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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Identification Informati	ion 1/01/2012							
	calenda	ar plan year 2012 or fis	and ending	12/31/2012							
A T	This ret	urn/report is for:	X a single-employer plan	a multiple-empl	oyer plan (not multiemployer)		a one-participant plan				
Вт	This ret	urn/report is:	the first return/report	the final return/i	eport						
			nonths)_							
C (Check b	oox if filing under:	X Form 5558	automatic exter	nsion		DFVC program				
special extension (enter description)											
Pa	rt II	Basic Plan Info	rmation—enter all requeste	d information							
1a	Name	of plan				1b	Three-digit				
ESPO	OSITO BROTHERS 401(K) PROFIT-SHARING PLAN						plan number				
						4.0	(PN) 002				
			10	Effective date of plan 07/01/1995							
2a	Plan sp	oonsor's name and ad	dress; include room or suite nu	umber (employer, if for a	single-employer plan)	2b	Employer Identification Number				
BROT	THER'S	SUPPLY CORP.	·				(EIN) 11-2404653				
						2c	Sponsor's telephone number				
		STREET					718-392-1200				
LONG	o ISLAI	ND CITY, NY 11106				2d	Business code (see instructions) 423800				
3a	Plan ad	dministrator's name ar	nd address XSame as Plan Sp	oonsor Name Same :	as Plan Sponsor Address	3b	Administrator's EIN				
-		a	a addition [Modified as Figure 6]		or ian openion ridares						
						3с	Administrator's telephone number	+r			
4	If the n	name and/or FIN of the	e plan sponsor has changed si	nce the last return/report	filed for this plan, enter the	4h	4b EIN				
			mber from the last return/report		med for the plan, enter the	40 6114					
a	Sponso	or's name				4c	PN				
			at the beginning of the plan ye	ar		. 5a		00			
b	b Total number of participants at the end of the plan year						-	22			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not						. 5b		24			
С	Numbe	er of participants with	account balances as of the end	d of the plan year (define	d benefit plans do not			24			
	Numbe	er of participants with a ete this item)	account balances as of the end	d of the plan year (define	d benefit plans do not	. 5c	V Voc II N	24 15			
6a	Number complete	er of participants with a ete this item)all of the plan's assets	account balances as of the end	d of the plan year (define	d benefit plans do not	. 5c		24			
6a	Number comple Were Are yo	er of participants with a ete this item)all of the plan's assets ou claiming a waiver of	account balances as of the end s during the plan year invested the annual examination and re	d of the plan year (define	d benefit plans do not	. 5c		24 15			
6a	Number complete Were Are you under	er of participants with a ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-467	account balances as of the end	d of the plan year (define	d benefit plans do not	. 5c	X Yes [] 1	24 15 No			
6a b	Number complete Were Are you under If you	er of participants with a ete this item)	account balances as of the end s during the plan year invested the annual examination and re (See instructions on waiver e	d of the plan year (define in eligible assets? (See eport of an independent of eligibility and conditions.). an cannot use Form 55	d benefit plans do not instructions.) qualified public accountant (IC	DPA)		24 15 No			
6a b	Number complete Were Are younder If you tion: A	er of participants with a ete this item)	account balances as of the end- s during the plan year invested fithe annual examination and recommendation of the plant of the plant incomplete filing of this recomplete filing of this recommendation.	d of the plan year (define	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead usessed unless reasonable ca	QPA)		24 15 No			
6a b	Number complete Were Are you under If you tion: A er penaler Scheen	er of participants with a ete this item)	account balances as of the end- s during the plan year invested fithe annual examination and recommendation of the plant or incomplete filing of this recomplete filing of this recomplete filing of the plant or incomplete filing of the plant or incomplete filing of this recomplete filing of the plant of signed by an enrolled actual	d of the plan year (define define def	d benefit plans do not instructions.)	QPA) e Formuse is eport, in	Xes 1 1 1 5500. established.	24 15 No			
