## **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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

1210-0089

OMB Nos. 1210-0110

	Department of Labor mployee Benefits Security Administration Pension Benefit Guaranty Corporation			Code (the Code).	o(a) UI		s Open to Public spection
_			dance wit	h the instructions to the Form 550	0-SF.		
		entification Information					
For	calendar plan year 2011 or fisca	i	1	and ending	12/31/2	2011	
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-partici	oant plan
В	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	an year return/report (less than 12 m	onths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am
J		special extension (enter descriptio				☐ - · · · · · · · · · · · · · · · · · ·	
De	Pacia Blan Inform						
		nation—enter all requested informa	ation		1h	Thron digit	
	Name of plan S RETIREMENT PLAN				10	Three-digit plan number	
	O KETIKEMENT TEXAS					(PN) ▶	001
					1c	Effective date o	f plan
						01/01	
		ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identi	
PRO	FESSIONAL PAINTING & WALL	LCOVERING SUPPLY				(EIN) 13-39	41192
					2c	Sponsor's telep	
	ORTH MAIN STREET					845-73	
PEA	RL RIVER, NY 10965				2d		see instructions)
2-	Bl. I i i i i i i i i i i i i i i i i i i		. "0	m	26	42499	
		address (if same as plan sponsor, er .COVERING SUPPLY 19 NORTH M			30	Administrator's 13-39	EIN 141192
		PEARL RIVE	R, NY 109	65	3с	Administrator's	telephone number
						845-73	
4		an sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
9	name, EIN, and the plan number Sponsor's name	er from the last return/report.			4c	DNI	
	•	the beginning of the plan year			5a		
b							
0	• •	the end of the plan year			5b		•
C		count balances as of the end of the p			5c		;
6a	Were all of the plan's assets du	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No
b		e annual examination and report of a					
	•	See instructions on waiver eligibility a		,			X Yes   No
D-		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	500.		
	rt III Financial Informa	ition		T			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year 193151
а	•		. 7a	174093			
b	'		7b	0			0
<u>C</u>		b from line 7a)	7c	174093			193151
8	Income, Expenses, and Transfe			(a) Amount		(b) 1	Total
а			8a(1)	5047			
	• • • •			16796			
	` ,		8a(2)	0			
h	, , , , ,		8a(3)	-2785			
b	,	2-(0) 0-(0)	8b	-2700			19058
q C	, , , , , , , , , , , , , , , , , , , ,	Ba(2), 8a(3), and 8b)	8c				10000
d	. `	ollovers and insurance premiums	8d	0			
е	. ,	ve distributions (see instructions)	8e	0			
f		s (salaries, fees, commissions)	8f	0			
g	•		8g	0			
9 h	•	Be, 8f, and 8g)	8h				0
i	Net income (loss) (subtract line		Ri				19058

Transfers to (from) the plan (see instructions) .....

Form	5500-	SF	201

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art '	V Compliance Questions							
	During the plan year:		Yes	No		Δn	ount	
	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)	10a		X		7.11	iount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
	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.)	10e	X					892
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
	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	10i						
art \								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	∏ No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.  Mont							
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h	1			
	Enter the minimum required contribution for this plan year			12b				
d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12c 12d				
	negative amount)		<u></u>		П Үе		No	N/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				16	:5	NO	IN/A
art \					, F	<u></u>		
	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							
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	ınder	the co	ntrol		Ī	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			L		
	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) PN				
201-4	any A nonelly for the lete or incomplete filing of this return francet will be accessed with a second of the second with the second of the second will be accessed with the second with the second will be accessed with the second with the second will be accessed wit			ooto!	lioh s -l			
Jnder	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return to the second signed by an enrolled actuary, as well as the electronic version of this return to the second signed by an enrolled actuary, as well as the electronic version of this return to the second signed by an enrolled actuary, as well as the electronic version of this return to the second signed by an enrolled actuary, as well as the electronic version of this return.	rn/rep	ort, in	cludir	ng, if ap	plicable		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/29/2012	DAVID GOLDBERG
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Expartment 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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

