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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

			Complete all entries in acco	ordance with the monde	tions to the Form 550	JU-3F.				
	art I		Identification Information							
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending						12/31/2	2 <u>012</u>			
A	This ret	urn/report is for:	a single-employer plan	님 ' ' '	an (not multiemployer)	er) a one-participant plan				
В	This ret	urn/report is:	the first return/report	irst return/report the final return/report						
an amended return/report a short plan year return/report (less than 12 m						nonths)	1			
C Check box if filing under: Form 5558 automatic extension						DFVC program				
			special extension (enter descrip	otion)						
Pa	art II	Basic Plan Info	rmation—enter all requested infor	rmation						
	Name	•				1b	Three-digit			
PRES	S AIR TI	ROL, LLC 401(K) PLAI	N				plan number	001		
						10	(PN) Fffective date of			
						1c Effective date of plan 01/01/2005				
		consor's name and add	dress; include room or suite number	(employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 20-0985562				
						2c Sponsor's telephone number				
		BOSTON ROAD ECK, NY 10543				24	Business code (
		,				Zu	23821			
3a	Plan ad	dministrator's name an	nd address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN		
						3c	Administrator's t	elephone number		
4	If the n	name and/or FIN of the	e plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4h	EIN			
•			nber from the last return/report.	ic last return/report med to	Tills plan, enter the	40	EIIN			
<u>a</u>	Sponso	or's name				4c	PN			
5a			at the beginning of the plan year			- 5a	a 2			
b			at the end of the plan year			5b		20		
С			account balances as of the end of th	. , ,	•	. 5c		5		
6a			during the plan year invested in elig					X Yes No		
b			the annual examination and report					X Yes No		
			? (See instructions on waiver eligibilited ther line 6a or line 6b, the plan cal					M 163 140		
Car			or incomplete filing of this return/							
			ner penalties set forth in the instruction					able. a Schedule		
SB	or Sche		nd signed by an enrolled actuary, as							
SIG		Filed with authorized/v	valid electronic signature.	05/08/2013	CHRISTOPHER WES	VEST				
HEF	RE	Signature of plan ac	dministrator	Date	Enter name of individ		idual signing as plan administrator			
SIG	iN									
HEF	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	Enter name of individual signing as employer or plan sponsor				
Pre	parer's i	name (including firm na	ame, if applicable) and address; incl	ude room or suite number	(optional)	Prep	arer's telephone	number (optional)		

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Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Yea	ır		
a	Total plan assets				59678						
	al plan liabilities								70070		
	t plan assets (subtract line 7b from line 7a)							5	9678		
	Income, Expenses, and Transfers for this Plan Year	(a) Amount									
	·	tributions received or receivable from:					(b) To	ıaı			
	(1) Employers	8a(1)									
	(2) Participants	20									
	Others (including rollovers)										
b	er income (loss)										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6561		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	491	3							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	17	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5083	}	
	Net income (loss) (subtract line 8h from line 8c)	8i							1478		
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	าร:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		mou	ınt		
а				10a		X	-				
b		? (Do not	include transactions reported	10b		Х					
c	Was the plan covered by a fidelity bond?			10c		Χ					
d	<u> </u>	fidelity bo	nd, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,								
	instructions.)		• ` `	10e	Х						43
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
ī	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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a				<u></u>	
12	Is this a defined contribution plan subject to the minimum funding			orea	ction		ERISA2	П	Yes	X	No
-14	• • • • • • • • • • • • • • • • • • • •	•		, UI SE	UIUII	JUZ UI	LINIOM!		, 55	/\	
a	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling granting the waiver										
If	granting the waiver										
	Enter the minimum required contribution for this plan year	•	•		[12b					

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

OMB Nos. 1210-0110

1210-0089

Form 5500-SF

Denaitment of the Tressury Internal Revenue Service

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 the Internal Revenue Code (the Code).

2012

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Dopartment of Labor This Form is Open to Public Employee Benefits Security Administration Inspection Pension Benefit Gueranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 12/31/2012 For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending a one-participant plan a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: the final return/report the first return/report This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under. special extension (enter description) Part II Basic Plan Information—enter all requested information Three-digit 1a Name of plan nian number PRES AIR TROL, LLC 401(K) PLAN 001 (PN) Effective date of plan 01/01/2005 2b Employer Identification Number 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (EIN) 20-0985562 PRES AIR TROL, LLC Spansor's telephone number 914-698-2026 1009 WEST BOSTON ROAD Business code (see instructions) 238210 NY 10543 MAMARONECK 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name XSame as Plan Sponsor Address 3c Administrator's telephone number 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. PN 4c a Sponsor's name 20 5a 5a Total number of participants at the beginning of the plan year 5b 20 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item)..... Yes Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you daiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes 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 cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 somblete. Christopher West SIGN HERE Enter name of Individual signing as plan administrator Signature of plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's telephone number (optional)

