Fc	orm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee	OMB Nos. 1210-011 1210-008			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2012	-		
	Department of Labor Benefits Security Administration	ctions 6057(b) and 6058 ode).		This Form is Open to Public					
Pension	Inspection								
Part I		entification Information			0/04/				
For calen	dar plan year 2012 or fisca			v	2/31/2				
	eturn/report is for:			an (not multiemployer)		a one-participant plan			
B This r	eturn/report is:		ne final return/report						
-	Ļ		1 5	h/report (less than 12 mo	onths				
C Check	k box if filing under:		utomatic extension			DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	on		41				
	e of plan RP. PROFIT SHARING PL	AN			10	Three-digit plan number			
51 4 1 00						(PN) ▶ 001			
					1c	Effective date of plan			
2a Plan	sponsor's name and address conditioning corp.	ess; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	01/01/1997 Employer Identification Number (FIN) 11-2793053			
					2c	Sponsor's telephone number			
	JRICE AVENUE I, NY 11378				2d	718-416-1660 Business code (see instructions)			
						238220			
3a Plan	administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's EIN			
					3c	Administrator's telephone number			
		lan sponsor has changed since the las er from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN			
	isor's name	er nom the last return/report.			4c	PN			
		the beginning of the plan year			5a		9		
b Tota	I number of participants at	the end of the plan year			5b		9		
c Num	ber of participants with ac	count balances as of the end of the pla	n year (defined bene	fit plans do not					
					5c		8		
b Are unde	you claiming a waiver of ther 29 CFR 2520.104-46? (uring the plan year invested in eligible the annual examination and report of an See instructions on waiver eligibility an	independent qualified d conditions.)	d public accountant (IQI	PA)	Yes 🗌 N			
		er line 6a or line 6b, the plan cannot							
Under pe SB or Scl	nalties of perjury and othe	incomplete filing of this return/report r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	oort, ir	ncluding, if applicable, a Schedule			
SIGN	Filed with authorized/va	lid electronic signature.	07/29/2013	JAMES MIKHAIL					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	dividual signing as employer or plan sponsor				
Preparer'	's name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)	Prep	parer's telephone number (optional)			

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	61230	9			682363
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	61230	9			682363
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(1)		0			
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0	_		
h	(3) Others (including rollovers)	8a(3)		-	_		
	Other income (loss)	8b	7023	94			70004
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		70234
	to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	18	0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					180
i	Net income (loss) (subtract line 8h from line 8c)	8i					70054
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
Part							ſ
10	During the plan year:				Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a		х	
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	Х		195000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,	,	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10q		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	its 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	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized	d in this plan year, see instrue		, and e	enter th Day	•
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	1 5500), and skip to line 13.				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			
е	Will t	ne 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	a resolution to terminate the plan been adopted in any plan year?	X	Yes No)	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a			0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control		Ye	s 🗙 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) in assets or liabilities were transferred. (See instructions.)	to			
1	3c(1)	Name of plan(s): 1	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN

Foi	anment of the Treasury		nual Return/Report Benefit Plan	yee	OMB Nos. 1210-0110 1210-0089			
	anal Revenue Service Repartment of Labor	This form is required	This form is required to be filed under sections 104 and 4065 of the Employ					
Entroyee B	Reput/Security Administrate Security Security Administrate Security Corperation	t	Complete all entries in accordance with the instructions 40.57(b) and 605				is Open to Public	
Part I	Annual Repor		tion	ructions to the Form 550	0-SF.			
	far plan year 2012 or	fiscal plan year beginning	01/01/2012	and ending	1	2/31/201	<u>,</u>	
A This ret	turn/report is for:	🔀 a single-employer plan	a multiple-employe	r plan (not multiemployer)	Π	a one-partici		
B This ret	turn/report is:	the first return/report	the final return/repo			a une-partici	pant pian	
C (1)		an amended return/repo	rt 🔄 a short plan year ret	tum/report (less than 12 m	onllis)			
Check I	box if filing under:	U Form 5558	automatic extension	0	[]	DFVC progra	am	
D (1)	1	special extension (enter	description)					
Part II	Basic Plan Inf	ormation-enter all request	ed information					
1a Nome JTC 5 D		t Sharing Plan			1b T	hree-digit	1	
	weige roots	r sharinê kisû			1	lan number	1001	
						PN) 🕨	1	
						nective date c $1/01/199^{\circ}$		
2a Planist	ponsor's name and a	iddress; include room or suite r	number (employer, if for a sing	le-employer plan)			ification Number	
9- 6 i	Air Conditi	paing Corp.			1	EIN) 11-279		
64-54 4	Maurice Aven	16)			20 S	ponsor's telep	phone number	
					1	13-415-1		
Maspeth	n	NY 113	78				(see instructions)	
					1 2	38220		
3a Plan at	dministrator's nome	and address 🖾Samo as Plan S	Sponsor Name - XSame as P	lan Sponsor Address	3b Ad	dministrator's dministrator's		
		and address 🖾Same as Plan 5			3b Ad	dministrator's		
4 it the r	name and/or EIN of I		since the last return/report file		3b Ad	dministrator's		
4 it the r name a Spons	name and/or EIN of I EIN, and the plan n or's name	and address SSamo as Plan t he plan sponsor has changed i winber from the last return/repo	since the last return/report file	d for this plan, enter the	3b Ad	dministrator's		
4 it the r name a Spons	name and/or EIN of I EIN, and the plan n or's name	and address Samo as Plan t	since the last return/report file	d for this plan, enter the	3b Ad 3c Ad 4b E	dministrator's		
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Form 5500-SF 2012 Page 2 Part III | Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year a Total plan assets 612309 7a b Total plan liabilities 7b 0 c Net plan assets (subtract line 7b from line 7a) 612309 7c 8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: 0 (1) Employers 8a(1) (2) Participants..... 0 8a(2) (3) Others (including rollovers)..... 0 8a(3) b Other income (loss) 70234 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) С 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) ... 0 8d e Certain deemed and/or corrective distributions (see instructions) ... 0 8e f Administrative service providers (salaries, fees, commissions) 8f 180 g Other expenses 0 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8i i Transfers to (from) the plan (see instructions)..... 0 8j 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 2G 2J 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 Yes No During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in a Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)..... 10a h Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х C Was the plan covered by a fidelity bond? 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d or dishonesty?..... Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g $h\,$ If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the i 10i exceptions to providing the notice applied under 29 CFR 2520.101-3 Pension Funding Compliance Part VI Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 11 5500) and line 11a below) 11a 11a Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... 12 (If "Yes," complete line 12a or lines 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 Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year.....

(b) End of Year

(b) Total

682363

682363

70234

180

70054

195000

Yes

Year

Yes X No

No

Amount

0

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С	Enter the amount contributed by the employer to the plan for this plan year	12	:				
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)	120	1				
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					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contr	ol			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					
	I3c(1) Name of plan(s):	13c(2)	EIN	(s)		13c(3	PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust	14b	Tru	st's El	Ν		