## 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Part I				uctions to the Form 55					
		Identification Informatio		and an Pan	40/04/	0040			
For calenda	ar plan year 2012 or fis	<del></del>	01/2012	<u> </u>	12/31/				
A This ret	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan				
<b>B</b> This ret	turn/report is:	the first return/report	the final return/repor	t					
		an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths	)			
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
		special extension (enter des	scription)						
Part II	Basic Plan Info	rmation—enter all requested	information						
1a Name	of plan				1b	Three-digit			
BIOPRO INT	ERNATIONAL, INC. F	PROFIT SHARING PLAN				plan number	004		
					10	(PN)	001		
					10	Effective date o	•		
2a Plan si	ponsor's name and ad	dress; include room or suite num	nber (employer, if for a single	e-employer plan)	2b	Employer Identi			
BIOPRO IN	TERNATIONAL, INC.		(*				78022		
					2c	Sponsor's telep	hone number		
50 ORCHAR						516-24			
WOODBUR'	Y, NY 11797				2d		(see instructions)		
						56190			
		nd address Same as Plan Spo	<u> </u>	an Sponsor Address	3b	Administrator's	EIN   78022		
IOPRO INTE	ERNATIONAL, INC.		HARD DRIVE BURY, NY 11797		3c		telephone number		
		110055				516-249			
		e plan sponsor has changed sind	e the last return/report filed	for this plan, enter the	4b	EIN			
name.				•					
		mber from the last return/report.		·		DNI			
<b>a</b> Sponse	or's name	•	·	·	4c	PN	4		
a Sponso	or's name number of participants	at the beginning of the plan year			4c 5a	PN	4		
<ul><li>a Spons</li><li>5a Total r</li><li>b Total r</li></ul>	or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c 5a	PN	4 4		
<ul><li>a Sponse</li><li>5a Total r</li><li>b Total r</li><li>c Numb</li></ul>	or's name number of participants number of participants er of participants with	at the beginning of the plan year	of the plan year (defined ber	nefit plans do not	4c 5a	PN			
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<ul><li>a Spons</li><li>5a Total r</li><li>b Total r</li><li>c Numb compl</li><li>6a Were</li></ul>	or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber	nefit plans do not	4c 5a 5b 5c		4 4 X Yes No		
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a Sponso  5a Total r  b Total r  c Numb compl  6a Were  b Are younder  If you  Caution: A	or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year	of the plan year (defined ber n eligible assets? (See instru port of an independent qualif gibility and conditions.) n cannot use Form 5500-Si urn/report will be assessed	nefit plans do not sctions.) ied public accountant (IC F and must instead use	4c 5a 5b 5c Sc	n 5500. established.	4  Ves No  Yes No		
a Sponsor  b Total r  c Numb compl  6a Were  b Are younder  If you  Caution: A	or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year maccount balances as of the end of the plan year invested in the annual examination and report (See instructions on waiver eligible ther line 6a or line 6b, the plan or incomplete filing of this returner penalties set forth in the instructions.	of the plan year (defined ber meligible assets? (See instru- port of an independent qualif gibility and conditions.) n cannot use Form 5500-Si urn/report will be assessed ructions, I declare that I have	nefit plans do not sections.)	4c 5a 5b 5c ScPA)	n 5500. established. ncluding, if applic	4  X Yes No X Yes No Rable, a Schedule		
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Form 5500-SF 2012 Page **2** 

Part III Financial Information       7 Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       a Total plan assets     7a     643332       b Total plan liabilities     7b       c Net plan assets (subtract line 7b from line 7a)     7c     643332	<b>Year</b> 722464					
a Total plan assets7a643332b Total plan liabilities7b						
b Total plan liabilities	722404					
The fact that th	722464					
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Tota						
a Contributions received or receivable from:	•					
(1) Employers						
(2) Participants						
(3) Others (including rollovers)						
<b>b</b> Other income (loss)						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	98168					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)						
Certain deemed and/or corrective distributions (see instructions)      8e						
f Administrative service providers (salaries, fees, commissions) 8f						
g Other expenses						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	19036					
i Net income (loss) (subtract line 8h from line 8c)	79132					
j Transfers to (from) the plan (see instructions)						
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 instruction 2A 2E 2F 2G 2J 2T 3D	ns:					
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions	i:					
Part V Compliance Questions						
10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	nount					
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)						
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						
C Was the plan covered by a fidelity bond?	40000					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	40000					
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.)	2292					
f Has the plan failed to provide any benefit when due under the plan?						
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)						
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						
Part VI Pension Funding Compliance						
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)	☐ Yes ☐ 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?						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
<b>a</b> 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 I granting the waiver	•					
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year						

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	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X 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) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

P.03/03

OMB Nos. 1210-0110

## Form 5500-SF

Department of the Treatury internal Revenue Service

Department of Labor Employee Genefits Security Adminis

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1874 (ERISA), and sections 6057(b) and 6058(e) of

