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

2012

This Form is Open to Public Inspection

| Pension E | Benefit Guaranty Corporation | ▶ Complete all entries in ac | cordance with the instr | uctions to the Form 550 | 0-SF. | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|------------------|---|--|------------------------------|------------------------------|----------|--------------------------------|---|
| Part I | Annual Report | Identification Information | | | | | |
| For calend | dar plan year 2012 or fi | iscal plan year beginning 01/01/ | 2012 | and ending 1 | 2/31/2 | 2012 | |
| A This re | eturn/report is for: | a single-employer plan | H | plan (not multiemployer) | | a one-partici | pant plan |
| B This re | eturn/report is: | the first return/report | the final return/repor | t | | | |
| | | an amended return/report | a short plan year retu | urn/report (less than 12 m | onths) | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | | | DFVC progra | am |
| | · · | special extension (enter descr | ription) | | | _ | |
| Part II | Rasic Plan Info | prmation—enter all requested inf | ormation | | | | |
| 1a Name | | ormation—enter an requested in | omation | | 1h | Three-digit | |
| | | , INC. PROFIT SHARING PLAN | | | | plan number | |
| | , | | | | | (PN) • | 002 |
| | | | | | 1c | Effective date of | f plan |
| | | | | | | 04/01 | /1989 |
| | sponsor's name and ac R SUPPLY COMPANY | ddress; include room or suite number, INC. | er (employer, if for a singl | e-employer plan) | 2b | Employer Identi (EIN) 13-17 | fication Number 69619 |
| | | | | | 2c | Sponsor's telep | hone number |
| 166 YONKI | ERS AVENUE | | | | | 212-92 | |
| YONKERS, | | | | | 2d | Business code | (see instructions) |
| | | | | | | 42370 | 00 |
| 3a Plan a | administrator's name a | nd address XSame as Plan Spons | or Name Same as Pla | an Sponsor Address | 3b | Administrator's | EIN |
| | | | | | 30 | Administrator's | telephone number |
| | | | | | | Administrator 3 | telephone namber |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 If the | name and/or EIN of th | e plan sponsor has changed since | the last return/report filed | for this plan, enter the | 4b | EIN | |
| name | e, EIN, and the plan nu | mber from the last return/report. | | | _ | | |
| a Spons | sor's name | | | | 4c | PN | |
| 5a Total | number of participants | s at the beginning of the plan year | | | 5a | | 3 |
| b Total | number of participants | s at the end of the plan year | | | 5b | | 0 |
| | | account balances as of the end of | . , , | • | 5c | | 0 |
| _ | | s during the plan year invested in e | | | | | X Yes No |
| _ | · | of the annual examination and repor | • | | | | M |
| | | ? (See instructions on waiver eligib | | | | | X Yes No |
| If yo | u answered "No" to e | either line 6a or line 6b, the plan c | annot use Form 5500-S | F and must instead use | Form | 5500. | |
| Caution: | A penalty for the late | or incomplete filing of this return | /report will be assessed | d unless reasonable cau | ıse is | established. | |
| | | ther penalties set forth in the instruc | | | | | |
| | | and signed by an enrolled actuary, a | s well as the electronic ve | ersion of this return/report | t, and t | to the best of my | knowledge and |
| belief, it is | true, correct, and com | plete. | | | | | |
| SIGN | Filed with authorized | /valid electronic signature. | 05/10/2013 | JOHN BURY | | | |
| HERE | Signature of plan a | administrator | Date | Enter name of individe | ual sin | ıning as plan adı | ministrator |
| CION | Oignature of plant | | Bato | Littor Harris of Historia | aai oig | ining do plan dai | - Innotrator |
| SIGN HERE | | | | | | | |
| | Signature of emplo | | Date | Enter name of individ | | | er or plan sponsor number (optional) |
| riepaiei s | name (including film f | name, if applicable) and address; in | Grade Toom of Suite numb | σει (υμιιοπαι) | riep | arer a rerebuone | number (optional) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Form 5500-SF 2012 | Page 2 |
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| FORM 5500-SF 2012 | Page Z |