6a b	Number complete Were Are you under If you tion: A er penaler Scheen	er of participants with a ete this item)	account balances as of the end- s during the plan year invested fithe annual examination and recommendation of the plant or incomplete filing of this recomplete filing of this recomplete filing of the plant or incomplete filing of the plant or incomplete filing of this recomplete filing of the plant of signed by an enrolled actual	d of the plan year (define define def	d benefit plans do not instructions.)	QPA) e Formuse is eport, in	Yes To 1 1 5500. established. ncluding, if applicable, a Schedule	24 15 No			
Gaut Unde SB o belie	Were Are you under If you tion: A er pena or Sche ef, it is t	er of participants with a ete this item)	account balances as of the end- s during the plan year invested fithe annual examination and recommendation of the plant or incomplete filing of this recomplete filing of this recomplete filing of the plant or incomplete filing of the plant or incomplete filing of this recomplete filing of the plant of signed by an enrolled actual	d of the plan year (define define def	d benefit plans do not instructions.)	PPA) Formuse is eport, in tri, and	Yes To 1 1 5500. established. ncluding, if applicable, a Schedule	24 15 No			
Gaut Unde SB o	Were Are you under If you tion: A er pena or Sche ef, it is t	er of participants with a ete this item)	account balances as of the end- s during the plan year invested f the annual examination and re? (See instructions on waiver e ither line 6a or line 6b, the plate or incomplete filing of this result in the instance of the plate of the plat	d of the plan year (define define def	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/repo MICHAEL ESPOSITO	QPA) E Formuse is eport, in trt, and	Yes To 1 1 5500. established. ncluding, if applicable, a Schedule	24 15 No			
Caute Under SB or belie	Were Are you under If you tion: A er penaor Scheef, it is t	er of participants with a ete this item)	account balances as of the end- s during the plan year invested f the annual examination and re? (See instructions on waiver e ither line 6a or line 6b, the plate or incomplete filing of this result in the instance of the plate of the plat	d of the plan year (define	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/re nic version of this return/repo MICHAEL ESPOSITE Enter name of indivi	PPA) Pe Formuse is eport, in tri, and conduction conductions and conductions are conducted as a conduction conduction conduction conduction conductions are conducted as a conduction cond	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 15 No			
Caut Unde SB o belie	Were Are you under If you tion: A er penaor Scheef, it is t	er of participants with a ete this item)	account balances as of the end- s during the plan year invested if the annual examination and re? (See instructions on waiver exither line 6a or line 6b, the plan or incomplete filing of this result in the instruction of the plan of t	d of the plan year (define define def	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/repo MICHAEL ESPOSITO Enter name of indivi MICHAEL ESPOSITO	PPA) E Form Use is eport, in tr, and conduction of the conduction	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 15 No			
Caut Unde SB obelie SIGN HER	Number complete Vere Are you under If you tion: A er pena or Scheef, it is t	er of participants with a ete this item)	account balances as of the end- s during the plan year invested if the annual examination and re? (See instructions on waiver exither line 6a or line 6b, the plan or incomplete filing of this result in the instruction of the plan of t	d of the plan year (define define def	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/repo MICHAEL ESPOSITO Enter name of indivi MICHAEL ESPOSITO Enter name of indivi	PPA) Formuse is eport, in tr, and conducting the c	Yes To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 15 No No			
Caut Unde SB obelie SIGN HER	Number complete Vere Are you under If you tion: A er pena or Scheef, it is t	er of participants with a ete this item)	account balances as of the end solution of the plan year invested of the annual examination and received in the annual examination of the plant or incomplete filing of this received in the plant of th	d of the plan year (define define def	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/repo MICHAEL ESPOSITO Enter name of indivi MICHAEL ESPOSITO Enter name of indivi	PPA) Formuse is eport, in tr, and conducting the c	Yes To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 15 No No			