		entification loformation									
For	calendar plan year 2011 or fiscal	plan year beginning	01/01/201	1	and ending		12/31/201	1			
Α	This return/report is for:	a single-employer plan	a multiple-e	mployer plan	(not multlemployer)	[	] a one-particip	sant olan			
R	This return/report is:	the first return/report	the final retu			G					
_	Tilla Telli Tilla Elli	an amended return/report	-	•	port (less than 12 mo	ntha\					
_	L		=		port (reas there is the	ונפווזמונ ז	7 251/6				
C	Check box if filing under:	•	automatic e	xtension		į	DFVC progra	m			
	L	special extension (enter descr	iption)								
P	art II Basic Plan Inform	nation—enter all requested Info	ormation				-				
i 1a	Name of plan			•		1b	Three-digit				
	PPWS RETIREMENT PLA	N					plan number				
							(PN) •	001			
							Effective date of				
	Di			- ·			<u>01/</u> 01/2001				
Za	Plan sponsor's name and address PROPESSIONAL FAINTI		r (employer, if to	r a single-em	ployer plan)		Employer Identif		рег		
	WALLCOVERING SUPPLY	ros a					(EIN) 13-394				
							Sponsor's tetepi		•		
	19 NORTH MAIN STREET	Т			-		(845) 735-	<del></del> _			
	PEARL RIVER			1	00.00	20	Business code ( 424990	see instructio	ns)		
3a	Plan administrator's name and a	Address (if same as plan enones	r onter *Come*	NY 18	0960	26	424930 Administrator's (	-11.1			
V4	SAME	nuvicos (ii saine as pian sponsu	remen panie)		i	3D /	Administrator s i	=IIN			
						3c .	Administrator's 1	elephone nu	Mher		
						•	· · · · · · · · · · · · · · · · · · ·	ciepitorie riu			
4	If the name and/or EIN of the pla		he last return/rep	ort filed for th	is plan, enter the	4b	EIN				
_	name. EIN, and the plan литье	r from the last return/report.			·	_					
_	Sponsor's name		<del></del>			4 <u>c</u>	PN				
5a					: L	5a			3		
Þ					i I	5b	1.		3		
C	Number of participants with acc	ount balances as of the end of t	he plan year (del	ined benefit p	lans do not	_					
	complete this item)					5c	<u>.                                    </u>	п	<u> </u>		
64 5	Were all of the plan's assets du	inng the plan year invested in el	igible assets? (\$	ee instruction	B.)			X Yes [	No		
ь	Are you ctaiming a waiver of the under 29 CFR 2520.104-46? (S	e annuar examphation and report les instructions on waiver eligibi	or an independe lity and condition	nt qualimea p	ublic accountant (IQP	A)		X Yes	¬ Nα		
	If you answered "No" to eithe	r 6a or 6b, the plan cannot us	e Form 5500-SF	and must in	stead use Form 550	o.		M	7 110		
Pa	rt III Financial Informa	tion				*-		_			
7	Plan Assets and Liabilities		Ţ Ţ	(a) Beo	inning of Year	T	(b) End	of Year			
a	Total plan assets		7a	<u>, , , , , , , , , , , , , , , , , , , </u>	174,09	҈1 "	(b) Elic		,151		
b						<del>\</del> -			0		
c	Net plan assets (subtract line 7b		<del></del>		174,09	1		102	,151		
8	Income, Expenses, and Transfe		1		:	<del></del>	/L:=		, I J I		
_	Contributions received or receive		<del>                                     </del>	(a)	Amount	+	( <u>b)</u> T	ora:	<del></del>		
_	(1) Employers		8a(1)		5,04	1					
	(2) Participants		Sa(2)		16,796	<b>⊣</b>					
	(\$) Others (including rollovers)				! (	3					
b	Other income (loss)				(2,795	j					
c	Total income (add lines 6a(1), 8a		<del></del>		(2).00	+		10	250		
ď	Benefits paid (including direct ro				<u>=</u> .	1	<del></del>	1.9	<u>,</u> 058		
	to provide benefits)	man in the second secon	8d								
e	Certain deemed and/or corrective	re distributions (see instructions)	} Be		. (	]					
f	Administrative service providers	(salaries, fees, commissions)	Bf		<del>; ·                                     </del>	5					
g	Other expenses				<u> </u>	j i					
ĥ	Total expenses (add lines 8d, 8e		···		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>					
	, , , , , , , , , , , , , , , , , , , ,								U		
Ē	Net income (loss) (subtract line t		<del></del>		: · · · · ·	-		10	,058		

For Paperwork Reduction Act Motice and OME Compos Numbers, see the instructions for Form 5500-SF.

