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

Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/	<u>2012</u>	and ending 03	3/15/2	2012			
A This ret	This return/report is for: a single-employer plan a multiple-employer plan (not multiemploye					a one-particip	pant plan		
<b>B</b> This ret	urn/report is:	the first return/report	x the final return/report						
		an amended return/report	x a short plan year retu	rn/report (less than 12 mo	onths)				
C Check box if filing under: Form 5558 automatic extension					X DFVC progra	am			
special extension (enter description)									
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name					1b	Three-digit			
IRE PRO C	ORP 401(K) PROFIT	SHARING PLAN AND TRUST				plan number (PN) ▶	001		
					1c	Effective date o			
						01/01			
<b>2a</b> Plan sp FIRE PRO C	ponsor's name and ad CORP	Idress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 11-34	fication Number 69122		
255 40TH S	TREET				2c	Sponsor's telep			
	I, NY 11232-2809				2d	Business code (	(see instructions)		
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
					3c	telephone number			
	, EIN, and the plan nu	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the		EIN PN			
		at the beginning of the plan year			<del>тс</del> 5а	FIN	17		
		at the end of the plan year		-	5a 5b		0		
		account balances as of the end of			อม		0		
	· ·	account balances as of the end of		•	5c		0		
	•	s during the plan year invested in e	` `	,			X Yes No		
		f the annual examination and repor ? (See instructions on waiver eligib					X Yes □ No		
		ither line 6a or line 6b, the plan c	•			5500.	<u> </u>		
		or incomplete filing of this return							
		her penalties set forth in the instruc					able, a Schedule		
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	rsion of this return/report,	and	to the best of my	knowledge and		
SIGN	Filed with authorized	/valid electronic signature.	05/29/2013	THOMAS E. BURY					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ıal sig	ning as plan adn	ninistrator		
SIGN	Filed with authorized	/valid electronic signature.	05/29/2013	THOMAS E. BURY					
HERE	Signature of emplo		Date	Enter name of individu	ıal sig	ning as employe	er or plan sponsor		
Preparer's	name (including firm r	name, if applicable) and address; in	clude room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		
				İ					

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_										
Pa	rt III   Financial Information		Г							
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
a	Total plan assets	an assets								)
b	Total plan liabilities								(	)
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	9273	80					(	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	11							
	(2) Participants									
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	575	51						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6972	2
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	465	3						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	375	4						
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							840	7
i	Net income (loss) (subtract line 8h from line 8c)	8i							-143	5
j	Transfers to (from) the plan (see instructions)	8j	-9129	)5						
Pa	rt IV Plan Characteristics	, ,								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	3:	
b	2E 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X				
					Χ					
				10c						20000
	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									
	insurance service or other organization that provides some or all cinstructions.)			10e		X				
f	,					X				
				10f	V					
			<u> </u>	10g	X					0
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h	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			10i	X					
Par										
11	Is this a defined benefit plan subject to minimum funding requirem	•					•	T	1 v	V No
44-	5500) and line 11a below)							LL	Yes	X No
11a Enter the amount from Schedule SB line 39										
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   No										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	anter +l	ne data of	the le	tter ru	ling
	granting the waiver.		Mon		, and 6	Day		Yea		y
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		<u> </u>		1			
b	Enter the minimum required contribution for this plan year				I	12b	Ī			

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			1				
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 negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer to	his year	13a			(	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					X Yes	No	
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(	s) to				
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)	
WILLIA	M HIRD & CO INC, FIRE EXTINGUISHER SERVICE CO., INC, FIREPRO (	COR 11-2	324325		002		
Part	VIII Trust Information (optional)						
14a	14a Name of trust			14b Trust's EIN			

