### 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

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number GRAYS WHOLESALE, INC. EMPLOYEES RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 06/01/1970 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GRAYS WHOLESALE, INC 15-0626422 (EIN) 2c Sponsor's telephone number 315-686-3541 **153 STATE STREET** CLAYTON, NY 13624 2d Business code (see instructions) 424400 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 15-0626422 GRAYS WHOLESALE, INC. 153 STATE STREET CLAYTON, NY 13624 3c Administrator's telephone number 315-686-3541 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 name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 953539 862610 Total plan assets..... 7a 1401 1401 7b Total plan liabilities..... 952138 861209 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 76916 8a(1) (1) Employers ..... (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) -24370 **b** Other income (loss)..... 8b 52546 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 143475 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e

8f

8g

8h

8i

Administrative service providers (salaries, fees, commissions).......

Other expenses.....

Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

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

143475

-90929

0

0

0

Form	5500.	-25	201	,

Page 2 -	1
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Part IV   Plan Characteristics
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- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
  - 1A 1G 3D
  - b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	rt V Compliance Questions								
0	During the plan year:			Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any particular 29 CFR 2510.3-102? (See instructions and DOL's	cipant contributions within the time period described in Voluntary Fiduciary Correction Program)	10a		X				
b	<b>b</b> Were there any nonexempt transactions with any p on line 10a.)	arty-in-interest? (Do not include transactions reported	10b		X				
С	C Was the plan covered by a fidelity bond?		10c	Χ				1	20000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed or dishonesty?	by the plan's fidelity bond, that was caused by fraud	10d		X				
е	Were any fees or commissions paid to any brokers, insurance service or other organization that provide instructions.)	s some or all of the benefits under the plan? (See	10e	X					905
f	<b>f</b> Has the plan failed to provide any benefit when due	under the plan?	10f		X				
g	g Did the plan have any participant loans? (If "Yes," e	enter amount as of year end.)	10g		X				
h	h If this is an individual account plan, was there a bla 2520.101-3.)	•	10h						
i	i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29	·	10i						
art	rt VI Pension Funding Compliance			•					
11	Is this a defined benefit plan subject to minimum fur	nding requirements? (If "Yes," see instructions and com					X	Yes	No
12		nimum funding requirements of section 412 of the Code						Yes	X No
		rior year is being amortized in this plan year, see instruction	th						
	If you completed line 12a, complete lines 3, 9, and 1				40h				
b	<b>b</b> Enter the minimum required contribution for this pla				12b				
C		e plan for this plan year			12c				
a	<b>d</b> Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the result (enter a minus sign to the left		L	12d				
е	e Will the minimum funding amount reported on line 1	2d be met by the funding deadline?				Yes	N	0	N/A
art	rt VII Plan Terminations and Transfers	of Assets							
l3a	Has a resolution to terminate the plan been adopted in	any plan year?			Y	es X N	0		
	If "Yes," enter the amount of any plan assets that re	everted to the employer this year	1	3a					
b	(4) 55000	or beneficiaries, transferred to another plan, or brought	under	the co	ntrol		П	Yes	X No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See ins	e transferred from this plan to another plan(s), identify the tructions.)	ne pla	n(s) to			_		<u> </u>
1	13c(1) Name of plan(s):			13	c(2) EII	N(s)	1	3c(3)	PN(s)
aut	ution: A penalty for the late or incomplete filing of	this return/report will be assessed unless reasonab	le cau	ıse is	establi	ished.			
Jnde	der penalties of perjury and other penalties set forth in	the instructions, I declare that I have examined this retu	urn/rep	port, ir	cluding	g, if applica			

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	12/17/2012	NY LEBENSON
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