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race.	_		

Part IV	<b>57 54</b>
ven w	Plan Characteristics
F G1 L 19 1	

9a. If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

h 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	Τ	_			_	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fld.)	uciary Correction Pro	oram) l			×	+		niton	<u>nt_</u>		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	12 (Dr. <b>not</b> include tes	readions mandad m	10a 10b		×	-	•			_	
£	Was the plan covered by a fidelity bond?		-	10c			<del>}</del>					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity trend the tree		77		<u> </u>	<u> </u>		<del></del>	_		
e	Were any fees or commissions paid to any brokers, agents, or ob- insurance service or other organization that provides some or all a instructions.)	ter persons by an ins	surance carrier,	10d	x	×			<u>-</u> .			
f	Has the plan failed to provide any benefit when due under the pla	п?	<del>-</del>	10e	<del>^</del> -		<del></del>				8	92
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	101		_x	<del>[ -</del>					
ħ	If this is an Individual account plan, was there a blackout period? 2520.101-8.)	See instructions and	120.000	t0g	$\dashv$	×	<del>  -</del>	_			<del></del>	<del></del>
i 	If 10h was answered "Yes," chack the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	te required collector		10h	_		-	,				
Part	VI Pension Funding Compliance	'				·	<u> </u>			_		
11	ts this a defined benefit plan subject to minimum funding requirem 6600)	ents? (If "Yes," see i	nstructions and comple	ete S	chedu	ile Şi	(Form		п.	_		
12	is this a defined contribution plan subject to the minimum funding	requirements of sect	inn 412 of the Code of					<del>-::-</del>	Y	<del>6</del> \$ 68	₩.	<u>*-</u>
а	of res, complete 124 of 125, 126, 126, and 129 below, as applied if a weiver of the minimum funding standard for a prior year is being granting the walver.	able.) (§ amortized in this p	lan year, see instructio						Land .		Mg Ng	ю
		, we st. cittl boxbor a	80 SKIR TA 11No 12									
č	Enter the minimum required contribution for this plan year	1. 61			. 1	2b				_		_
u	Enlar the emount contributed by the employer to the plan for this p Subtract the amount in line 12c from the amount in line 12b. Enter regarders amount?	Alban ann an Air Company ann an Air			·	2c 2d						
	Will the minimum funding amount reported on line 12d be met by the				. [		Yes			┲		_
rant 1	It Plan Terminations and Transfers of Assets		-				162		No	LI	N//	<u>`</u>
13a :	tas a resolution to terminate the plan been adopted in any plan year?	· · · · · · · · · · · · · · · · · · ·			<del></del>							
'	I Tes," enter the amount of any plan assets that reverted to the en	nolover this waar				·	es X	No				_
D 1	Were all the plan assets distributed to participants or beneficiaries.  If the PBGC?	Iros	· · · · · · · · · · · · · · · · · · ·	_		trol					<del></del> -	╛
v	which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify the p	olan(:	s) to				] Ye	rs b	ğ N	o.
134	(1) Name of plan(s):				136(2	21 F/2	vilet	7	130	21.0		_
					100(.	<u>-, _,</u>	<u>49)</u>	7	142	<u> 31 P</u>	N(8)	_
Cautio	o: A penalty for the late or incorrelate fluor of this return		·						_			
Underg	n: A penalty for the late or incomplete filing of this return/repo censules of penury and other panalties sel forth in the increasions.	rt will be assessed	<u>uniess reasonable c</u>	au se	is es	tabia	shed.					_
SB or S belief, i	renatiles of perjury and other penalties sel forth in the instructions, chedule MB completed and signed by an envolled actuary, as well is true, correct, and complete.	as the electronic ver	examined this return/repo sion of this return/repo	repor ort, a	t, inclu nd to t	ding ha b	if application	cable kno	. a Sc wledg	bed a ar	ule kd	
SIGN	Buth I been	9-18-2012	DAVID GOLDBER	RG					<del>-</del>	_		7
SIGN	Signature of plan administrator	Date	Emer name of indivi		signin	g as	plan adı	ninist	rator			7
HERE	Signature of employer/plan sponsor	<del></del>	<u> </u>						"			7
	Date Enter name o					 2.25	employe	r ar o	dan se	ion«	or	