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Banefits 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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information	, wigi die mendere		AANDALE WOOD THE THE CHARLES HOLD TO SEE THE THE CHARLES WAS AND T
For calendar plan year 2012 or fiscal plan year beginning 01/0	1/2012	and ending	03/15/2012
W a single propletor plan	ıltiple-employer plan	(not multiemployer)	a one-participant plan
	final return/report		
institution in the second of t		report (less than 12 m	onths)
H H	matic extension	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DFVC program
C Check box it fitting under.	Striago exteriolóji		
special extension (enter description)			
Part II Basic Plan Information—enter all requested information			1b Three-digit
1a Name of plan			plan number
FIRE PRO CORP 401(k) PROFIT SHARING PLAN			(PN) ▶ 001
AND TRUST			1c Effective date of plan 01/01/2006
	ree	lover plan)	
2a Plan sponsor's name and address; include room or suite number (emplo	yer, it for a single-ei	mployer platt)	2b Employer Identification Number (EIN) 11-3469122
FIRE PRO CORP			2c Sponsor's telephone number
			(718) 499-4881
255 40TH STREET			2d Business code (see instructions)
BROOKLYN		11232-2809	423400
3a Plan administrator's name and address XSame as Plan Sponsor Name	Same as Plan S	Sponsor Address	3b Administrator's EIN
			3c Administrator's telephone number
			7.37.11.12.22.22.22.22.22.22.22.22.22.22.22.
	<u> </u>		
4 If the name and/or EIN of the plan sponsor has changed since the last	eturn/report filed for	this plan, enter the	4b EIN
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 3
b Total number of participants at the end of the plan year			5b
Number of participants with account balances as of the end of the plan	year (defined benef	fit plans do not	
complete this item)		***************************************	.  5c
6a Were all of the plan's assets during the plan year invested in eligible a	ssets? (See instruct	ions.)	∑Yes ∐No
b Are you claiming a waiver of the annual examination and report of an in	ndependent qualified	d public accountant (IC	⊋PA) ⊠ Yes ∏No
under 29 CFR 2520 104-46? (See instructions on waiver eligibility and If you answered "No" to either line 6a or line 6b, the plan cannot under the control of the control o	ise Form 5500-SF	and must instead use	the state of the s
Caution: A penalty for the late or incomplete filing of this return/report	will be assessed t	inless reasonable ca	use is established.
It is a standard and other popultion act forth in the instructions	declare that I have a	examined this return/re	eport, including, if applicable, a Schedule
SB or Schedule MB completed and signed by an enrolled actuary, as well a	s the electronic vers	sion of this return/repo	rt,:and to the best of my knowledge and
belief, it is true, correct, and complete.			
SIGN 2/3-7	5/29/13	THOMAS E. BUR	RY.
HERE Signature of plan administrator	Date	Enter name of indivi	dual signing as plan administrator
在中华的中华的中华的中华的中华的中华的中华的中华的中华的中华的中华的中华的中华的中			
HERE Signature of a malayar/alan spansor	S  \(\frac{1}{2}\)	THOMAS E. BUF	idual signing as employer or plan sponsor
Signature of employer/plan sponsor  Preparer's name (including firm name, if applicable) and address; include re		r (optional)	Preparer's telephone number (optiona

Pai	t III   Financial Information					<u> </u>		***************************************	·
7	Plan Assets and Liabilities		(a) Beginning of Year	ſ	T	W	(b) End o	f Year	
а	Total plan assets	7a	92	,73	0		A STATE OF THE PERSON NAMED OF		0
***************************************	Total plan liabilities	olan liabilities				AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRE			0
-	Net plan assets (subtract line 7b from line 7a)			<b>,</b> 73	0				0
8	8 Income, Expenses, and Transfers for this Plan Year (a) Amount			COLUMN TO SERVICE SERV			(b) To	tal	
а	a Contributions received or receivable from:								
-	(1) Employers					***************************************			***************************************
	(3) Others (including rollovers) 8a(3)  b Other income (loss) 8b							***************************************	
***	Other income (loss)	er income (loss)							
***********************	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	╃—			·····	6,972
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	~~~	,65	53				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	3	,75	4				***************************************
f	Administrative service providers (salaries, fees, commissions)	8f			0	************			
<u>g</u>	Other expenses	8g		···	<u> </u>				·····
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4				8,407
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		******	—		***************************************	(1	,435)
j	Transfers to (from) the plan (see instructions)	8j	(91,	295	)	*******************************			
Pa	t IV Plan Characteristics			·		www.			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instruct	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	c Cod	es in th	ne instructio	ns:	
Γ		vocania proportioni di di di				*************		***************************************	
Par		***************************************							
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х			***************************************
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		Х		****	
C	Was the plan covered by a fidelity bond?			10c	Х			,	20,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	· ·	10d		Х			
•	Were any fees or commissions paid to any brokers, agents, or otl	her person	s by an insurance carrier,						
	insurance service or other organization that provides some or all instructions.)			10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
				10g	Х				0
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR						
	2520.101-3.)			10h	Х				<del></del>
I	exceptions to providing the notice applied under 29 CFR 2520.10	)1-3		10i	Х			<u> </u>	
Par		// // //	Var II and instructions and com		Cabar	Aula CE	) (Earm		***************************************
77	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)							X No	
11	11a Enter the amount from Schedule SB line 39 11a								
12	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 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. Month Day Year							uling	
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
l	Enter the minimum required contribution for this plan year				<u></u>	12b	<u> </u>		<del></del>

	Form 5500-SF 2012 Page <b>3 -</b>								
С	Enter the amount contributed by the employer to the plan for this plan year		12c	Τ	····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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).									
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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	Ye	s 🔲 No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year									
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					trol X Yes				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	an(s)	to			**************************************			
-	I3c(1) Name of plan(s):	1:	3c(2)	EIN	(s)	13c(3)	PN(s)		
WILI	LIAM HIRD & CO INC, FIRE EXTINGUISHER SERVICE CO., INC, FIREPRO								
CORP. DBA FIRESERV 401(k) PROFIT SHARING PLAN AND TRUST					11-2324325				
Part	VIII Trust Information (optional)								
14a Name of trust				14b Trust's EIN					

# **DFVC PROGRAM**{ATTACHMENT TO THE 2012 FORM 5500}

Plan Name: Fire Pro Corp 401(k) Profit Sharing Plan and Trust

Employer EIN: 11-3469122

Plan Number: 001

The plan sponsor for the above mentioned plan has elected to participate in the Delinquent Filers Voluntary Compliance (DFVC) Program for the 2012 Plan year.

In accordance with the requirements of this program, this filing along with a check in the amount of \$750, has been submitted, at the following address:

DFVCP DOL P.O. Box 71361 Philadelphia, PA 19176-1361