Fo	rm 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2012			
Employee E	epartment of Labor Benefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).				(a) of This Form is Open to Pul Inspection			
Part I	· ·	Complete all entries in accor entification Information	dance with the instruc	tions to the Form 550	0-SF.				
	lar plan year 2012 or fisca		2	and ending 1	2/31/2	2012			
_	turn/report is for:	a single-employer plan	a multiple-employer pl			a one-particip	ant nlan		
	· .	the first return/report	the final return/report				an plan		
D Inis re	turn/report is:		a short plan year return	/report (less then 10 m	ontha				
0	I	f	DFVC program						
C Check	box if filing under:	Form 5558							
		special extension (enter description	,						
Part II		nation—enter all requested inform	ation		46	T I II II			
1a Name of plan ROSSKOPF ELECTRICAL SUPPLY COMPANY, INC. 401(K) P						Three-digit plan number			
						(PN) 🕨	001		
					1c	Effective date of 09/10/	•		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ROSSKOPF ELECTRICAL SUPPLY COMPANY,				employer plan)	2b	Employer Identif (EIN) 64-069			
2607 15TH	AVENUE				2c	Sponsor's telep			
GULFPORT, MS 39501					2d	Business code (see instructions) 335900			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's EIN			
4 If the	name and/or EIN of the n	lan sponsor has changed since the	last return/report filed fo	r this plan enter the		EIN	elephone number		
 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. a Sponsor's name 				4c PN					
5a Total	number of participants at	the beginning of the plan year			5a	5a			
b Total	number of participants at	the end of the plan year			5b			5	
	C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c			5	
6a Were	e all of the plan's assets d	uring the plan year invested in eligib	ele assets? (See instruct	tions.)			X Yes 🗌 N	lo	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes 🗌 N			
	,	See instructions on waiver eligibility er line 6a or line 6b, the plan canr	,				X Yes N	0	
		incomplete filing of this return/re							
Under pen SB or Sch	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	s, I declare that I have	examined this return/rep	oort, ir	ncluding, if applica			
SIGN	Filed with authorized/va	lid electronic signature.	05/09/2013	JOHN ROSSKOPF					
HERE	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/va	lid electronic signature.	05/09/2013	KEN ROSSKOPF					
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	nter name of individual signing as employer or plan sponsor				
Preparer's	name (including firm nar	ne, if applicable) and address; includ	de room or suite number	r (optional)	Prep	parer's telephone	number (optional))	

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has 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 year end.) 10g X 870 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 870 i 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. 10h X 870 Part VI Pension Funding Compliance 10i X 10i	Part III Financial Information							
b Total plan labilities To C Net plan assite (laboration for from line 7a) 7c 260040 3 Income, Expense, and Transfer Sor this Plan Year (a) Amount (b) Total 4 Contributions received or receivable from: (a) Contex (penduding rollowers) 6s(1) 14440 (a) Contex (penduding rollowers) 6s(2) 17769 20000 (b) Other (nonliding rollowers) 6s(3) 0 (c) Total income (loss) 6s(4) 0 (c) Total income (loss) 0 0 (c) Total income	7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year		
C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	26999	9		332321		
8 Income. Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 5a(1) 14440 (a) Encloyers 5a(2) 17739 (b) Encloyers 5a(2) 17739 (c) Definition received or receivable from: 5a(2) 17739 (c) Definition received or receivable from: 5a(2) 17739 (c) Definition received or receivable from: 5a(2) 17739 (c) Definition received and black set (1), 5a(2), 5a(3), and 8b) 5a 30604 (c) Total income (loss) 5a 521 62843 (c) Definition represention 6a 621 621 (c) Other segments 6a 621 621 (c) Transfers to from the plan characteristics 6a 6221 (c) Transfers to from the plan characteristics 6a 6221 (c) Transfers to from the plan pordake pancino benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (c) Transfers to from the plan pordake pancino benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: (c) During the plan povalase plants beand sob and any participant contr	b Total plan liabilities	7b						
a Contributions receivable from: se(1) 1440 (2) Panticipants	C Net plan assets (subtract line 7b from line 7a)	7c	269999			332321		
(1) Employers 84(1) 14440 (2) Participants 84(2) 17799 (3) Other income (loss) 84(3) 30004 (2) Description (loss) 84 30004 (3) Other income (loss) 80 30004 (4) Description (loss) 80 30004 (5) Other income (loss) 80 60 (5) Other sponses 80 62 (5) Other sponses 89 521 (6) Other sponses 89 521 (7) Transfers to (from) the pain (see instructions) 80 621 (7) Transfers to (from) the pain (see instructions) 81 621 (7) Transfers to (from) the pain (see instructions) 81 621 (7) Transfers to (from) the pain (see instructions) 81 621 (7) Transfers to (from) the pain (see instructions) 81 621 (7) Daring the plan year: 81 62 62 (7) Compliance Questions 10 10 10 10 <td>8 Income, Expenses, and Transfers for this Plan Year</td> <td></td> <td>(a) Amount</td> <td></td> <td></td> <td></td> <td>(b) Total</td>	8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
