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

2013

This Form is Open to Public Inspection

Per	ision Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500)-SF.		pedilon
Par	t I	Annual Report	Identification Information				•	
For c	alenda		scal plan year beginning 01/01/2	014	and ending 0	4/09/2	2014	
		urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
B T	nis ret	urn/report is:	the first return/report	the final return/report				
			an amended return/report	X a short plan year return	/report (less than 12 mo	onths)	
C C	heck t	oox if filing under:	Form 5558	automatic extension			DFVC progra	am
			special extension (enter descrip	<u>, </u>				
Par			rmation—enter all requested infor	rmation				I
		of plan ERNATIONAL, INC. P	PROFIT SHARING PLAN			1b	Three-digit plan number	004
						10	(PN)	001
						10	Effective date o	•
		oonsor's name and add	dress; include room or suite number	(employer, if for a single-e	employer plan)	2b	Employer Identi	
DIOI I	.0 1141					2c	Sponsor's telep	hone number
50 OR	CHAR	D DRIVE Y, NY 11797				2d	Business code (9-0099 (see instructions)
0			🗖	🗔			56190	00
3a F	Plan ad	dministrator's name an	nd address XSame as Plan Sponso	r Name Same as Plan	Sponsor Address	30	Administrator's	EIN
						3с	Administrator's	telephone number
			plan sponsor has changed since th	e last return/report filed fo	r this plan, enter the	4b	EIN	
	-	•	nber from the last return/report.			40	DN	
	•	or's name					PN	
_			at the beginning of the plan year		ŀ	5a		4
			at the end of the plan year			5b		0
			account balances as of the end of th		•	5c		0
6a	Were	all of the plan's assets	during the plan year invested in elig	gible assets? (See instruct	ions.)			X Yes No
			the annual examination and report of (See instructions on waiver eligibility)					X Yes No
	lf you	answered "No" to ei	ther line 6a or line 6b, the plan ca	nnot use Form 5500-SF a	and must instead use	Form	5500.	
C I	f the p	lan is a defined benef	it plan, is it covered under the PBGC	c insurance program (see l	ERISA section 4021)?		Yes No	Not determined
Cauti	on: A	penalty for the late of	or incomplete filing of this return/i	report will be assessed ι	ınless reasonable cau	se is	established.	
SB or	· Sche		ner penalties set forth in the instruction and signed by an enrolled actuary, as olete.					
SIGN		Filed with authorized/	valid electronic signature.	04/17/2014	RENE LOHSER			
HERE	=	Signature of plan a	dministrator	Date	Enter name of individu	ual siç	gning as plan adr	ninistrator
SIGN		•					·	
HERE	=	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual siç	gning as employe	er or plan sponsor
Prepa	arer's	name (including firm n	ame, if applicable) and address; incl	lude room or suite number	(optional)	Prep	parer's telephone	number (optional)
					<u> </u>			

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Va	ar .		
	Total plan assets	7a	(a) beginning of Tea		+		(b) Lila	<i>)</i> 1 10	<u> </u>)	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	85077	850774					()	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) To	stal			
	Contributions received or receivable from:		(a) Amount				(D) 11	Jiai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1085	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10852		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	86120	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f	42	5							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8	61626	6	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-8	350774	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Λ	4		
a		tions within	n the time period described in		103	X		AIIIC	ount		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest			10a							
	on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					40	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	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					Х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П	No
44-	5500) and line 11a below)							Ш	168	Ц	INO
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		_	V.	V	
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ĿRISA?	Ш	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otic := :	054	onto = 11	o dota af "	م ا د	ttor	lin ~	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (enter ti Day		ne le Yea		ııng	_
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	40:	1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	. 1	
raye	J		

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 (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?	X	es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No
С	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			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust's EIN	•	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department or Labor Employee Bonefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2013