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

instructions

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 06/01/2011 and ending 05/31/2012	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan  GRAYS WHOLESALE INC. EMPLOYEES RETIREMENT PLAN.  001	
GRAYS WHOLESALE, INC. EMPLOYEES RETIREMENT PLAN  O01  plan number (PN)	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  D Employer Identification Number (EIN)	
GRAYS WHOLESALE, INC.	
15-0020422	
E Type of plan:   Single	
Part I Basic Information	
1 Enter the valuation date: Month _06 Day01 Year _2011	
2 Assets:	
	952138
	952138
3 Funding target/participant count breakdown: (1) Number of participants (2) Funding Target	
	286625
b For terminated vested participants	500
C For active participants:	
(1) Non-vested benefits	2657
	697494
	700151
	87276
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	
a Funding target disregarding prescribed at-risk assumptions	
b Condition to the first and title accounting but discounting to particular the first base has been in	
at-risk status for fewer than five consecutive years and disregarding loading factor	
5 Effective interest rate	74 %
6 Target normal cost	38197
Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was ap accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumption is reasonable.	olied in tions, in
combination, offer my best estimate of anticipated experience under the plan.	
SIGN	
HERE 10/31/2012	
Signature of actuary Date	
ALFREDO G. SALGADO 11-00955	
Type or print name of actuary  Most recent enrollment number	
LEBENSON ACTUARIAL SERVICES, INC. 914-747-1980	
Firm name  500 SUMMIT LAKE DRIVE - SUITE 180  VALHALLA, NY 10595-1340  Telephone number (including area code)	
Address of the firm	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see	 1

Page 2	2 - 1
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Pa	rt II Be	ginning of year o	carryove	er and prefunding bala	ances							
						(a) C	Carryover balance		(b) F	Prefundi	ng balan	се
7				cable adjustments (line 13 fro			91	1085				113134
8				unding requirement (line 35 f				0				0
9							91	1085				113134
10				urn of13.32%			12	2133				15069
11				d to prefunding balance:								
	<b>a</b> Present	alue of excess contrib	outions (lin	e 38 from prior year)								30120
				rate of 6.44 % except								1940
	C Total ava	lable at beginning of cu	ırrent plan y	year to add to prefunding balar	nce							32060
	<b>d</b> Portion o	f (c) to be added to pr	efunding b	palance								0
12	Other reduc	ions in balances due t	to elections	s or deemed elections			69	104				0
13	Balance at b	eginning of current ye	ar (line 9 +	line 10 + line 11d – line 12)			34	114			1	28203
Pa	art III F	unding percenta	iges									
14										14	80	0.00 %
				je						15	80	0.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	95	5.09 %	
17	If the curren	value of the assets of	f the plan i	s less than 70 percent of the	funding targe	et, enter s	uch percentage			17		%
Pa	art IV (	ontributions and	d liauidi	tv shortfalls					•	•		
				ear by employer(s) and empl	oyees:							
(M	(a) Date IM-DD-YYYY	(b) Amount pa employer(		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount paid employer(s)		(0	Amou emplo		У
10	/31/2011		60000									
11	/09/2011		8367									
05	/22/2012		8549									
						_				•		
					Totals ►	18(b)		76916	18(c)			0
19	Discounted	mployer contributions	s – see ins	tructions for small plan with a	valuation da	ate after th	· · ·					
	<b>a</b> Contributi	ons allocated toward u	ınpaid min	imum required contributions	from prior ye	ars		19a				
	<b>b</b> Contributi	ons made to avoid res	trictions a	djusted to valuation date			<u> </u>	19b				
	<b>C</b> Contribution	ns allocated toward mi	nimum req	uired contribution for current ye	ear adjusted to	o valuation	date	19c				74835
20	-	ntributions and liquidit	-							-	r	
	·	9		the prior year?						X	Yes	No
	<b>b</b> If 20a is "	es," were required qu	uarterly ins	tallments for the current year	made in a ti	mely man	ner?				Yes	X No
	<b>C</b> If 20a is "	es," see instructions	and compl	ete the following table as app								
	/41	1ct		Liquidity shortfall as of en	d of quarter o			1		(A) A+h		
	(1,	1st		(2) 2nd		(3)	3rd			(4) 4th	l	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get r	normal cost		
21	Disco	ount rate:							
	<b>a</b> Se	egment rates:	1st segment: 2.38%		2nd segment: 5.51%		3rd segment: 6.36 %		N/A, full yield curve used
	<b>b</b> Ar	pplicable month	(enter code)					21b	1
22								22	65
23		ality table(s) (see	_		escribed - combined		scribed - separate	Substitut	
Do		Miscellane	_		L		· ·		
				ad aat	uarial assumptions for the c	ırront	plan year? If "Van " and	inatruationa	rogarding required
			•		uariai assumptions for the ci		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	X Yes No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	m required contribut	ions	for prior years		
28					years			28	0
<u>29</u>					l unpaid minimum required c			29	
30	Rema	aining amount of	f unpaid minimum requir	ed con	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	<b>a</b> Tai	rget normal cost	(line 6)					31a	38197
	<b>b</b> Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					197455	31530
	<b>b</b> Wa	aiver amortizatio	on installment						
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	69727
			<u> </u>		Carryover balance		Prefunding bala	nce	Total balance
35	Ralan	nces elected for i	use to offset funding		, , , , , , , , , , , , , , , , , , ,		,		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	69727
37					ontribution for current year a			37	74835
38	Prese	ent value of exce	ess contributions for curr	ent ve	ar (see instructions)			I I	
								38a	5108
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40	Unpa	id minimum requ	uired contributions for al	l years				40	0
Pa	rt IX				nsion Relief Act of 20			<u> </u>	
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	irsuant to an alternative amo	rtizati	on schedule:		
	<b>a</b> Sch	nedule elected						П	2 plus 7 years 15 years
	<b>b</b> Elig	gible plan year(s)	) for which the election i	n line 4	41a was made			2008	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
					d over to future plan years			43	