(2) Participants		• (1)		•				
(a) Others (including rollovers)								
b Other income (loss) Bb 30804 C Total income (loss) 62(3), and 8b) 62 62843 G Total income (loss) 64 62843 G Control income (loss) 8d 6211 G Control income (loss) 8d 62322 G Transfers to (from) the plan (see instructions) 8j 62322 G If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Z Z ZA 3D X 3D O During the plan spea: Main the plan approprint on the codes from the List of Plan Characteristic Codes in the instructions: Z<			1779	9	_			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_			
d Benefits paid (including direct rollovers and insurance premiums by provide henefits)			3060	4	_			
to provide benefits) Bd e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (stataries, fees, commission) 8f 521 g Other expenses. 8g 6 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 62322 j Transfers to (from) the plan (see instructions) 8j 62322 j Transfers to (from) the plan (see instructions) 8j 62322 j Transfers to (from) the plan (see instructions) 8j 62322 j Transfers to (from) the plan (see instructions) 8j 62322 j Transfers to (from) the plan (see instructions) 8j 100 j If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10a X 10 During the plan year: Yes No Amount 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 30 0 Did the plan have a lose, whether or not reimbursed by the plan's fidelify bond,	-	80			_		62843	
f Administrative service providers (salaries, fees, commissions)		8d						
g Other expenses Bg State State I Notal expenses (add lines 6d, 6e, 8f, and 8g). 8h 521 I Net income (loss) (subtract line 6h from line 8c)	e Certain deemed and/or corrective distributions (see instructions)	8e						
h Total expenses (add lines 8d, 8e, 8f, and 8g) 61 621 i Net income (loss) (subtract line 8h from line 8c) 8i 62322 j Transfers to (from) the plan (see instructions) 8j 62322 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2O 2X XS 0 Part IV Compliance Questions 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 Varing the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 20 CFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 30 d Dist the plan new at loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10a X 30 c Was the plan lated to provide any brokers, agents, or other persons by an insurance carrier, insurance service or other origanizatin that provides service or othefts under the plan? (See	f Administrative service providers (salaries, fees, commissions)	8f	52	1				
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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 2F 2G 2J 2K 3D b If the plan provides weifare benefits, enter the applicable weifare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any parti-in-interest? (Do not include transactions reported on line 10a.) 10b X 30 c Was the plan covered by a fidelity bond? 10c X 30 d Udt the plan have a loss, whether or not reimbursed by the plan's fidelity under the plan? (See instructions.) 10d X f Has the plan failed to provide any benefit when due under the plan? 10t X 30 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 37	j Transfers to (from) the plan (see instructions)	8j						
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on line 10a.)				10a		X		
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d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X 9 g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X 871 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X 871 i 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 X 871 Part VI Pension Funding Compliance 10i X 10i 10i X 11 Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 10 Yes X) 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X a If a waiver of the minimum funding s	C Was the plan covered by a fidelity bond?			10c	Х		30000	
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exceptions to providing the notice applied under 29 CFR 2520.101-3		s of year end		-	Х		87628	
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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)	 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the second sec	See instruction	.) ons and 29 CFR otice or one of the	10g 10h	X		87628	
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b Enter the minimum required contribution for this plan year	 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below). 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein 	See instruction re required no l-3 ents? (If "Yes 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 instruct	10g 10h 10i plete e or se	Scheo 	X lule SB (F 11a 302 of ER enter the o	Form Yes X No	
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С	Enter the amount contributed by the employer to the plan for this plan year					
d						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No 🗙	N/A
Part	Part VII Plan Terminations and Transfers of Assets					
13a	Has a	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					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes	X 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): 1	3 c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII	Trust Information (optional)				

14a Name of trust	14b Trust's EIN