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	Benefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the ins	structions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report	Identification Information							
For caler	ndar plan year 2012 or fi	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012			
	return/report is for:	a single-employer plan		er plan (not multiemployer)	rer) a one-participant plan				
B This	return/report is:	the first return/report	the final return/rep	port					
		an amended return/report	a short plan year re	eturn/report (less than 12 m	onths)	_			
C Chec	k box if filing under:	X Form 5558	automatic extension	on		DFVC progra	am		
		special extension (enter descri	ription)						
Part II	Basic Plan Info	ermation—enter all requested inf	ormation						
	e of plan	•			1b	Three-digit			
	MOND AND SONS, INC	C. 401(K) PLAN				plan number			
						(PN) •	001		
					1c	Effective date o	•		
20 Disc		Idea - Santada			O.L.	01/01			
	sponsor's name and ad MOND AND SONS, INC	Idress; include room or suite numbe	er (employer, if for a sin	igle-employer plan)	20	Employer Identi (EIN) 13-16	fication Number 26359		
	,				20	(=114)			
1200 0 1	DOINT AVENUE				20	Sponsor's telep			
BRONX, N	POINT AVENUE Y 10474				2d		(see instructions)		
						42380	` ,		
3a Plan	administrator's name a	nd address XSame as Plan Spons	sor Name Same as	Plan Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	telephone number		
1 If th	nama and/or EIN of the	o plan aparear has shanged since	the leat return/report file	ad for this plan, optor the	46	FINI			
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.					4b EIN				
	nsor's name				4c	PN			
5a Total number of participants at the beginning of the plan year					5a				
b Tota	al number of participants	at the end of the plan year			5b		90		
		account balances as of the end of			0.0				
			. , ,	•	5c		15		
6a We	re all of the plan's asset	s during the plan year invested in e	ligible assets? (See ins	structions.)			X Yes No		
b Are	you claiming a waiver o	f the annual examination and repor	t of an independent qua	alified public accountant (IQ	PA)				
		? (See instructions on waiver eligib	-				X Yes No		
lf y	ou answered "No" to e	ither line 6a or line 6b, the plan o	annot use Form 5500	-SF and must instead use	Form	5500.			
		or incomplete filing of this return	•						
		her penalties set forth in the instructed and signed by an enrolled actuary, a							
	s true, correct, and com		is well as the electronic	version of this return/report	ı, anu i	to the best of my	knowledge and		
•		•		-1					
SIGN Filed with authorized/valid electronic signature. 10/15/2013 LISA NOVAK									
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ministrator		
SIGN									
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sin	ıning as employe	er or plan sponsor		
Preparer		name, if applicable) and address; in					number (optional)		
•	, ,								

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b Total plan liabilities	7081						
a Total plan assets	3728						
b Total plan liabilities	3728						
C Net plan assets (subtract line 7b from line 7a)							
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers							
a Contributions received or receivable from:	·081						
(1) Employers 8a(1) (2) Participants 8a(2) 58738 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 38343 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 97 d Benefits paid (including direct rollovers and insurance premiums 97	'081						
(3) Others (including rollovers)	'081						
b Other income (loss)	<u>'081</u>						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	'081						
d Benefits paid (including direct rollovers and insurance premiums	7081						
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)	0915						
i Net income (loss) (subtract line 8h from line 8c)	6166						
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 instructions: 2E 2F 2G 2J 2K 3D							
b 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 During the plan year: Yes No Amount	nt						
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)	<u></u>						
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?							
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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.)							
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.)	20118						
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	20110						
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	res 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?	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.)							
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 lette granting the waiver	r ruling						
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):	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 Transuty Internal Revenue Service

Department of Labor Employee Bonefits 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).