2012

1210-0089

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Pension Benefit Guaranty Corporation	the int	ernal Revenue Code	(the Code).		This Form is Open to Pub
	Complete all entries in ac	cordance with the	instructions to the Form	5500-SF.	Inspection
For calendar plan year 2012 or fisca					<del></del>
A This return/report is for:		01/01/2012	and ending	1	2/31/2012
	<u> </u>	a multiple-empl	loyer plan (not multiemploy	er) [	a one-participant plan
B This return/report is:	the first return/report	the final return/		_	, a cons personal plant
	an amended return/report	a short plan year	r return/report (less than 12	2 monthe)	
C Check box if filing under:	Form 5558	automatic exten	isinn		<b>5.0</b> 1.5
	special extension (enter descri	otion\	01011		DFVC program
Part II Basic Plan Inform	ation—enter all requested info	motion			
Marie di piari					
BioPro International,	Inc. Profit Sharing	Plan			ree-digit
		,			an number 001
					ective date of plan
2a Plan Boonsor's name and odder				01	/01/1999
2a Plan sponsor's name and address BioPro International,	Include room or suite number	(employer, if for a si	ngle-employer plan)		ployer Identification Number
£				(EI	N) 11-3178022
50 Orchard Drive					oneor's telephone number
				51	6-249-0099
	Y 11797		W C	2d Bus	iness code (see instructions)
3a Plan administrator's name and add	ress Same as Plan Sances	Marrie Marrie		56:	1900
BioPro International, I	nc.	Name Same as	Plan Sponsor Address		inistrator's EIN
40					3178022
50 Orchard Drive				51 Adri	inistrator's telephone number -249-0099
		€		310	-249-0099
Woodbury	11797	**	.*		
4 If the name and/or EIN of the plan s name, EIN, and the plan number from	ingneor has phanned stars the l				
name, EIN, and the plan number fro	om the last return/report.	ast return/report filed	for this plan, enter the	4b EIN	
a sponsors name				4	
5a Total number of participants at the b	eginning of the plan year			4C PN	
- Puricipality at mis 6	and of the olen vote		-	5a	4
<ul> <li>Number of participants with account complete this item)</li> </ul>	balances as of the end of the of	BO VBOE (defined be-		5b	4
complete this item)	от от от от от	mi yem (delined be)	nent plans do not	5c	
b Are you claiming a waiver of the ann	the plan year invested in eligible	essets? (See instru	cflone )	JU	4
b Are you claiming a walver of the annunder 29 CFR 2520.104-467 (See in	ual examination and report of ar	independent qualifi	ied public accountant (IOP	۰۰۰-۰۰۰۰ ۵۱	Yes No
under 29 CFR 2520.104-467 (See in If you answered "No" to olther line	arructions on walver eligibility ar	d conditions.)		~ <i>,</i> 	X Yes 7 No
If you answered "No" to either line aution: A penalty for the late or incom-	poloto filles of the plan cannot	use, Porm 5500-9F	and must instead use F	orm 5500.	
nder penalties of perius, and attack	proce ming of this return/repor	rt will be assessed	unless reasonable cause	la establi	thed.
nder penalties of perjury and other penal B or Schedule MB completed and signed elief, it is true, correct, and complete	by an earolled actuary, as well	declare that I have	examined this return/report	t, including,	if applicable, a Schedule
siret, it is too, correct, and complete	17.	as the electronic ABI	sion of this return/report, a	nd to the be	st of my knowledge and
X X	7	<del>- 1 - 1 -</del>	T		
Signature of plan administra		6/26/13	Rene Lohser	3/Call =	
Sent administra	-	Date /	Enter name of Individual	aigning pe r	alan administratur
RESIDEN		6/26/113	same-	9.31.11.13.13.1	ABA GOTTINISTRATOR
Signature of employer/plan s	ponsor	Date		<del> </del>	
parer's name (including firm name, if ap	blicable) and address: include ro	om or suite number	Enter name of individual:	BORRES OF	mplayer or plan sponsor
*				- Paren & (8)	ephone number (optional)
			, and the second	S. M. ex-con-	
				TO SHIM	
Paperwork Reduction Act Notice and OMB	Control Numbers, see the instructi	one for Form SEAR TO		in it is the	
		L ALIN BOOK OF			The state of the s

Form 5500-9F (2012) v 120126

Pa	rt III   Financial Information								
7	Plan Assets and Liabilities	1111017	(a) Beginning of Ye	ar	$\perp$		(b) End	of Year	
a	Total plan assets	7a	6	433	32		***************************************		72246
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	6	433	32				72246
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:	0-(4)		117:	20				
	(1) Employers	8a(1)		2310					
	(2) Participants	8a(2)		2311	30				
h	(3) Others (including rollovers)	8a(3)		6334	1.0				
-	Other income (loss)	8b		0334	±0				00166
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d		1903	36				98168
е	Certain deemed and/or corrective distributions (see instructions)	8e							1.1
f	Administrative service providers (salaries, fees, commissions)	8f		***************					
g	Other expenses	8g			1111111				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19036
i	Net income (loss) (subtract line 8h from line 8c)	8i							79132
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Chara	cterist	ic Coo	des in	the instruction	ons:	
10	During the plan year:		We will be a second of the sec		Yes	No	T .	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				40000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	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 o instructions.)	f the benefits	under the plan? (See	10e	Х				2292
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Yes	No No
11a	Enter the amount from Schedule SB line 39					11a		Marinelli	
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X 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 being granting the waiver.	***********	Mont	ctions, th	and e	nter tl Day		e letter n Year	uling
100	ou completed line 12a, complete lines 3, 9, and 10 of Schedule					45:			
b	Enter the minimum required contribution for this plan year					12b			

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	Enter the amount contributed by the employer to the plan for this plan year	12c	1		
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?		Yes X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			18
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		☐ Yes	X 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			
13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a Name of trust		14b 7	rust's EIN		