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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entries in accord	dance wit	h the instructions to the Form 5500)-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending 1	2/31/2	2010
Α.	This return/report is for: \square single-employer plan \square	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
		short plar	vear return/report (less than 12 mor	nths)	
_		•		,	□ DEVC program
C			, exterision		bi ve program
_					
	·	ation		41	
	Name of plan			16	<u> </u>
D.R.	BROWN CO., INC RETIREMENT PLAN				001
				1c	()
					01/01/2001
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
D.R.	BROWN CO., INC.				(EIN) 11-2927727
04 9	CENTRE AVENUE			2c	Plan sponsor's telephone number
	KVILLE CENTRE, NY 11570			24	
				Zu	812990
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN
D.R.	BROWN CO., INC. 94 S. CENTR	RE AVENU	IÉ .		11-2927727
	NOONVILLE	Trinsport is 10:			
<u> </u>	f the name and/or FINI of the plan approar has abanded since the los		nort filed for this plan optor the	4	
			port filed for this plan, enter the	4D	EIN
				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	6
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of	the plan v	rear (defined benefit plans do not		
	·		•	5c	0
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b					M v D v
	,		•		Yes No
Da		orm 5500-	SF and must instead use Form 550	JU.	
					4.5
7		_)	• •
	Total plan assets				
b					
<u>C</u>		7c		_	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а		8a(1)			
		, ,		1	
	(3) Others (including rollovers)			\dashv	
h	Other income (loss)	` ,	2375		
b	,				2375
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			20.0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	301395		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g g	Other expenses	8g		\exists	
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)				301395
;					-299020
i	Net income (loss) (subtract line 8h from line 8c)				
J	rianololo to (nom) the plan (oce instructions)	8i	İ		

	Form 5500-SF 2010 Page 2-		_		
t I	V Plan Characteristics				
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in the	instructions:
	2F 2G 2J			la a ta da a t	
IT	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icterisi	iic Coc	ies in the i	nstructions:
٧	Compliance Questions				
	During the plan year:		Yes	No	Amount
	Vas there a failure to transmit to the plan any participant contributions within the time period described in			X	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a			
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		X	
,	Nas the plan covered by a fidelity bond?	10c		X	
	bid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		X	
	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,				
	nsurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
H	las the plan failed to provide any benefit when due under the plan?	10f		X	
	olid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X	
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
٧	Pension Funding Compliance			•	
ls	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete	Sched	ule SB (Fo	orm \square

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 instructions, and enter the date of the letter ruling granting the waiver......Month _ 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..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... 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 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **Part VII Plan Terminations and Transfers of Assets**

	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	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):	13c(2) EIN(s)	13c(3) PN(s)		

X Yes

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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 complete.

SIGN	Filed with authorized/valid electronic signature.	05/03/2011	RICHARD BROWN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010	and ending		12/31/2010
Α	This return/report is for: $\overline{\mathbb{X}}$ single-employer plan] multiple-e	employer plan	(not multiemployer)		one-participant plan
В	This return/report is for: first return/report final return/report					
	an amended return/report	short plar	n year return/re	eport (less than 12 mo	nths)	
С	Check box if filing under: Form 5558	automatic	extension			DFVC program
	special extension (enter descripti	ion)				
Pa	art II Basic Plan Information—enter all requested inform	nation				***
1a	Name of plan				1b	Three-digit
	D.R. BROWN CO., INC RETIREMENT PLAN					plan number (PN) 001
						Effective date of plan
						01/01/2001
2a	Plan sponsor's name and address (employer, if for single-employe D . R . BROWN CO . , INC .	r plan)				Employer Identification Number
	'					(EIN) 11-2927727 Plan sponsor's telephone number
	94 S. CENTRE AVENUE					(516) 766-7157
	ROCKVILLE CENTRE		NV	11570	2d	Business code (see instructions) 812990
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Same		11570	3b	Administrator's EIN
					3c	Administrator's telephone number (516) 766-7157
4	f the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for th	is plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Spons	or's name			4c	PN
5a	Total number of participants at the beginning of the plan year				5a	6
b					5b	
С	Total number of participants with account balances as of the end of				30	
	complete this item)				5c	0
6a	Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instruction	ons.)		X Yes No
D	Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indeper and conditi	ndent qualified	public accountant (IC	(PA)	☐ Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must	instead use Form 55	00.	
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Be	eginning of Year		(b) End of Year
а	Total plan assets	7a		299,02	20	0
b	Total plan liabilities				0	0
_	Net plan assets (subtract line 7b from line 7a)	. 7c		299,02	20	0
8	Income, Expenses, and Transfers for this Plan Year		(:	a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			1	
	(2) Participants				-	
	(3) Others (including rollovers)	··············			1	
b	Other income (loss)			2,37	'5	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		*****		2,375
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.2		201 20	.5	,
е	to provide benefits)			301,39	,)	
f	Administrative service providers (salaries, fees, commissions)	. 8e			\dashv	
g	Other expenses			<u> </u>	\dashv	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					301 205
i	Net income (loss) (subtract line 8h from line 8c)				-	301,395 (299,020)
j	Transfers to (from) the plan (see instructions)				+	(233,020)
For I	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructi		5500-SF			Form 5500-SF (2010)

