Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan					/ee		OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Em						2013			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form i	s Open to Public		
Pension B	enefit Guaranty Corporation	tions to the Form 5500)-SF.	Ins	pection				
Part I		entification Information							
For calend	ar plan year 2013 or fisca	al plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This re	turn/report is for:	an (not multiemployer)		a one-partici	pant plan				
B This return/report is:									
	[an amended return/report a s	hort plan year return	/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	tomatic extension			DFVC progra	ım		
		special extension (enter description)							
Part II	Basic Plan Inform	nation—enter all requested information	n						
1a Name	of plan				1b	Three-digit			
JT & T COR	P. PROFIT SHARING PL	AN				plan number	001		
					1c	(PN) Effective date o			
					10	01/01	•		
	ponsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identi			
64 54 MALI	RICE AVENUE				2c	Sponsor's telep 718-410			
MASPETH,					2d	Business code (see instructions 238220			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b				
name	4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					EIN			
<u> </u>	or's name				4c	PN			
		the beginning of the plan year			5a		9		
		the end of the plan year			5b		0		
		count balances as of the end of the plar			5c		0		
		uring the plan year invested in eligible a					X Yes No		
b Are y	ou claiming a waiver of th	he annual examination and report of an i See instructions on waiver eligibility and	independent qualified	d public accountant (IQI	PA)		X Yes No		
		er line 6a or line 6b, the plan cannot							
		plan, is it covered under the PBGC insu					Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.			
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	10/02/2014	JAMES MIKHAIL	lividual signing as plan administrator				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu					
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; include r			-		number (optional)		

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Ye	ear		
а	Total plan assets	7a	68236	3					3423		
b	Total plan liabilities	7b		0					3423		
С	Net plan assets (subtract line 7b from line 7a)	7c	68236	3	0						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or receivable from: 1) Employers										
		2) Participants									
		B) Others (including rollovers)									
b	Other income (loss) 8b 181			6							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	81566		
_	Benefits paid (including direct rollovers and insurance premiums										
-	to provide benefits)	8d	86050								
е	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						8	60506		
	Net income (loss) (subtract line 8h from line 8c)	8i						-6	78940		
j	Transfers to (from) the plan (see instructions)	8j		0							
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2G 2J 3D 3H	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruc	tions	:		
b			as from the List of Dian Chara	atoriat		loo in t	ha instruct	ono:			
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature cou		lensi		ies in t	ne instruct	ons.			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported			Х					
C	on line 10a.) Was the plan covered by a fidelity bond?			10b 10c	Х					1950	00
d				100						1000	00
	or dishonesty?		-	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					V					
	instructions.)		• •	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			х					
<u> </u>	2520.101-3.)			10h		~					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CER 2520 10	•		10i							
exceptions to providing the notice applied under 29 CFR 2520.101-3 10i Part VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	1	No
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding						FRISA?		Yes	XI	No
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					002 01				<u> </u>	-
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of t	he le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Day		i ca	• <u></u>		<u> </u>
-	Enter the minimum required contribution for this plan year					12b					

C	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?	. X Y	′es	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?	control		X Yes	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):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

