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

2013

This Form is Open to Public Inspection

		Tone Guaranty Gorporation	▶ Com	iplete all entries in	accordanc	ce with the instruc	ctions to the Form 5	500-SF.				
Par	t I	Annual Report	<u>Identifica</u>	tion Information	วท							
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013												
A Th	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							pant plan				
B Th	nis retu	urn/report is:	the first	t return/report	the	final return/report						
			an ame	ended return/report	a sh	ort plan year returi	n/report (less than 12	months)			
C CI	heck be	ox if filing under:	Form 5	558	auto	omatic extension			DFVC progra	am		
		Ü	special	extension (enter de	escription)							
Par	t II	Basic Plan Info	rmation_	-enter all requested	information	1						
	Name o							1b	Three-digit			
		EATING AIR INC 401	I K PROFIT	SHARING PLAN TE	RUST				plan number			
									(PN) ▶	001		
								1c	1c Effective date of plan			
									01/01			
		onsor's name and add HEATING & AIR INC	dress; includ	de room or suite nun	nber (emplo	oyer, if for a single-	employer plan)	2b	2b Employer Identification Nun (EIN) 20-3911760			
E COLL		\\/E						2c	Sponsor's telephone number 631-467-2475			
	MAR A GROVE	E, NY 11755-2710						2d	2d Business code (see instructions			
0								- Al-	81121			
3a F	'lan adı	lministrator's name ar	nd address	XSame as Plan Spo	onsor Name	e USame as Plar	n Sponsor Address	30	Administrator's	EIN		
								3с	Administrator's	telephone number		
4 .								4.				
		ame and/or EIN of the				return/report filed for	or this plan, enter the	4b	EIN			
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Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
a	Total plan assets	7a	5526				78734			4
	Total plan liabilities	7b		0			0			<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c	5526	8					78734	4
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(w) runount				()			
	(1) Employers	8a(1)	200	0						
	(2) Participants	8a(2)	1000	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1146	6						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23466	;
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							(0
i	Net income (loss) (subtract line 8h from line 8c)	8i							2346	6
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics	•								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2T 3D 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions within	n the time period described in		103	140		AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		Х				
N	on line 10a.)	•	•	10b		X				
	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud			X				
	or dishonesty?			10d						
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	•							
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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	ne required	d notice or one of the	10h 10i						
Dord		1-0		101						
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
5500) and line 11a below) Yes X No										
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			or se	ection :	302 of	ERISA?		Yes	X No
(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 granting the waiver										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			ı					
b	Enter the minimum required contribution for this plan year					12b	1			

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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?	Y	es 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 coof the PBGC?	ontrol		Yes X No				
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a Name of trust				14b Trust's EIN				