2012

OMB Nos. 1210-0110 1210-0089

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	ofit Quaranty Corporation	Complete all entries in acco	rdance	with the instruction	ns to the Form 55	uu-ar.		
Part I	Annual Report le	dentification Information	07.70	/2012	and ending	12	/31/2012	
For calendar		eal plan year beginning					one-participa	
A This retu	m/report is for:	X a single-employer plan	Marry .		(not multiemployer	, 🗀 -	O/10 #=	
B This retui		the first return/report		nal return/report				
		an amended return/report	a sho	rt plan year return/n	eport (less than 12 i			
Λ Δ	av it films under	X Form 5558	autor	natic extension		[] D	FVC program	П
C Check of	ox if filing under.	special extension (enter descrip	otion)					
Don't II	Desig Dian Info	rmation—enter all requested info						
Part II		Illation enter all reduces a line				16 Thre		
1a Name o	na conscention and a	SONS, INC. 401(k) PL	AN				n number	001
А.1.	EMSTMOND PAND	BONS, 1110. 101(11, 101				(PN	ective date of	
							/01/1997	
			. /	res if for a single-er	nolover plan)			Ication Number
2a Plan sp	onsor's name and add	dress; include room or suite number	ır (empir)	yer, ir tor a single-ci	npicyor planty		N) 13-162	
A.L.	EASTMOND AND	SONS, INC.				2c Spo	onagr's telepi	none number
							18) 378-	
1200	Oakpoint Ave	nue .				2d Bus	siness code (see instructions)
				NY	10474		3800	
BRONZ 3a Plan ad	Aministrator's name ar	nd address XSame as Plan Spons	or Name	Same as Plan	Sponsor Address	3b Adr	ministrator's i	ΞIN
O O 1 (0.1) O				_		3c 0d	-interestor's	elephone number
						36 Au	iliilistatoi o	, copilorio (itame)
	•	•						
4 If the r	name and/or FIN of th	e plan sponsor has changed since t	the last r	eturn/report filed for	this plan, enter the	46 E	У	·
name,	, EIN, and the plan nu	mber from the last return/report.						
a Spons	or's name		_			4c PN	·	
5a Total	number of participants	at the beginning of the plan year			***************************************	<u>5a</u>		44
b Total (number of participants	s at the end of the plan year				<u>5b</u>		90
c Numb	er of participants with	account balances as of the end of t	the plan	year (defined benef	it plans do not	Sc		15
COMM	lete this item)			<u></u>				X Yes No
6a Were	e all of the plan's esset	ts during the plan year invested in e	eligible as	sets? (See Instruct	ions.) I nublic accountant	(IOPA)	1111499	
b Are y	ou claiming a waiver (of the annual examination and reports; (See instructions on waiver eligib	rt or en ir sility and	conditions.)	hanne accession			⊠ Yes ∐ No
unger If was	r za CPR 2520.104-40 i snewered "No" to (either line 6a or line 6b, the plan o	eannot u	se Form 5500-SF	and must Instead (ıse Form <u>55</u>	00.	
	a M. Cau the Into	or incomplete filling of this return	n/report	will be assessed u	iniess masonable	cause is est	tablished.	
								eble, a Schedule
SR or Schi	edule MB completed a	and signed by an enrolled actuary, a	as weil e	s the electronic vers	ion of this return/re	port, and to u	ne best of m	A KIRMIGOĞA SILO
belief, it is	true, correct, and con	iplete,						
SIGN	Loves	1915 dimer	/		Leon Ed	<u>zstmone</u>	<u> </u>	
HERE	Signature of plan		1	Date 0 1 13	Enter name of Ind			ministrator
 	1 2 4 4 4	77 7	//	1.7,-	Leon Eas		₹'	
SIGN	haces			Date 10 11 13	Enter name of Inc			er or pian sponsor
nere	Signature of empl	loyer/plan sponsor name, if applicable) and address; in	nduda «	CIIIIV etille preude	r (optional)	Prepare	ar's telephon	e number (optional)
Preparer's	s name (including firm	name, п applicable) and address; if	i imana i r	ALL SAME TOURS	, (-p	'	·	·
				•				
						, , , , , , , , , , , , , , , , , , ,	: • .	
				. ***				Earn \$500-SF (2012)