						and the second se				
2	Form 5500-SF Department of the Treasury Internal Revenue Service	Short Form Annu	Benefit Plan				OMB Nos, 1210 1210			
This form is required to be filed under sections 104 and 4065 of the Em Retirement Income Security Act of 1974 (ERISA) and sections 5057(b) and					/ ee	2013 ·				
	on Benefit Gueranty Corporation	iteman Kevende Code (the	Code).		This Form is Open to Publ					
Part		Complete all entries in a dentification information	ccordance with the instr	uctions to the Form 55	00-SF.	11	spection			
For cale	endar plan year 2013 or fis	cal plan year beginning	01/01/2013							
		X a single-employer plan		and ending		12/31/201				
	return/report is:	the first return/report	X the final return/report	plan (not multiemployer) t	1	a one-partic	sipant plan			
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonthe)					
C Cheo	ck box if filing under:	X Form 5558	automatic extension							
		special extension (enter desc	cription)				am			
Part II	Basic Plan Infor	mation-enter all requested in	formation				· · · · · · · · · · · · · · · · · · ·			
1a Nan	me of plan			······································	11	Three-digit				
JT &	T Corp. Profit	Sharing Plan				plan number	·			
	•					(PN)	001			
						Effective date of				
2a Plan	sponsor's name and addr	ess; include room or suite numbe	er (employer, if for a single			01/01/199				
UT &	T Air Conditioni	ing Corp.			20	Employer Ident	ification Number			
64-54	Maumine 1					(EIN) 11-279				
04-54	Maurice Avenue					Sponsor's telep 718-416-1	none number 660			
Maspe	+ h	NV/					(see instructions			
		NY 11378	-			238220				
	commissions name and	address XSame as Plan Spons	or Name XSame as Pla	n Sponsor Address	3b	Administrator's	EIN			
	Тт.,				3c	Administrator's	telephone តុណាតុ			
If the	e name and/or EIN of the p	an sponsor has changed since t	he last return/report filed fo	or this plan, enter the	3c /		telephone namb			
1 Martine	e name and/or EIN of the p	ian sponsor has changed since t er from the last return/report.	he last return/report filed fo	or this plan, enter the	4b	EIN				
a Spon	e name and/or EIN of the p le, EIN, and the plan numb lsor's name	er from the last return/report.			4b 4c	EIN				
a Spon	e name and/or EIN of the pi re, EIN, and the plan numb rsor's name I number of participants at	the beginning of the plan year			4b 4c 5a	EIN				
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P	art ill Financial Information								
7	Plan Assets and Liabilities								
a	Total plan assets		(a) Beginning of Y				(b) End of Year		
b	Total plan liabilities			6823	63		3423		
c	Net plan assets (subtract line 7b from line 7a)				0		3423		
8	Income, Expenses, and Transfers for this Plan Year	. <u>7c</u>		68236	53		0		
а	Contributions received or receivable from:		(a) Amount			a chura	(b) Total		
	(1) Employers	8a(1)			0				
	(2) Participants	8a(2)			0				
 b	(3) Others (including rollovers)	8a(3)		; _	0				
<u></u>	Other income (loss)	8b		18156	6				
<u></u>	Tetal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					181566		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		36050	6				
 f	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f		_	0				
¥_	Other expenses	8g			0				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>				86050			
<u> </u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	<u>8i</u>					-678940		
De		8j			0				
-									
	If the plan provides pension benefits, enter the applicable pension f $2E$ 2G 2J 3D 3H								
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cteristic	c Code	es in t	he instructions:		
Par	Compliance Questions								
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·			Yes	No			
	Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 10	ciary Correcti	on Program)	10a		x	Amount		
	on line 10a.)	Oo not inclu	ude transactions reported	10ь		х			
c	Was the plan covered by a fidelity bond?			10c	x		195000		
d		idelity bond t	bat was aswed by freud	100		х	193000		
e	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all of	er persons by	an insurance carrier,						
<u>-</u> f	instructions.)			10e		х			
	Has the plan failed to provide any benefit when due under the plan	?		10f		х			
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		x			
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required not	ice or one of the						
Part	VI Pension Funding Compliance	3		10i					
	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes,"	' see instructions and com	olete So	hedu	e SB	(Form		
	5500) and line 11a below) Enter the unpaid minimum required contribution for current year from					<u></u>	Yes No		
12	Is this a defined contribution plan subject to the minimum funding re		of section 412 of the Code	or 0.00 ⁴¹	. 11				
	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	s applicable)				T			
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in	this plan year, see instruc	tions, ar		er the Day	date of the letter ruling Year		
IT Y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	AB (Form 55	00), and skip to line 13.			<u></u>	1 COL		
b	Enter the minimum required contribution for this plan year				12	2b			

Form 5500-SF 2013

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Enter the amount contributed by the employer to the plan for this plan year	120				···
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d	+			
Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>	$\frac{1}{1}$	/es	No] N/A
VII Plan Terminations and Transfers of Assets					
Has a resolution to terminate the plan been adopted in any plan year?	X	Yes		<u> </u>	
		Τ			0
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			X Yes	
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s) identify the plan(s)	to	-1			
I3c(1) Name of plan(s):	3c(2) E	IN(s)		13c(3)	PN(s)
				1	
				╂────	<u> </u>
				<u> </u>	
Name of trust	14b T	rust's	EIN	- 	· · · · · ·
					i.
	Integrative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? 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 under the of the PBGC? 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.) Bsc(1) Name of plan(a):	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 Will the minimum funding amount reported on line 12d be met by the funding deadline? 12d VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 13a 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.) 13c(2) E VIII Trust Information (optional) 13c(2) E	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)	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)	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)