Caut Unde SB obelie SIGN HER	Number complete Vere Are you under If you tion: A er pena or Scheef, it is t	er of participants with a ete this item)	account balances as of the end solution of the plan year invested of the annual examination and received in the annual examination of the plant or incomplete filing of this received in the plant of th	d of the plan year (define define def	d benefit plans do not instructions.) qualified public accountant (IC 00-SF and must instead use essed unless reasonable ca have examined this return/repo MICHAEL ESPOSITO Enter name of indivi MICHAEL ESPOSITO Enter name of indivi	PPA) Formuse is eport, in tr, and conducting the c	Yes To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 15 No No			

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Dor	4 III Financial Information		<u> </u>							
Par							(h) Ford a ()/			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a 7b	93631	3		1048299				
	Net plan assets (subtract line 7b from line 7a)	70 7c	95831	3			1048299			
	Income, Expenses, and Transfers for this Plan Year	70		13						
	Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	4122	28						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	4875	8						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					89986			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
	Net income (loss) (subtract line 8h from line 8c)	8i					89986			
	Transfers to (from) the plan (see instructions)	8j								
Par										
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 3H	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:			
D1	V Campliana Caratiana									
Part 10	•			1	Yes	No				
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	140	Amount			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
	on line 10a.)	,	•	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		60000			
d	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 of									
	instructions.)		• •	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	Χ		21777			
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 2520.10			10i						
Part	1 1 5 11									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	Enter the amount from Schedule SB line 39					11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction (302 of	ERISA? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
a	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									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
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		
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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 section 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

	Perision Benefit Guaranty Corporation	► Complete all entries i		nce with the instru	ctions to the Form 5500	J-SF.		***************************************			
CHARLES		Identification Informati	<u>ion</u>	22 (24 (22)			/27 /2010				
For	calendar plan year 2012 or fi	scal plan year beginning		01/01/2012	and ending	L a	2/31/2012				
A This return/report is for: x a single-employer plan x a multiple-employer plan (not multiemployer) x a one-pa							a one-partici	pant plan			
В	This return/report is:	the first return/report	tt	ne final return/report							
		an amended return/report	≀ ∏a	short plan year retu	rn/report (less than 12 m	onths)					
C	Check box if filing under:	x Form 5558	Па	utomatic extension		[DFVC progra	am			
	-	special extension (enter d	description)	1							
	Basic Plan Info	ormation enter all reques	sted inform	ation							
FINANSIA	Name of plan	ZITTACION CINCI AN ICQUES	JOG IIIIOIIII	GUOTI		1b	Three-digit				
	PREMITORE OFFICERS	401(k) PROFIT-SHARING	G PLAN				plan number (PN) ►	002			
BEFORE DECIMEN FOLKS ENOUTE-DIMENG FIRM						1c Effective date of plan					
						07/01/1995					
2a		ddress; include room or suite n	number (em	nployer, if for a single	e-employer plan)	2b	Employer Ident	ification Number			
	BROTHER'S SUPPLY C	ORP.				ļ	(EIN) 11-24	04653			
						2c	Sponsor's telep				
	34-48 31st STREET					24	(718) 392-				
***		.we 1110C				Zu	423800	(see instructions)			
32	NAME OF THE PARTY	NY 11106 and address X Same as Plar	n Sponsor	Name Same as I	Plan Sponsor Address	3b	Administrator's	EIN			
vu	rian administrator s name e	ind address [a] came as riar	п оролзог і	realite [] callic as	rian oponion riaa.ooo						
						30	Administrator's	telephone number			
							, idinimotrator o	tolophone named			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					4b	EIN				
_	•	mber from the last return/repor	rt.								