# Attachment to 2011 Form 5500 Schedule SB, line 36 - Schedule of Active Participant Data

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

EIN: 15-0626422

Attained

	Under 1			1 to 4	ļ		5 to 9	9	
	Average			А	verage		Average		
No.	omp (	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash	

Age			Average		Α	verage			verage
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.
Under 25									
25 to 29				1	1 /				
30 to 34	l								
35 to 39									
40 to 44	l						1		
45 to 49	l				3		Į.		
50 to 54								1	
55 to 59									
60 to 64								2	
65 to 69									
70 & up									

			Y	ears of (	Credited Se	rvice			
Attained	T T	10 to	14		15 to 1	19		20 to	24
Age			Average		Д	verage			\verage
ľ	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.
Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 70 & up		1			1 2			1 2	

	Years of Credited Service											
Attained		25 to	29		30 to 3	34	I	35 to	39		40 and	up
Age -			Average		A	verage	l		Average			Average
4.4	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.
Under 25	1											
25 to 29	1											
30 to 34	1											
35 to 39				1								
40 to 44				1								
45 to 49							1					
50 to 54		1										
55 to 59		1			1			1				
60 to 64	1						1					
65 to 69 70 & up		2										

# Attachment to 2011 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Gray's Wholesale Inc. Employees Retirement Plan

EIN:15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Lump Sum Election%:

100%

Pre-retirement Mortality Table:

None

Post-retirement Mortality Table:

Static/Combined

Withdrawal rate%:

None

Expected % increase in compensation:

None

Actuarial Value of Assets:

Fair Market Value

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SE

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

	F File as an attachme	iii to roiiii	3300 01 8			110015		
For calenda	or plan year 2011 or fiscal plan year beginning 06/01/2011			and ending	05/3	1/2012		
▶ Round o	off amounts to nearest dollar.							
▶ Caution	: A penalty of \$1,000 will be assessed for late filing of this report u	unless reaso	onable ca	use is established				
A Name of				B Three-digit			T	
	IOLESALE, INC. EMPLOYEES RETIREMENT PLAN						001	
OIM IS WII	TOLEGALE, INO. LIVII LOTELO NETINCIVILIVITE ENVI			plan numbe	er (PN)		1	
<b>O</b> 51	, , , , , , , , , , , , , , , , , , ,			D ====================================	4161 41	N	/F1N1\	
•	nsor's name as shown on line 2a of Form 5500 or 5500-SF		i	D Employer Id	епинсаи	on Number	(EIIV)	
GRAYS WH	IOLESALE, INC.			15-0626422				
E Type of pl	lan: X Single Multiple-A Multiple-B	Prior year pla	ın size: 🏻	100 or fewer	101-50	00 More	than 500	
r				<u> </u>	-			
Part I	Basic Information							······································
1 Enter t	he valuation date: Month <u>06</u> Day <u>01</u>	Year _	2011	_			***************************************	
2 Assets	8							
<b>a</b> M	arket value				2a			952138
<b>b</b> Ad	ctuarial value				2b			952138
						(0)	E. J. T.	
	ng target/participant count breakdown:		(1) N	umber of participa		(2)	Funding Targ	
a Fo	or retired participants and beneficiaries receiving payment	3a			2			286625
<b>b</b> F	or terminated vested participants	3b			1			500
C F	or active participants:							
		3c(1)						2657
	•				ŀ			697494
(2	•				40			
(3	3) Total active	3c(3)			19			700151
<b>d</b> Te	otal	. 3d			22			987276
4 If the p	olan is in at-risk status, check the box and complete lines (a) and (	b)		П				
•				_	4a			***************************************
	unding target disregarding prescribed at-risk assumptions				40			
	unding target reflecting at-risk assumptions, but disregarding trans				4b			
	t-risk status for fewer than five consecutive years and disregarding	<u> </u>						C 74 0/
5 Effective	ve interest rate				5			5.74 %
6 Target	normal cost				6			38197
Statement b	by Enrolled Actuary		•					
To the best	of my knowledge, the information supplied in this schedule and accompanying schedule	es, statements	and attachm	ents, if any, is complete	and accur	ate, Each presc	ribed assumption	was applied in
accordance	with applicable law and regulations. In my opinion, each other assumption is reasonable, offer my best estimate of anticipated experience under the plan.	ie (taking into a	ccount the e.	xperience of the plan at	iu reasona	DIO OXPOCIALIONS	) and such other a	assumptions, in
OLON								
SIGN	(Dage)					10/31/	2012	
HERE				_		10/31/.	2012	
	Signature of actuary					Date		
ALFREDO G	G. SALGADO					11-00	955	
	Type or print name of actuary				Most re	ecent enrolln	nent number	
LEDENISON	ACTUARIAL SERVICES, INC.					914-747-		
LEBENSON								1.
	Firm name			lele	ephone i	number (inc	luding area co	oae)
รู้00 SUMMIT	T LAKE DRIVE - SUITE 180 VALHALLA NY 10595-1340							
	Adda (1) (1) (1)			_				
	Address of the firm							
If the actuary	has not fully reflected any regulation or ruling promulgated under	the statute	in comple	ting this schedule	, check	the box and	see	П
instructions								
For Paperwo	ork Reduction Act Notice and OMB Control Numbers, see the	instruction	s for For	m 5500 or 5500-	SF.	Sched	ule SB (Form	า 5500) 2011

Pa	rt II Begir	ning of year ca	rryover	and prefunding ba	lances						•
						(a) (	Carryover balance		(b) F	refundi	ng balance
7 ——		•		able adjustments (line 13 t	• •		91	1085			113134
8			-	nding requirement (line 35		-		0			0
9	Amount remaini	ng (line 7 minus line	8)				91	1085	35 11313		113134
10	Interest on line	ousing prìor year's a	ictual retur	n of13.32_%			. 12	2133	15069		
11	Prior year's exce	ess contributions to t	be added t	o prefunding balance:							
	a Present value of excess contributions (line 38 from prior year)										30120
	b Interest on (a) using prior year's effective rate of 6.44 % except as otherwise provided (see instructions)							1940			
	c Total available	e at beginning of curr	ent plan ye	ar to add to prefunding bala	ance						32060
	d Portion of (c)	to be added to pref	unding bai	ance							0
12	Other reductions	s in balances due to	elections	or deemed elections			69	9104			0
13	Balance at begir	nning of current year	(line 9 + l	ine 10 + line 11d - line 12	2)		34	1114			128203
Pá	art III   Fun	ding percentag	es						,		•
14	Funding target a	ittainment percentag	je							14	80.00 %
										15	80.00 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.									16	95.09 %
17	If the current val	ue of the assets of t	he plan is	less than 70 percent of th	e funding tar	get, enter s	uch percentage			17	%
Pa	art IV Con	tributions and	liquidity	shortfalls							
18	Contributions ma	ade to the plan for th	ne plan yea	ar by employer(s) and em	ployees:						
(M	(a) Date IM-DD-YYYY)	<b>(b)</b> Amount paid employer(s)		(c) Amount paid by employees	(a) Da (MM-DD-		( <b>b)</b> Amount paid employer(s)	•	(0	) Amou emple	nt paid by byees
10	)/31/2011		60000								
11	/09/2011		8367								
05	5/22/2012		8549								
		Net .									
											<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
ii ii ii a			as into should		Totals ▶	18(b)		76916	18(c)		0
- A C					L	استستسسا			10(0).	***************************************	U
19	•	•		ictions for small plan with			, , , , , , , , , , , , , , , , , , ,	/ear: <b>19a</b>			
		· ·	•	num required contributions	•		<u> </u>				
			-	usted to valuation date			<u> </u>	19b			74005
				ed contribution for current y	ear adjusted	to valuation	date	19c			74835
20	•	outions and liquidity s						li li		F. 7	V
				e prior year?						<u>×</u>	_
			=	llments for the current yea		limely man	ner?	E			Yes X No
	c If 20a is "Yes,	" see instructions an	nd complet	e the following table as ap	·	f_i					
	(1) 1s	st T	•	Liquidity shortfall as of e	nd of quarter	of this pla		T		(4) 4th	
		-		\-/		(~/			·····	. 7 141	