| | . W [=- | | | | | | | | | |
|----------|--|-------------|----------------------------------|---------------|---------|----------|------------|--------|--------|------|
| Pa | rt III Financial Information | | ı | | - | | | | | |
| | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End | l of Y | ear | |
| <u>a</u> | Total plan assets | 7a | 89503 | 37 | _ | | | | (|) |
| | Total plan liabilities | 7b | | 0 | | | | | (|) |
| <u>C</u> | Net plan assets (subtract line 7b from line 7a) | 7c | 89503 | 37 | | | | | (|) |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) | Total | | |
| а | Contributions received or receivable from: | 8a(1) | | 0 | | | | | | |
| | (1) Employers | 8a(2) | | 0 | | | | | | |
| | (2) Participants | 8a(3) | | 0 | | | | | | |
| | Other income (loss) | 8b | -11728 | | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | -11720 | '4 | | | | | 147007 | |
| | Benefits paid (including direct rollovers and insurance premiums | 00 | | | | | | | 17284 | , |
| | to provide benefits) | 8d | 77775 | 3 | | | | | | |
| 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 | | | | | | | 77775 | 3 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | _ | 89503 | 7 |
| j | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2H 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 | | | | | | | ı | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| a | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu | ıciary Corı | rection Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | • | • | 10h | | X | | | | |
| | · | | | 10b | | X | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 10c | | ^ | | | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? | | | 10d | | X | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or oth | ner person | s by an insurance carrier, | | | | | | | |
| | insurance service or other organization that provides some or all cinstructions.) | | | 10e | | X | | | | |
| f | , | | | | | X | | | | |
| | | | | 10f | | | | | | |
| 9 | | | <u> </u> | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (2520.101-3.) | • | | 10h | | X | | | | |
| ī | If 10h was answered "Yes," check the box if you either provided the | ne required | d notice or one of the | | | | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.10 | 1-3 | | 10i | | | | | | |
| Par | VI Pension Funding Compliance | | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | , | | | | | • | | Yes | X No |
| 11a | Enter the amount from Schedule SB line 39 | | | | | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | | | | 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 amortiz | ed in this plan year, see instru | | , and e | enter th | ne date of | the le | | ing |
| If | you completed line 12a, complete lines 3, 9, and 10 of Schedule | | | | | Day | | 100 | | |
| | Enter the minimum required contribution for this plan year | - | | | | 12b | | | | |

| Form 5500-SF 2012 Page 3 - 1 | | | | |
|---|--|---|---|---|
| | | | | |
| Enter the amount contributed by the employer to the plan for this plan year | 12c | | | |
| 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? | | Yes | No | N/A |
| VII Plan Terminations and Transfers of Assets | | | | |
| Has a resolution to terminate the plan been adopted in any plan year? | X | 'es No | | |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | |
| Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC? | ontrol | | X Yes | No |
| 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.) | 0 | | _ | |
| 3c(1) Name of plan(s): | 3 c(2) El | N(s) | 13c(3) F | PN(s) |
| | | | | |
| | | | | |
| VIII Trust Information (optional) | | | <u> </u> | |
| | Nill the minimum funding amount reported on line 12d be met by the funding deadline? | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year | Enter the amount contributed by the employer to the plan for this plan year |

14b Trust's EIN

14a Name of trust

Filing Authorization for the 2012 Form 5500-SF

| Name of Pla | an: Klausner Supply Co., Inc. Profit Sharing Plan |
|--|---|
| EIN/PN: | 13-1769619 / 002 |
| PYE: | 12/31/12 |
| PART I | Authorization of Practitioner to Electronically Sign and File |
| I hereby author through EFAS | rize Bury & Associates, Inc. to electronically sign and file the above-named return/reports Γ2. |
| Bury & Bury & Bury & Bury & about annual A copy on the Bury & any Pl | at in granting this authority that: aust manually sign the 5500-SF Forms and provide a scanned copy of that signature page to a Associates, Inc. Associates, Inc. will retain a copy of this written authorization in its records; Associates, Inc. will notify the individual signing below as plan administrator/employer any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this return/report; and y of my signature will be included with the return/report posted by the Department of Laboratories for public disclosure. Associates, Inc. shall not be deemed an administrator or other fiduciary with respect to an solely on account of the services performed under this authorization. |
| end stated above Plan Administ Date: | ve. |
| Employer/Plar Date: | Sponsor (if not the Plan Administrator): |
| the express pur parties other th | Acknowledgement of Receipt of Authorization aury & Associates, Inc., I hereby certify that the firm will use the authority granted only for rooses described above; that the firm will not disclose confidential information to any lan the DOL, as required for EFAST filing; and that the firm will take reasonable steps to |
| For Bury & As | ssociates, Inc.: |
| Date: | 129/13 (signature and title) |

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so...