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End o	f Year		
	Total plan assets	7a		5820	00				596	678
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		5820	0.0				598	678
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		2" 1" 6	-					_
	(2) Participants	8a(2)		652	40				-	_
- In	(3) Others (including rollovers)	8a(3)			1.0					
	Other Income (loss)	8b			41				-	7.50
d	Total Income (add Ilnes 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d		493	13				6.	561
	Certain deemed and/or corrective distributions (see instructions)	Be .			+			-	-	
	Administrative service providers (salaries, fees, commissions)	8f		1	7.0					
g	Other expenses	8g			-					
e-trackless	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+				5/	083
T	Net Income (loss) (subtract line 8h from line 8c)	81			+					478
Ť	Transfers to (from) the plan (see instructions)	-		-	+			-		
Par	t IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D			_						_
b	If the plan provides welfare benefits, enter the applicable welfare for	ature codes	from the List of Plan Charac	cterisi	tic Coc	les in the	Instructio	ns:		
Par	V Compliance Questions					le e				
10	During the plan year:				Yes	No	-	Amount	İ	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	clary Correct	ion Program)	10a		Х				
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)		07///6/18/10/11/11/14/20/10/20	10b		Х				
C	Was the plan covered by a fidelity bond?	************	******************************	10c		Х				
d	or dishonesty?			10d		x				
	Were any fees or commissions paid to any brokers, agents, or oth					Λ				
8	Insurance service or other organization that provides some or all cinstructions.)	f the benefits	under the plan? (See	10e		A				43
	Insurance service or other organization that provides some or all of	of the benefits	under the plan? (See		х	X				43
f	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan	of the benefits	under the plan? (See	10e 10f	х					43
f	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount as if this is an individual account plan, was there a blackout period?	of the benefits 17 3 of year end See instruction	under the plan? (See	10e	х	×				43
f	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant loans? (If "Yes," enter amount as	of the benefits 17 25 of year end 26 See instructions 26 required no	one and 29 CFR	10e 10f 10g	х	X			Ta Ta	43
f	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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-	of the benefits 17 25 of year end 26 See instructions 26 required no	one and 29 CFR	10e 10f 10g 10h	х	X			Ta .	43
f g h	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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	of the benefits and of year end See instruction required notes 1-3 ents? (If "Yes	ons and 29 CFR otice or one of the	10e 10f 10g 10h 10l	Scheo	X X X	Form	Ye	98	43 No
f g h	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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 2520.101-101. VI Pension Funding Compliance	of the benefits 17. Is of year end See instruction In required not In a required not	one and 29 CFR otice or one of the	10e 10f 10g 10h 10l	Sched	X X X	Form	∏ Ye	18	
f g h	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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)	of the benefits array s of year end See instruction required no 1-3 ents? (If "Yes	ons and 29 CFR office or one of the	10e 10f 10g 10h 10l	Scheo	X X X X Iule SB (I		∏ Ye		
f g h Part 11	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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	of the benefits array s of year end See instruction required notes ents? (if "Yeseraguirements	ons and 29 CFR otice or one of the	10e 10f 10g 10h 10l	Scheo	X X X X Iule SB (I				No
f g h	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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. 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.	of the benefits as of year end See instruction required notes requirements as applicable g amortized	ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code s.) in this plan year, see instruc	10e 10f 10g 10h 10l	Sched	X X X X X X IIII SB (IIII SB (IIII SB (III SB (III) SB (III SB (III) SB (III SB (III) SB (III SB (III) SB (III) SB (III) SB (III) SB (III SB (III) SB (III SB (III) SB (II	RISA7	П Үе	s X	
f 9 h i Part 11 11a 12 a	Insurance service or other organization that provides some or all constructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as 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	of the benefits as of year end See instruction required notes requirements as applicable g amortized	ons and 29 CFR otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruc	10e 10f 10g 10h 10l	Sched	X X X X X X Italian SB (I	RISA7	Ye letter	s X	No

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c	Enter the amount contributed by the employer to the plan for	or this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12c negative amount)	,	12d				
e	Will the minimum funding amount reported on line 12d be n	net by the funding deadline?		Yes	No N	A	
Part	VII Plan Terminations and Transfers of Ass	sets					
13a	Has a resolution to terminate the plan been adopted in any plan	ı year?	D	es X No			
	If "Yes," enter the amount of any plan assets that reverted						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to another plan(s), identify the plan			10.00		
-	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN	s)	
Part	VIII Trust Information (optional)						
14a Name of trust			14b T	rust's EIN			