOSTON ROAD MAMARONECK, NY 10543 Administrator's telephone number 914-698-2026 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 19 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 103049 58200 Total plan assets..... 7a 7b Total plan liabilities..... 103049 58200 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 6315 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -113 **b** Other income (loss)..... 8b 6202 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 50966 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 85 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 51051 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

-44849

Form 5500-SF 2011		

F	orm 5500-SF 2011	Page 2 - 1
Part IV	Plan Characteristics	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

During the plan year:		Yes	No		Δm	ount	
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)	10a		X		Alli	Ount	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c		Χ				
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
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.)	10e	X					1
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	ule SE	(Form		1	
ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	· ·			······		Yes Yes	ᆂ
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	 ction 3	 302 of	 ERISA?	. [Yes	X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	e or se	ction 3	302 of	ERISA?	of the le	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	302 of	ERISA?	of the le	Yes	ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections, oth	and e	nter th Day	ERISA?	of the le	Yes	X ling
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	12b 12c 12d	ERISA?	of the lo	Yes	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	ERISA? ie date d Yes Yes	of the lo	Yes etter ruar	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	ERISA? ie date d Yes Yes	of the lo	Yes etter ru ar No Yes	ling

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	Filed with authorized/valid electronic signature.	07/25/2012	KATHI IOSSA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accomplete all entries in accomplete.	ordance with	the instructions to the Form 550	00-SF.		
	Part I Annual Report Identification Information	×1 18 12				
-1-0	or calendar plan year 2011 or fiscal plan year beginning	01/01/2	01.1 and ending		12/31/20	.1
Α	This return/report is for:] a multiple	-employer plan (not multiemployer)		a one-partici	pant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 m	onths)	
¢	Check box if filing under: Form 5558	automatic	extension		☐ DFVC progre	.m
	special extension (enter descripe					
F	art II Basic Plan Information—enter all requested information			-	The state of the s	
_	Name of plan	naugn		l 1h	Three-digit	
	PRES AIR TROL, LLC 401(k) PLAN			'"	plan numbor	
	The state of the s			!	(PN) •	001
				1c	Effective date of	
2-					01/01/2009	
20	Plan sponsor's name and address; include room or sulte number (PRES AIR TROL, LLC	amployer, if	for a single-omployer plan)	2b	Employer Identification (EIN) 20~0.98	ication Number
	THE MAN WHOLL, LICE				3.77.7	
				2¢	Sponsor's telept	1010 number 2026
	1009 WEST BOSTON ROAD			24	Business code (
	MAMARONECK		NY 10543		238210	goo maa abaana
За	Plan administrator's name and address (If same as plan appnsor,	enter "Same"		3b	Administrator's E	EIN
	SAME					
				3c	Administrator's to	slephoné number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	anort filed for this plan, onter the	4b	EINI	
	name, EIN, and the plan number from the last return/report.	Mast reterrine	port med for this plan, e-itel the	40	CIIN	
a	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		1 8
b	Total number of participants at the end of the plan year			5b		1,9
C	The second secon	plan year (de	efined benefit plans do not		1	
	complete this item),,,,,			5c	1	6
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets? (See instructions.)	•••••		X Yes No
Đ	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independ	lent qualified public accountant (IQI	PA)		X Yes No
1 minute harrists	If you answered "No" to either 6a or 6b, the plan cannot use F					
Pa	art III Financial Information	non-fluid historica de la Principal de la Contraction de la Contra				
7	Plan Assets and Liabilities	on beausi	(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	103,04	9		58,200
	Total plan liabilities	. 7b	The second secon			
C	Net plan assets (subtract line 7b from line 7a)		103,04	9		58, 200
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To	otal
a	Cantributions received or receivable from:				1.11	873- N-
	(1) Employers	41117		4		
	(2) Participents	8a(2)	6, 31	5	144	San a
	(3) Others (including rollovers)	8a(3)				1
þ	Other income (loss)	. 8b	(113)	, , , , , , , , , , , , , , , , , , ,	f
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					6,202
		8c				0/202
d	Benefits paid (including direct rollovers and insurance premiums		50 OC	6		02202
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	50,96	6	9 11 15 4 14	67.24.2
e	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d 8e		1		0,202
e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f	50,96	1		0,202
e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g		1		
e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h		1		51,051
e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h		1		
e f g h i	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8q 8h 8i		1		51,051

Form 5500-SF 2011

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Page	Z	-

Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 2E 2F 2G 2U 2K 2T 3D

Ь	If the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the	List of Plan Chara	cteristi	c Cod	les in t	he instruc	tions:	
Parl	V Compliance Questions	,							
10	During the plan year:		101-		Yes	No		Amount	
а	Was there a fallure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time parv Correction Prod	eriod described in	10a		χ.		Amount	MMT2
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include from	sactions reported	10b		×			
С	Was the piяn covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		X			W
0	Were any fees or commissions paid to any brokers, egents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insu he benefits under th	rance carrier, 10 plan? (See	10e	Х				128
f	Has 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	f year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or o	ne of the	10i					, i i
Part			January Company					- Albahali	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	tructions and comp	alete S	chedu	ıle SB	(Form		No No
lf y b c d	If a walver of the minimum funding standard for a prior year is being at granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	B (Form 5500), an		h		12b 12c	e date of the	ne letter rui Year	ilng
	Will the minimum funding amount reported on line 12d be met by the fi				***************************************		Yes	No [N/A
art		textile (All textile)							
13a	Has a resolution to terminate the plan been adopted in any plan year?					Y	es X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the emplo								
С	Were all the plan assets distributed to participants or beneficiaries, treat of the PBGC?					itrol		Yes	X No
	which assets or liabilities were transferred. (See instructions.)				120/	(2) EIN	1(0)	13c(3)	DN/n)
	of it frame of pish(s).				130	(2) EIN	1(8)	130(3)	riv(s)
Cautio	on: A penalty for the late or incomplete filling of this return/report	will be assessed i	uniess reasonable	caus	e 5 e	stablis	shed.	als as seen	
SB or	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct land complete.	declare that I have on the electronic vers	examined this returnsion of this return/re	n/repo aport, a	rt, inc	luding, the be	if applica sat of my k	ble, a Sche nowledge	ədule and
SIGN	T (VIII)	7-25-2012	Chris	WEG/	•				
HERE		Date	Enter name of ind			ng as	plan admir	nistrator	
SIGN		37.			- Mi		4/		

SIGN	(Vay WA)	7-25-2012	Chris Her
MERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
SIGN	Signature of employer/plan sponsor	Date	Enter name of Individual signing as employer or plan sponsor