_a						4c	PN	22			
-	•	s at the beginning of the plan ye				5a 5b		24			
b		s at the end of the plan year account balances as of the en				30		44			
		**************************************				5c		15			
6a	Were all of the plan's assets	s during the plan year invested	l in eligible	assets? (See instruc	ctions.)	*********		X Yes No			
b		f the annual examination and re			ed public accountant (IQ	PA)		(mm)			
		? (See instructions on waiver e		*******				X Yes No			
		ither line 6a or line 6b, the pl									
		or incomplete filing of this r									
Ur SE	ider penalties of perjury and c 3 or Schedule MB completed :	other penalties set forth in the in and sig ned by an e nrolled actu	nstructions	i, I declare that I have II as the electronic ve	e examined this return/re ersion of this return/repo	eport, ii if and	ncluding, if appli	cable, a Schedule			
be	lief, it is true, correct, and cor	nplote	iaiy, ab iio	45 1/10 0/1001/0/1/10 1/1	ordina roturni opo	,		y momoago ana			
			-		MICHAEL ESPOSIT	0					
100000000000000000000000000000000000000	Signature of pidn adr	ninistrator	***************************************	Date 10/11/13	Enter name of individua	al signi	ng as plan admi	inistrator			
			-	20.0 / 0/11/0	MICHAEL ESPOSIT		ng ao pian aon				
1000	Signature of employe	or/nian enoneor		Date 10/11/13	Enter name of individua		na se employer	or plan enancer			
20170		name, if applicable) and addre	ess: include			-		number (optional)			
, · ·	oparor o namo (motading min	mario, ii apprioabie/ add addie	,,, meiace	s room or sake mame	oor (optional)	, lobe	arer a telephone	namber (optional)			
						10"5 11"	1, 100 miles				
								The state of the s			

	Parhiti Financial Information										
7	Plan Assets and Liabilities	Assets and Liabilities (a) Beginning of Yea					(b) End of Year				
a	Total plan assets	7a	958,3	13	1,048,29						
b	Total plan liabilities	7b									
c	Net plan assets (subtract line 7b from line 7a)	7c	958,3	L3		1,048,299					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	·			
a	Contributions received or receivable from:										
	(1) Employers	8a(1)			_ lanes						
	(2) Participants	8a(2)	41,2	28							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	48,7	58 ************************************				***			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			escondid	O DESTRUMENT		89,986			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		**********							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					1.0	ستعديد المالية			
<u>g</u>	Other expenses	8g		400000000000							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-					
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		, de	Š.	econicas misoro		89,986			
L	Transfers to (from) the plan (see instructions)	8]					4-14-12				
	Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension for	eature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructi	ons:			
	2E 2G 2J 3D 3H										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	ristic	Code	s in th	e instruction	18:			
	Compliance Questions		and the second s	-							
10	During the plan year:	-total-constitution			Yes	No		mount			
a				10a		x					
b		? (Do not i	nclude transactions reported	10b		х					
	Was the plan covered by a fidelity bond?			10c	x			60,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud		45			00,000			
е	or dishonesty?	Contract Con		10d		Х					
	insurance service or other organization that provides some or all cinstructions.)	of the bene	fits under the plan? (See	10e		x					
f				10f		ж					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	x			21,777			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	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	ne required	notice or one of the	10i							
17.	Pension Funding Compliance	1 - 401405001	1019 4 10 10 10 10 10 10 10 10 10 10 10 10 10	101			Q. a	er o o o o o o o o o o o o o o o o o o o			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SI	B (Form	☐ Yes Ϫ No			
11:	Enter the amount from Schedule SB line 39					11a		LJ 103 (22) 110			
12	Is this a defined contribution plan subject to the minimum funding						EDICAG	Yes X No			
· 46		***************************************		JI SEC	uon 3	UZ OT	ERIOA!	L TES LA 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 instruc	tions, ith	and e	nter th Da	ne date of th	e letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule						4				
b					$\neg \tau$	424					
~	b Enter the minimum required contribution for this plan year										

WWW.Tolkerson	Form 5500-SF 2012	Page 3-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
***************************************			***		1				
<u>C</u>	Enter the amount contributed by the employer to the plan for this plan ye	ar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the fun			🗆	Yes	□ No [□ N/A		
÷(;);	Plan Terminations and Transfers of Assets								
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	P\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	w	☐ Y					
	If "Yes," enter the amount of any plan assets that reverted to the employe			13a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X No		
C	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)		the plan(s) to)		_			
1	3c(1) Name of plan(s):		13c	(2) EIN((s)	13c(3)	PN(s)		
14 -0			<u> </u>			<u> </u>			
	Trust Information (optional)								
14a Name of trust						14b Trust's EIN			