Form 5500-SF

Department of Labor Employee Benefits Security Administration

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

2012

This Form is Open to Public Inspection

| Dort I | Annual Panas | Complete all entries in action Identification Information | | tions to the Form 550 | 10-SF. | | | |
|-----------------------------|--|---|--|--|----------------------|--|--|-------|
| | | Iscal plan year beginning 01/01 | | and ending | 12/31/2 | 2012 | | |
| B This ret | turn/report is for: turn/report is: box if filing under: | a single-employer plan the first return/report an amended return/report Form 5558 special extension (enter desc | a multiple-employer place the final return/report a short plan year return automatic extension | | | a one-partici | | |
| Part II | Paola Plan Inf | ormation—enter all requested in | | | | | | |
| 1a Name | of plan | . INC. PROFIT SHARING PLAN | Quination | | 1b | Three-digit plan number (PN) | 002 | |
| | | | | | 10 | Effective date of 04/01 | 3. F. C. | |
| | ponsor's name and a | ddress; include room or suite numb | er (employer, if for a single- | employer plan) | 2b | Employer Identi | | ber |
| | | | | | 2c | Sponsor's telep | | er |
| 66 YONKE ONKERS. | RS AVENUE NY 10701 | | | | 2d | Business code 4237 | (see instruct | ons) |
| 3a Plan a | dministrator's name a | and address XSame as Plan Spon | sor Name Same as Plan | Sponsor Address | 3b | Administrator's | | |
| | | | | | 3c | Administrator's | telephone ni | umber |
| | | ne plan sponsor has changed since | the last return/report filed for | or this plan, enter the | 4b | EIN | | |
| | , EIN, and the plan n or's name | umber from the last return/report. | | | 4c | PN | | |
| | | s at the beginning of the plan year. | *************************************** | | - 5a | | | |
| (A) (A) (A) | | s at the end of the plan year | | | - 5b | | | |
| | | account balances as of the end of | | | . 5c | | | |
| 6a Were b Are y under | all of the plan's asset ou claiming a waiver r 29 CFR 2520.104-4 | ets during the plan year invested in of the annual examination and repo 6? (See instructions on waiver eligi either line 6a or line 6b, the plan | eligible assets? (See instruction of an independent qualified bility and conditions.) | tions.)d public accountant (IC | 2PA) | | Yes Yes | N |
| | | or incomplete filing of this retur | | | | | existing sime | |
| SB or Sch | alties of perjury and of edule MB completed true, correct, and gor | other penalties set forth in the instru and signed by an enrolled actuary, nplete. | actions, I declare that I have as well as the electronic ven | examined this return/re sion of this return/repor | eport, in rt, and | ncluding, if applic to the best of my | able, a Scho knowledge | and |
| SIGN HERE | | Vi - | 4/24/13 | FOUGED BUY | | | 2007 | |
| Carlos | Signature of plan | administrator | Date // /au /-a | Enter name of individ | | | ministrator | |
| SIGN HERE | 11/ | | 4/24/13 | | _ | EVER, 11 | HUI | |
| | Signature of emp | loyer/plan sponsor name, if applicable) and address; i | Date / | Enter name of individ | dual sig | gning as employe parer's telephone | er or plan sp | onsor |
| • 100 | | | | | | | | |

