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

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accorda	ance with the instruc	tions to the Form 5500	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report le	dentification Information							
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	님 ' 님	the final return/report						
_				n/report (less than 12 mo	onths)				
C Check b	pox if filing under:	▼ Form 5558	automatic extension			DFVC progra	am		
Part II	Basic Plan Infor	mation—enter all requested information	•						
1a Name		mation—enter all requested information	LIOII		1h	Three-digit			
	oi piari BROTHERS 401(K) PR	OFIT-SHARING PLAN			וו	plan number			
						(PN) ▶	002		
					1c	Effective date o			
	oonsor's name and add S SUPPLY CORP.	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi			
34-48 31ST	CTDEET				2c	Sponsor's telep			
	ND CITY, NY 11106				2d	2d Business code (see instructions 423800			
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's			
					3с	Administrator's	telephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN			
	, EIN, and the plan num	ber from the last return/report.	·		4c				
		It the beginning of the plan year			5a	FIN	22		
_		it the end of the plan year			5b		25		
c Numb	er of participants with a	ccount balances as of the end of the pl	an year (defined bene	fit plans do not	5c		15		
	,	during the plan year invested in eligible			1		X Yes No		
		the annual examination and report of an (See instructions on waiver eligibility an					X Yes No		
		her line 6a or line 6b, the plan canno							
C If the p	olan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late of	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.			
SB or Sche		er penalties set forth in the instructions. I signed by an enrolled actuary, as wel ete.							
SIGN	Filed with authorized/v	alid electronic signature.							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator		
SIGN									
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor		
Preparer's		me, if applicable) and address; include					number (optional)		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Voor		
	al plan assets						(b) Ella c	11405	40	
	Total plan liabilities	7a 7b	.0.020					11100	10	
	Net plan assets (subtract line 7b from line 7a)	7c	104829	1048299				11405	40	
	Income, Expenses, and Transfers for this Plan Year	70					(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	taı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	5181	8						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4042	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						922	41	
	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								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	8i						922	41	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	, ,,	L							
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Don	W Compliance Overtions									
Par					Vaa	Ma	1			
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tiono withi	n the time period described in		Yes	No	,	Amoun		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corr	rection Program)	10a		X				
N	on line 10a.)	,		10b		X				
				10-	Χ				6	0000
				10c					0	0000
d	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									
	instructions.)		. ,	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g	Χ				2	1777
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X				1777
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>									
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 X No							No		
_11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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?						No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year				T	12b				

Page	3 -		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 (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?	Y	es 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 coof the PBGC?	ontrol		Yes X No			
C 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.)							
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	relision benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instr	uctions to the Form 550	0-SF.	mspection
ALC: A		Identification Information				
Fo	r calendar plan year 2013 or fi	scal plan year beginning	01/01/2013	and ending	12	/31/2013
A	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)	
C	Check box if filing under:	x Form 5558	automatic extension		Γ	DFVC program
		special extension (enter descri	ption)		L	
P	art II Basic Plan Info	ermation enter all requested in	oformation			
1a	Name of plan	criter all requested if	nonnation		1b 7	Three-digit
	ESPOSITO BROTHERS	401(k) PROFIT-SHARING PI	- X \$1		F	olan number
		TOWN PROPERTY OF	12-71/			PN) ► 002 Effective date of plan
,	***					07/01/1995
2a	Plan sponsor's name and ac BROTHER'S SUPPLY CO	ldress; include room or suite numbe	er (employer, if for a sing	le-employer plan)	2b E	Employer Identification Number
	PROTHER S SUPERI CO	JRP.			I .	EIN) 11-2404653
						Sponsor's telephone number
	34-48 31st STREET					(718) 392-1200
ng	LONG ISLAND CITY	NY 11106				Business code (see instructions)
		nd address X Same as Plan Spor	nsor Name Same as	Plan Sponsor Address		Administrator's EIN
		Processed		, lan apolical ridarda	0.0	torring trater 5 Env
					3c A	dministrator's telephone number
					00.	withing ator a telephone number
		*				
ł	If the name and/or EIN of the	e plan sponsor has changed since to nber from the last return/report.	he last return/report filed	for this plan, enter the	4b E	in
a		nous mont the last return report.			4c P	INE:
ā		at the beginning of the plan year			5a	22
b	Total number of participants	at the end of the plan year	*********************************	***************************************	5b	25
C	Number of participants with a	account balances as of the end of the	e plan vear (defined ber	efit plans do not		4.0
ia	Complete this item)	***************************************	***********************		<u>5c</u>	15
b		during the plan year invested in elig				Yes No
	under 29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	terror and an analytic and S			TVac Clus
	If you answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use I	Form <i>58</i>	Yes No
C	If the plan is a defined benefi	t plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?		Yes No Not determined
Ca		or incomplete filing of this return				
Un	der penalties of periury and other	her penalties set forth in the instruct	tions I declare that I have	o everying this seturn/se	ise is e	stablished.
~~	or concade Me completed di	iu signeu by an entolled actuary as	s well as the electronic vi	ersion of this return/report	port, inc t, and to	the best of my knowledge and
be	lief, it is true, correct, and com	offete:				
200	GN W			MICHAEL ESPOSITO)	
H	ERE Signature of plan admi	inistrator	Date /1/7/14	Enter name of individua	l signing	as plan administrator
SI	GN	2	. //	MICHAEL ESPOSITO)	
	ERE Signature of employer/		Date ///7/14	Enter name of individua	l signing	as employer or plan sponsor
⊃re	eparer's name (including firm n	ame, if applicable) and address; inc	clude room or suite numb	er (optional)		er's telephone number (optional)
		•				