Penelor	Benefit Guaranty Corporation	amemi en	Revenue Code (the	Code).		This Form is Open to Pub
		> Complete all entries in accord	dance with the instr	uctions to the Form	6500-9I	Inspection
Part I	Annual Report Id	entification information				<u></u>
For cale	ndar plan year 2013 or fisca	i plan year beginning 01	/01/2014	and ending		04/09/2014
A This	return/report is for.	a single-employer plan	a multiple-employer	plan (not multiempley	er)	a one-participant plan
B This	return/report la:	the first return/report	the final return/repor	1.	,	a one participant pian
				1		
C Ohea	L L			m/report (less than 1:	month	B)
C Chec	k box if fillng under:	• Control of the Cont	automatic extension	1		DFVC program
		special extension (enter description				
Part II	Basic Plan Inform	nation-enter all requested informa	tion	}		
1a Nam		250-75 DE 2001/2004 ASSO DA			1b	Three-digit
BioPr	o International,	Inc. Profit Sharing I	Plan			plan number
						(PN) 001
				1	10	Effective date of plan
2a Dlan	enemada sema end adda.					01/01/1999
BioPro	o International,	ss; include room or suite number (em	nployer, if for a single	-employer plan)	2b	Employer Identification Number
				1		(EIN) 11-3178022
50 Or	chard Drive			1	2c	Sponsor's telephone number
55 51	JIMIN DIIVE			1	-	516-249-0099
Woodby	1777	NY 11797		1	2d	Business code (see instructions
		ddress XSame as Plan Sponsor Na			-	561900
ou rian	doministrator s name and at	doress Moame as Plan Sponsor Na	ime Xisame as Pla	n Sponsor Address	35	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator s telephone numbi
				1		
				1		
				1	100	
				1		
4 If the	name and/or EIN of the pla	in sponsor has changed since the las	at return/report filed for	or this plan, enter the	4b	EIN
neme	s, EIN, and the plan number	in sponsor has changed since the last room the last return/report.	at return/report filed for	or this plan, enter the	4b	EIN
a Spon	s, EIN, and the plan number sor's name	r from the last return/report.			4c	EIN PN
a Spon	e, EIN, and the plan number sor's name number of participants at th	r from the last return/report.			4c 5a	
a Spon	e, EIN, and the plan number sor's name number of participants at th	r from the last return/report.			4c 5a	
8 Spons 5a Total b Total c Numi	a, EIN, and the plan number sor's name number of participants at the number of participants at the per of participants with acco	r from the last return/report. The beginning of the plan year The end of the plan year Sount balances as of the end of the plan	ın year (defined bene	offt plans do not	4c 5a 5b	
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Part III F	inancial information	<u> </u>										
7 Plan Asse	ts and Liabilities		T .	(a) Beginning of Y	'ear			(b) F	nd o	f Year		
a Total plan	assets		. 7a	197	8501	774		(5)		1001		-
	liabilitles		7b									_
	ssets (subtract line 7b from lin		7c		8507	774						
75000 77035	xpenses, and Transfers for th			(a) Amount		1	_		b) To			
a Contribution	ons received or receivable from	rų:	80(4)	to / Amount		_			<i>y</i> 10			- 100
	pants	7	8a(1)			-						
	(including rollovers)		8e(2)			+	-					
	me (loss)		8a(3) 8b		108	50						_
	ne (add lines 8a(1), 8a(2), 8a				100	52						
d Benefits p	ald (including direct rollovers a	and insurance premiums	Bc .			+	_				10	085
to provide	benefits))	84		8612	01						
e Certain de	amed and/or corrective distrib	utions (see instructions)	80			\top			_			
f Administra	tive service providers (salaries	fees, commissions)	8f		4	25						
	nses		89	74		\top	_	W		_		
	nees (add lines 8d, 8e, 8f, and		8h			\dashv					861	62
	(loss) (subtract line 8h from l		81			_	-	W 100-			-850	
J Transfers t	o (from) the plan (see instruct)	(ins)	8)			+	-				-650	111
	lan Characteristics											
9a If the plan	provides pension benefits, ent 2K 2F 2G 3D	ter the applicable pension for	eature cod	es from the List of Plan Cha	racleri	stic Co	des	in the instr	ructio	пв:		_
	provides welfare benefits, ente	r the applicable welfare fee	ature code	s from the List of Plan Chan	acteris	tic Coc	les ir	the instru	ction	<u> </u>	1	
Part V Con	pilance Questions											
	plan year:											
	The second secon	l sou participant and the	. Li			Yes	No	8,1	An	nount		
	a fallure to transmit to the pla 510.3-102? (See instructions	IIII LICII & VONINTERI LINIO	Seal Come	N \			х					
D VVOIC UIGH	any nonexempt transactions	Mith any party-in-intercet?	/Do not la	Al	10a		×	+				
C VVBs the p	lan covered by a fidelity bond	[10b	х		-		-	40	000
or dishone	n have a loss, whether or not sty?	(elmbursed by the plan's flo	delity bond	, that was caused by fraud	10d		х	1	_			-
insurance i	ees or commissions paid to a service, or other organization to	brokers, agents, or other	persons t	y an insurance carrier,		7	х					_
f Has the pla	n failed to provide any benefit	when due under the plan?			100				_			
2 Did the plan	have any participant loans?	If "Yes " enter amount as a	4		10f	\rightarrow	X	<u> </u>				
h if this is an	individual account plan, was t	Seen a blackout coded? (Co	year end	.)	10g		Х					
2020.101-0	nawered "Yes," check the bo	A Company of the Comp		2000-0000-0000-0000 W-11	10h		x			*	18.00	
	- providing the notice applied	under 29 CFR 2520.101-3	required no	otice or one of the	101							_
Part VI Pens	on Funding Complian	(18										_
	ned benefit plan subject to mine 11a below)						e SB	(Form	П	Yes	П	
	Para Ammani raquiled Contin	ution for current year from	Schedule	SB (Form 5500) line 30					ш	100		-
10 11110 11 1101	ned contribution plan subject	the minimum funding rea	ulrements	of section 412 of the Code	00.000	ion 30	2 -4 :	-DICAG		V	D :	_
	Procedure read of infligation 120.	(): 1/0 and 17e bolow on	ammila-Li-					0.0000000000000000000000000000000000000			X N	0
a il a walver of	the minimum funding standar	ti for a adar year la balas -			one e	nd ent	er th	e date of	na lat			_
If you complete	waiver.	9 and 40 -40 :		Month			Day	o date of th	Year		uß	
	tag' combient litles 3	D. and 10 of Schodule Mi	R (Form 5)	EOO\ and ald- as II								_
1111	lmum required contribution fo	uns plan year				12	ь					_

Form 5500-SF 2013	Page 3 -			
C Enter the amount contributed by the en	ployer to the plan for this plan year	12c		
d Subtract the amount in line 12c from the negative amount)	amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
	ned on line 12d be met by the funding deadline?		Y68	No NA
Part VII Plan Terminations and T	ansfers of Assets			
	adopted in any plan year?		es N	lo
	alaets that reverted to the employer this year			
of the PBGC?	participants or beneficiaries, transferred to another plan, or brought under the			X Yes No
which assets or liabilities were transfer	ebilities were transferred from this plan to another plan(s), identify the plan rigd. (See Instructions.)	(s) to		
13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3) PN(s)
			-	†
1000	\			-
	\			<u> </u>
Part VIII Trust Information (option	ph()			
14a Name of trust		14b Tn	ust's EIN	
	}			
	}			