| a Tol | n Assets and Liabilities | | (a) Beginning of Yea | r | | inger in a | (b) End of Year |
|--|--|--|--|---|----------|--------------------|----------------------|
| | tal plan assets | . 7a | 89503 | 7 | | | 0 |
| b To | tal plan liabilities | 7b | THE STATE OF THE S | 0 | | | 0 |
| C Ne | t plan assets (subtract line 7b from line 7a) | 7c | 89503 | 7 | | | 0 |
| 1 | ome, Expenses, and Transfers for this Plan Year | | (a) Amount | | T | | (b) Total |
| | ntributions received or receivable from: | | | | | | |
| (1) | Employers | 8a(1) | |): | | | |
| (2) | Participants | 8a(2) | | D | | | |
| (3) | Others (including rollovers) | 8a(3) | | 0 | | | |
| b Ot | ner income (loss) | 8b | -11728 | 4 | 13 | | |
| C To | tal income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | -117284 |
| | nefits paid (including direct rollovers and insurance premiums provide benefits) | . 8d | 77775 | 3 | | 22 (146) | |
| e Ce | rtain deemed and/or corrective distributions (see instructions) | . 8e | | 0 | 100 | (FIXE) | |
| f Ad | ministrative service providers (salaries, fees, commissions) | 8f | | 0 | | | The Carlotte |
| g Ot | her expenses | . 8g | and I | 0 | 12 | | State and the second |
| _ | tal expenses (add lines 8d, 8e, 8f, and 8g) | | | | | diamon . | 777753 |
| - | et income (loss) (subtract line 8h from line 8c) | of the same of the | | | | | -895037 |
| - | ansfers to (from) the plan (see instructions) | 81 | | 0 | 154 | | |
| Part I | | 1 4 1 | | | _ | | |
| Part V | | | | | | | |
| | During the plan year: | | | | Yes | No | Amount |
| 4 | Nas there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid | uciary Correc | ction Program) | 10a | | Х | |
| | Were there any nonexempt transactions with any party-in-interes on line 10a.) | t? (Do not inc | dude transactions reported | | | | |
| | // III.C 104./ | | | 10b | | Х | |
| C | Was the plan covered by a fidelity bond? | | | 10b 10c | | × | |
| d t | | s fidelity bond | , that was caused by fraud | | | | |
| d t | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's | s fidelity bond ther persons t of the benefit | t, that was caused by fraud by an insurance carrier, is under the plan? (See | 10c | | Х | |
| d c | Was the plan covered by a fidelity bond? | s fidelity bond ther persons t of the benefit | t, that was caused by fraud by an insurance carrier, is under the plan? (See | 10c | | x | |
| d to | Was the plan covered by a fidelity bond? | s fidelity bond ther persons t of the benefit | by an insurance carrier, is under the plan? (See | 10d 10d 10e 10f | | x x | |
| d to de la del de la de | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plants or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plants to the plants have any participant loans? (If "Yes," enter amount of this is an individual account plan, was there a blackout period? | ther persons to of the benefit an? | by an insurance carrier, is under the plan? (See | 10d 10d | | x x x | |
| d c | Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plants or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plants the plants have any participant loans? (If "Yes," enter amount | ther persons to of the benefit an? | by an insurance carrier, is under the plan? (See | 10d 10d 10e 10f 10g | | x x x x | |
| d c | Was the plan covered by a fidelity bond? | ther persons to of the benefit an? | by an insurance carrier, is under the plan? (See | 10d 10d 10e 10f 10g 10h | | x x x x | |
| d f | Was the plan covered by a fidelity bond? | s fidelity bond ther persons to of the benefit an? as of year end (See instruct the required r 01-3 | that was caused by fraud by an insurance carrier, is under the plan? (See d.) | 10c 10d 10e 10f 10g 10h | Schecc | X X X X X X | (Form Yes 🛛 |
| d to the state of | Was the plan covered by a fidelity bond? | s fidelity bond ther persons to of the benefit an? as of year end (See instruct the required r 01-3 | that was caused by fraud by an insurance carrier, s under the plan? (See d.). dions and 29 CFR notice or one of the | 10c 10d 10e 10f 10g 10h | | X X X X X | (Form Yes 🖟 |
| f h i g i i i g i i i i i i i i i i i i i | Was the plan covered by a fidelity bond? | s fidelity bond ther persons t of the benefit an? as of year end (See instruct the required r 01-3 | by an insurance carrier, is under the plan? (See | 10c 10d 10e 10f 10g 10h 10i | T | X X X X X Iule SB | [Yes X |
| d to | Was the plan covered by a fidelity bond? | s fidelity bond ther persons I of the benefit an? as of year end (See instruct the required r 01-3 ments? (If "Ye | that was caused by fraud by an insurance carrier, is under the plan? (See d.) d.) dons and 29 CFR notice or one of the s," see instructions and com | 10c 10d 10e 10f 10g 10h 10i | T | X X X X X Iule SB | [Yes X |
| d to compare to the c | Was the plan covered by a fidelity bond? | s fidelity bond ther persons to of the benefit an? as of year end (See instruct the required r 01-3 nents? (If "Ye g requirement y, as applicab ing amortized | that was caused by fraud by an insurance carrier, is under the plan? (See d.) | 10c 10d 10e 10f 10g 10h 10i plete | ection : | X X X X X Aulie SB | ERISA? Yes A |
| d to | Was the plan covered by a fidelity bond? | s fidelity bond ther persons to of the benefit an? as of year end (See instruct the required r 01-3 ments? (If "Ye g requirement y, as applicab ing amortized | that was caused by fraud by an insurance carrier, is under the plan? (See d.) d.) does notice or one of the ss," see instructions and com ts of section 412 of the Code lie.) In this plan year, see instructions | 10c 10d 10e 10f 10g 10h 10i plete | ection : | X X X X X Iule SB | ERISA? Yes |

| Part VIII Trust Information (optional) | Mark . | | |
|--|---------------|-------|--------------|
| CHARLES OF THE PROPERTY OF THE | | | |
| | | | |
| 13c(1) Name of plan(s): | 13c(2) EIN(s) | | 13c(3) PN(s) |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to | | |
| of the PBGC? | | | Yes N |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | |
| 13a Has a resolution to terminate the plan been adopted in any plan year? | | Yes N | 0 |
| Part VII Plan Terminations and Transfers of Assets | | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| 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 | | |
| | 12c | | |