Р	art III Financial Information		The second secon		·			
7	Plan Assets and Liabilities		(a) Reginning of Vec		—	-	/I.\ P I C\ /	
a	Total plan assets	7a	(a) Beginning of Yea		-	(b) End of Year		
b	Total plan liabilities	7b	1,048,2	99		***************************************	1,140,540	
c	Net plan assets (subtract line 7b from line 7a)	7c	1.040.0		_			
8	Income, Expenses, and Transfers for this Plan Year	76	1,048,2	99			1,140,540	
а	Contributions received or receivable from:		(a) Amount				(b) Total	
***************************************	(1) Employers	8a(1)						
***************************************	(2) Participants	8a(2)	51,8	18				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	40,4	23				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	AND THE RESERVE				92,241	
	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						
g	Other expenses	8g		William (Constitution)			A second of the	
<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)	81		7			92,241	
<u>_i</u>	Transfers to (from) the plan (see instructions)	8j					3 page 3.27 page 3.27	
Pa	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Charac	terist	ic Cod	ee in	the instructions:	
	2E 2G 2J 3D 3H		and the same of th	CHSC	.0.000	00 (11)	are instructions.	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Characte	eristic	Code	s in th	e instructions:	
Pa	nt V Compliance Questions			n itoessessesses		-		
10						-		
a	During the plan year: Was there a failure to transmit to the plan and a failure to transmit to transmit to the plan and a failure to transmit to			T	Yes	No	Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	arv Correc	tion Program)	10a		x		
	on line 10a.)	**********	# 4 2 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10b		x		
<u>C</u>	Was the plan covered by a fidelity bond?	************	905700700558888080888888980898980898888888888	10c	ж	***************************************	60,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's find the plan by the plan's find the plan by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss, whether or not reimbursed by the plan's find the plan have a loss of the plan have a	delity hope	that was saused by fraud	10d		x	00,000	
е	Were any fees or commissions paid to any brokers, agents, or other	rnorcone	hu on incure and and a	100				
	insurance service, or other organization that provides some or all of	the henel	its under the plan? (See					
f	111041 40410110., 411001010101010101010101010101010101010		001000000000000000000000000000000000000	10e		X		
	Has the plan failed to provide any benefit when due under the plan?			10f		x		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g	х		21,777	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruc	tions and 20 CEP	10h		ж		
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-	consisted -	adian an ann af th			Α.		
Par	Pension Funding Compliance	J	***************************************	10i				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nts? (If "Ye	es," see instructions and comp	lete S	Schedi	ıle SE	3 (Form	
11a	Enter the unpaid minimum required contribution for current year from	n Sahadul	o CD /Com 5500\	******	······		Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re	nuirema-4	s of socion 440 -f the O	*******	1	1a		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	quirement	s or section 412 of the Code o	rsec	tion 30	2 of E	RISA? Yes X No	
а	If a waiver of the minimum funding standard for a prior year is being	amortizad	in this plantage and the state of	ons,	and en	ter th	e date of the letter ruling	
	granting the waiver							
b	Enter the minimum required contribution for this plant in	ms (Form	bouu), and skip to line 13.	***************************************		-т		
	Enter the minimum required contribution for this plan year	***********	***************************************	*******	1	2b		

	Form 5500-SF 2013	Page 3			*
Special control of the Control of th					
<u>C</u>	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		
e	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?	***************************************	. 🗆 Y	es 🗷 No)
	If "Yes," enter the amount of any plan assets that reverted to the employer to	his year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought under the	control		Yes X No
C	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)				
1	3c(1) Name of plan(s):	1	3c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a I	Name of trust		14b T	rust's EIN	
	,				
			ı		

•