Form	5500	SF.	201	n

Page	2-	l i

Part IV	Plan Characteristic	٠.
TAILIV .	Fian Characteristic	

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

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	Duri	ng the plan year:				Yes	No		Amount
а	Was 29	there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time pe	riod described in am)	10a		Х		
b		e there any nonexempt transactions with any party-in-interest? (Do ne 10a.)			10b		Х		
С	Wa	s the plan covered by a fidelity bond?		*****************	10c		Х		
d	Did or di	the plan have a loss, whether or not reimbursed by the plan's fidelit ishonesty?	ty bond, that was	caused by fraud	10d		Х		
е	Wer insu	e any fees or commissions paid to any brokers, agents, or other pe rance service or other organization that provides some or all of the ructions.)	ersons by an insur- benefits under the	ance carrier, e plan? (See	10e		X		
f		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 yo	ear end.)		10a		X		
h	If thi	s is an individual account plan, was there a blackout period? (See i	instructions and 2	9 CFR	10h		X		
i	If 10	th was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i		·		
art	VI	Pension Funding Compliance							
11	ls thi 5500	is a defined benefit plan subject to minimum funding requirements?	(If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form	Yes X No
12		is a defined contribution plan subject to the minimum funding requi							Yes X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		0 0000	01 30	Siloii S	02 UI I	_1(10/4 !	
а	lfav	vaiver of the minimum funding standard for a prior year is being am	ortized in this plan	n year, see instruc	tions,	and e	nter th	e date of the	e letter rulina
	gran	ting the waiver		Mon	h		Day .		rear
_		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB				_			
		r the minimum required contribution for this plan year				_	12b		
C	Ente	r the amount contributed by the employer to the plan for this plan ye	ear				12c		
	nega	ract the amount in line 12c from the amount in line 12b. Enter the re tive amount)				∟	12d		
е	Will t	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No X N/A
art	VII	Plan Terminations and Transfers of Assets							
13a		a resolution to terminate the plan been adopted during the plan yea							X Yes No
	If "Y€	es," enter the amount of any plan assets that reverted to the employ	yer this year				13a		
	of th	e all the plan assets distributed to participants or beneficiaries, trans e PBGC?					ntrol		Yes X No
C	If du whic	ring this plan year, any assets or liabilities were transferred from thi h assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify th	e plar	(s) to			
1	3c(1)	Name of plan(s):				130	(2) Ell	V(s)	13c(3) PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report w	ill be assessed t	inless research		!	-4-61		<u></u>
Unde	r pena	alties of periory and other penalties set forth in the instructions, I de	clare that I have a	evamined this retu	rn/ren	ort in	eludina	snea.	lo o Cabadula
SB or	Sche	edule MB completed and signed by an enrolled actuary, as well as t true, correct, and complete	the electronic vers	sion of this return/	eport,	and to	o the b	est of my kr	nowledge and
SIGN	,	The Beam	,	RICHARD BRO	NWC				
HERI	_ [Signature of plan administrator D	Pate 3 /3/1/	Enter name of in		al sign	ing ac	nlan admin	istrator
SIGN	1	That Land -		RICHARD BRO		ui siyi	miy as	pian aunin	ioti di Ui
HERI	_	Signature of employer/plan sponsor	-/2/11	 -		_1			
-		Service of clinking empiral spoilson	ate 5 / 5 / / /	Enter name of in	aividu	ai sigr	ing as	employer o	r plan sponsor

AUTHORIZATION TO ELECTRONICALLY FILE IRS FORM 5500 PLUS APPLICABLE ATTACHMENTS

RE: D.R. Brown Co., Inc Retirement Plan – 2010 Plan Year

I, the undersigned Plan Sponsor, attest that I have read this authorization aloud and that I understand that with my signature below I hereby authorize Retirement & Benefit Systems, LLC (6 Landmark Square, Suite 7200, Stamford, CT 06901) to electronically submit the IRS Form 5500 plus any applicable attachments on my behalf for the above captioned plan and plan year via the DOL's EFAST2 filing system.

To that end I have delivered to <u>Retirement & Benefit Systems, LLC</u> a signed copy of the first two pages of our signed 5500. I attest under penalty of perjury that the signature on the 5500 copy provided is a true copy of my manual signature. Additionally, I understand that an image of this manual signature will be included with the rest of the return posted by the Department of Labor on the Internet for public disclosure.

D.R. Brown Co., Inc - by:

Signature – Richard Brown

Date