Pa	rt V Assumptio	ns used to determine f	unding target and targ	et normal cost			
.21	Discount rate:						
	a Segment rates:	1st segment: 2.38 %	2nd segment: 5.51 %	3rd segment	- 1	N/A, full yield curve used	
	<b>b</b> Applicable month	(enter code)	***************************************		. 21b	1	
22	Weighted average re-	tirement age	·····	***************************************	. 22	65	
23	Mortality table(s) (se	e instructions)	scribed - combined	Prescribed - separate	Substitu	te	
Pa	rt VI Miscellane	ous items					
		made in the non-prescribed actu	uarial assumptions for the cur	rent plan year? If "Yes," see	e instructions	regarding required	
	attachment					Yes X No	
25	Has a method change	e been made for the current pla	n year? If "Yes," see instruc	ions regarding required atta	chment	Yes X No	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in:	structions regarding required	l attachment	X Yes No	
27	27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment						
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribution	ons for prior years			
28	Unpaid minimum requ	uired contributions for all prior y	/ears		. 28	0	
29		contributions allocated toward		, ,	. 29		
30	Remaining amount of	f unpaid minimum required con	. 30	0			
Pa	rt VIII Minimum	required contribution f	or current year				
31	Target normal cost a	nd excess assets (see instructi	ons):				
	a Target normal cost	(line 6)	. 31a	38197			
	<b>b</b> Excess assets, if a	applicable, but not greater than	. 31b	0			
32	Amortization installme	ents:	ance	Installment			
	a Net shortfall amort	tization installment			197455	31530	
	<b>b</b> Waiver amortization	on installment					
33		approved for this plan year, ent Day Year	-		33		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	. 34	69727	
		,	Carryover balance	Prefunding bala	nce	Total balance	
35	Balances elected for	use to offset funding					
	requirement			0	0	0	
36	Additional cash requi	rement (line 34 minus line 35)	•••••••••••••••••		36	69727	
37-		ed toward minimum required co			37	74835	
38	Present value of exce	ess contributions for current yea	ar (see instructions)			,	
	a Total (excess, if ar	ny, of line 37 over line 36)			. 38a	5108	
	<b>b</b> Portion included in	ı line 38a attributable to use of ı	prefunding and funding stand	ard carryover balances	. 38b	0	
39	Unpaid minimum requ	uired contribution for current ye	ar (excess, if any, of line 36 o	ver line 37)	. 39	0	
40	Unpaid minimum requ	uired contributions for all years			40	0	
Pai	rt IX Pension t	funding relief under Pei	nsion Relief Act of 201	0 (see instructions)			
41	If a shortfall amortizat	ion base is being amortized pu	rsuant to an alternative amort	zation schedule:			
	a Schedule elected .					2 plus 7 years 15 years	
	<b>b</b> Eligible plan year(s	) for which the election in line 4	1a was made		200	8 2009 2010 2011	
42	Amount of acceleration	n adjustment ,			42		
43	Excess installment ac	celeration amount to be carried		43			

# Attachment to 2011 Form 5500 Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan EIN: 1

Plan Sponsor's Name: Gray's Wholesale, Inc.