Part III Financial Information				T		(b) End of Year		
7 Plan Assets and Lizbilities		(a) Beginning of Year 607,	567	╁─		683,728		
a. Total plan sessets	7a			╁				
b Total plan liabilities	7b	607,	565	:-		683,728		
C Net plan assets (aubtract line 7b from line 7a)	7¢	807,	, 202	 				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		 		(b) Total		
a Contributions received or receivable from:	0-40			1.				
(1) Employers	8a(1)	58	,738	3		Salar Sa		
	(2) Participants					Constituted and Constitution		
	(3) Others (Including rollovers)							
b Other Income (loss)	Other Income (loss)					97,081		
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		e de Silvani, des			10 (10 miles)		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	86	20	,91	5 å	<u> </u>	A A A A A A A A A A A A A A A A A A A		
e Certain deemed and/or corrective distributions (see instructions)	. 8e				·	V		
f Administrative service providers (salaries, fees, commissions)	. 8f					and the state of t		
	T			- N. L.				
g Other expenses	1	The state of the s	[N.S.			20,915		
h Total expenses (add lines 8d, 8e, 8f, and 8g)			4.			76,166		
Net income (loss) (subtract line 8h from line 8c)		<u> </u>				A STATE OF THE STA		
Transfers to (from) the plan (see instructions)	. 8]			<u> </u>				
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare								
Part V Compliance Questions				Yes	No	Amount		
10 Ourling the plan year:	ورين	in the time period described in			 -			
Was there a failure to transmit to the plan any participant contrib 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fig.	uudery 👓	Leading Logical Charles	10a		X			
b Were there any nonexempt transactions with any party-in-intere- on line 10a.)	************		10b		Х	· · · · · · · · · · · · · · · · · · ·		
C Was the plan covered by a fidelity bond?	***************************************		10c		X			
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	********	***************************************	10d		х			
Were any face or commissions paid to any brokers, agents, and the commissions paid to any brokers, agents agents agents and agents agents agents agents.	other perso II of the be	ns by an insurance carrier, nefits under the plan? (See	10e		x			
f Has the plan falled to provide any benefit when due under the p	lan?		10f		х			
g Did the plan have any participant loans? (if "Yes," enter amount			10g	Х		20,118		
h if this is an individual account plan, was there a blackout period	? (See ins:	tructions and 29 CFR	10h		x			
is 40h was anguaged "Yes," sheck the box if you either provided	2520.101-3.) If 10h was answered "Yas," 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							
Des Vi Pansion Funding Compliance								
44 Lethie e defined benefit plan subject to minimum funding require	ments? (I	"Yes," see Instructions and con	nplete	Sche	dule SE	G (Form Yes X No		
5500) and line 11a below)								
11a Enter the amount from Schedule SB line 39 Yes X No								
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 belo a. If a waiver of the minimum funding standard for a prior year is b	eing amor	lized in this blan year, see instru	iction nth	s, and	enter ti Day	he date of the letter ruling Year		
granting the walver. If you completed line 12a, complete lines 3, 9, and 10 of Scheo								
b Enter the minimum required contribution for this plan year	100 07 (1			<u></u>	12b			
D Enter the minimum required contribution for this plant year								

	Form 5500-\$F 2012 Page 3 -				
		12c	T		
	Enter the amount contributed by the employer to the plan for this plan year	424	 		
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minto sign to	12d			∏ N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	11 18//2
Part	VII Plan Terminations and Transfers of Assets		Yes X	No	
13a	New a resolution to terminate the plan been adopted in any plan year?		T	11.5	•
	Visit and the employer this group of any plan assets that reverted to the employer this year	134	 		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or prought under the		<u> </u>	Y	es 🔀 No
c	of the PBGC?		=1N(m)	130	:(3) PN(s)
***************************************	13c(1) Name of plan(s):	13c(2) E	114(3)		<u> </u>
Par	Trust Information (optional)	145	Trust's E	IN .	
	Name of trust	,45	110318	.,	