EIN: 15-0626422

PN: 001

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
10/31/2011	8,250	2011	10.74	8,014
10/31/2011	51,750	2011	5.74	50,561
11/9/2011	8,367	2011	5.74	8,164
5/22/2012	8,549	2011	5.74	8,096
				·
·		-		·

FAX NO. :9147474346

Dec. 14 2012 09:21AM P2

	Form 5500-SF	Short Form Annual	Return/ Benefi	Report of Small Employ	yee	OMB Nos, 1210-0110 1210-0089
	Department of the Tressury Internal Revenue Service		2011			
	Department of Labor Imployed Benefile Security Administration	. Retirement Income Security Act	of 1974 (EP	ections 104 and 4065 of the Employe RISA), and sections 6057(b) and 6058 s Code (the Code).	(a) o	This form is Open to Public
	Penalon Benefit Querenty Corporation .	1		•		المستحدة المستحدد الم
i i i	artil Annual Report le	entification Information	organge W	th the instructions to the Form 550	0-8F.	
For	calendar plan year 2011 or fisc	ai pian year beginning 00/01/2	011	and ending , o	5/31/	2012
A	This return/report is for:	X a single-employer plan	a multipl	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	110	return/report		ted to the property from
	,	an amended return/report	e short pi	an year return/report (less than 12 mg	enthe	· }
C	Chock box if filling under:	Form 5558	=	o extension		DFVC program
		special extension (onter descrip	Lion)			Lad an expression of
<b>P</b> 0	actili Basic Plan Inform	mation- enter all requested infor		1117		
	Name of plan	,		1A.:	1b	Three-digit
GRA	YS WHOLESALE, INC. EMPLO	YEES RETIREMENT PLAN				plan number
		•			4.	(PN) 001
	. ,	•		. •	16	Effective date of pten 06/01/1970
20	Plan apongor's name and addr	ess; include room or suite number	(employer, i	f for a single-employer plan)	2b	Employer Identification Number
GRA	rto vinoleomie, inc.					(EIN) 15-0826422
					2c	Sponsor's telephone number
	STATE STREET				0.1	315-686-3541
CLA	YTON NY 13824				20	Business code (see Instructions) 424400
3a	Plan administrator's name and	address (if same as plan aponsor.	enter "Sami		3h	Administrator's EIN
SAM		analyst (s iiis na pimit apailusti	1	- '	**	Taminatan Dent
					30	Administrator's telephone number
4	If the name and/or EIN of the n	len aponeor has changed aince the	lant return/	report flied for this plan, enter the	4h	EIN
	name, EIN, and the plan numb	er from the last return/report.	,,_,_,,			1 ALL 4/AL - F
144 55 F 154	Sponsor's name				4c	PN
				***************************************	<u>5a</u>	. 22
ь				153411151411554444444444444444444444444	<u>5b</u>	21
		count balances as of the end of the		defined peijelit blada do vot	6c	with the same of t
				(See Instructions.)		Yes [] No
b	Are you claiming a weiver of the under 28 CFR 2520.104-46? (	e annual examination and report o See instructions on waiver cligibility	f en indeper And condit	ndent qualified public accountant (IQF ions.)	°A)	X Yes No
TENER	If you answered "No" to eith	er 8g or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 660	0.	
	nt III Financial Informa	ation	ma Harasayan	1	т.	
7	Plan Assets and Liabilities		Mid Hadayayaya			(b) End of Year
a	•	***************************************		953539 1401	+-	862610
b			I .	952138	<del></del>	1401 861209
<u>с</u>	Income, Expenses, and Transf	b from line 7a)				1
φ a	Contributions received or recei			(a) Amount,	· ·	(b) Total
***		**************************************	8a(1)	. 76916	11 42 11 42 11 12	and he is the second of the property of the property of the second of th
	(2) Participants	, 142214414141414141414141414141414141414	89(2)	. 0	in ten	The state of the s
•	(3) Others (including rollovers)	***************************************	8a(3)	0		t (44) i 14 detail beath follo 1840 bur en squi majo maliging derby, mainten an alution and distinction of the Allegal (48) il 1940 deli turn of standard of the graph and the analysis and the standard and the standard of Standard of the standard of the s
b	Other Income (loss)		., <u>85</u>	-24370	2 112	
C	Total Income (add lines 64(1),	8a(2), 6a(3), and 6b)	00	na del la compagnita de l La compagnita de la compa La compagnita de la compagnita del compagnita de la compagnita de la compagnita del compagnita de la compagnita del compagnita de la compagnita del comp		
þ		ollovers' and insurance promiums	8d	149475	77 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the limits of th
9	Cortain deemed and/or correct	ivė distributions (see instructions)	ве	·0	######################################	maat
f		s (salaries, feee. commissions)		0	phain paint	त्रमुं भारत है। इस कारण का कार कार के किए के पार्ट के प्रतिकृति है। इस किए के प्रतिकृति के किए किए किए किए किए इस कारण के किए का किए के किए के किए
Ø		L :		0	(23:2	ետան անագահագույների կանում 1810-ին ուսից իրկանականում կանական համարական հայարական համարական հայարական հայարա Հայարական հայարդին հայարական է Ավանգանը բաղաքական անահամանական հայարական հայարական հայարական հայարական հայարակ Հայարդին Ավանգինի ինական հայարական հայարական հայարական հայարական հայարական հայարական հայարական հայարական հայար
h		36, 8f, and 8g)		managaring (1) de debiagara guera perunapati melana ayar dituguak Perlanda perunapat nagaran debiagaring perunapat melana ayar dituguak Perunapat debiagaran ayar perunapat debiagaring perunapat pe	ž.	[404/D
i		8h from line 8c)			10	-90929
		e instructions)		0	90 H	Form 8800 8F (2011)
For F	eperwork Reduction Act Notice and ON	A Control Numbers, see the Instructions fo	r Form 6200-A	<b>7.</b>		Form 8800-BF (2011)

FROM : LEBENSON

FAX NO. :9147474346

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Form 6500-SF 2011 Page 2 - [ Pertiv Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions; 14 1G 3D If the plan provides welfare benefits, enter the applicable walfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ...... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Χ on line 10a.)...... 10b Was the plan covered by a fidelity bond?..... 10c Х 120000 Did the pien have a loss, whether or not reimburaed by the pien's fidelity bond, that was caused by fraud х 10d Were any fees or commissions paid to any prokers, 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 Х 905 instructions.) ....... 104 Has the plan falled to provide any benefit when due under the plan? X 101 X 100 If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.) ...... 10h If 10h was enswered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2620,101-3..... Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... Ves (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 instructions, and enter the date of the letter ruling granting the waiver, and a superior of the waiver. Dav If you completed (inc 124, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13, b Enter the minimum regulaed contribution for this plan year..... 12b 126 C 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 a 124 negative amount) Yes 6 Will the minimum funding amount reported on line 12d be may by the funding deadline?...... Part VI Plan Terminations and Transfers of Assets 13a Hao a resolution to terminate the plan been adopted in any plan year? YAB X No b Were all the plan assats distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identity the plan(s) to which assets or liabilities were transferred, (See instructions.) 130(2) EIN(8) 13c(1) Name of plan(s): 13c(3) PN(s) Caution: A poneity for the late or incomplete filling of this return/report will be assessed unless reconable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and algred by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. FRANCIS GRAY SION HERE Enter name of individual signing as plan administrator Date plan administrator 12 | 14 | 2012 SIGN HERE Date Enter name of Individual signing as employer or plan sponsor Signature of employer/plan sponsor

## Attachment for 2011 Form 5500 Schedule SB, line 22 – Description of Weighted Retirement Age

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan

EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

The weighted average retirement age is equal to the normal retirement age 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

## Attachment to 2011 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc. PN: 001

#### Summary

Eligibility: Minimum Age 21; Minimum Service: 1 Year NRA: Later of age 65 and 5<sup>th</sup> anniversary of Participation

NRA Monthly Benefit: Accrued Benefit as of May 31, 1994 plus the following going forward: 1% of monthly compensation times Years of Service up to 3 plus

1.15% of monthly compensation time Years of Service from 4 to 20

Vesting Schedule: 2 yrs – 20%; 3 yrs – 40%; 4 yrs – 60%; 5 yrs – 80%; 6 yrs – 100%

Actuarial Equivalence: Pre and Post Retirement Interest; 5%

Pre and Post Retirement Mortality; UP '84

Significant events that occurred during the year

None

Changes in eligibility and benefit provisions since last valuation

• None

# Attachment to 2011 Form 5500 Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan

EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	197,455	6/1/2011	7	31,530