Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan						OMB Nos. 1210-0 1210-0		
	tment of the Treasury nal Revenue Service	DE This form is required to be filed u	е	2012				
	partment of Labor enefits Security Administration	Retirement Income Security Act of 19 the Internal R		This Form i	s Open to Public			
Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 								
Part I		entification Information			- / / /			
For calenda	ar plan year 2012 or fisca				2/31/2	-		
A This ret	urn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	pant plan	
B This retu	urn/report is:	the first return/report the	e final return/report					
		an amended return/report a s	short plan year return	/report (less than 12 mo	onths)		
C Check b	oox if filing under:] Form 5558	utomatic extension			DFVC progra	ım	
		special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested information	on					
1a Name	•				1b	Three-digit		
PPWS RETIF	REMENT PLAN					plan number	001	
					10	(PN) ►		
					1c	Effective date o	•	
	oonsor's name and addre	ess; include room or suite number (emp LCOVERING SUPPLY	loyer, if for a single-	employer plan)	2b	Employer Identi		
					2c	Sponsor's telep 845-73	hone number	
	AAIN STREET R, NY 10965				2d	Business code (42499	see instructions)	
3a Plan ar	iministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's		
					00	Administrator S EIN		
name,	EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the		EIN		
a Sponso					4c	PN	3	
		the beginning of the plan year						
		the end of the plan year			5b		3	
	· ·	count balances as of the end of the plar		•	5c		3	
_		uring the plan year invested in eligible a					X Yes No	
b Are yo	u claiming a waiver of th	e annual examination and report of an See instructions on waiver eligibility and	independent qualifie	d public accountant (IQI	PA)		X Yes No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.		
Caution: A	penalty for the late or	incomplete filing of this return/repor	t will be assessed u	unless reasonable cau	se is	established.		
SB or Sche		r penalties set forth in the instructions, I signed by an enrolled actuary, as well a te.						
SIGN	Filed with authorized/va	lid electronic signature.	07/03/2013	DAVID GOLDBERG				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu				
Preparer's i	name (including firm nan	ne, if applicable) and address; include n	oom or suite number	· (optional)	Prep	parer's telephone	number (optional)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	. 7a	19315	51			231697
b Total plan liabilities	. 7b		0			0
C Net plan assets (subtract line 7b from line 7a)	. 7c	19315	51			231697
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)	504	7			
(1) Employers	. 8a(1)	504 1830				
(2) Participants	. 8a(2)		0			
(3) Others (including rollovers) b Other income (loss)	. 8a(3)	1519	-			
 b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 	8b . 8c	1019	9			20540
d Benefits paid (including direct rollovers and insurance premiums	. 00					38546
to provide benefits)	. 8d		0			
e Certain deemed and/or corrective distributions (see instructions)	. 8e		0			
f Administrative service providers (salaries, fees, commissions)	. 8f		0			
g Other expenses	. 8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					0
i Net income (loss) (subtract line 8h from line 8c)	. 8i					38546
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics						
2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare f Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the	instructions:
Part V Compliance Questions 10 During the plan year:			1	Yes	No	A
 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) 			10a	103	X	Amount
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not inc	lude transactions reported	10a		x	
C Was the plan covered by a fidelity bond?					Х	
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	fidelity bond,	that was caused by fraud	10c 10d		x	
e Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	her persons b of the benefits	y an insurance carrier, s under the plan? (See	10e	x		96
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	10g		Х	
 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instructi	ons and 29 CFR	10h		х	
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Yes	s," see instructions and com	nplete	Sched	ule SB (Form
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ction 3	302 of E	RISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applicabl	e.)				
a If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortized	in this plan year, see instruc		, and e	nter the Day _	date of the letter ruling Year
a If a waiver of the minimum funding standard for a prior year is bei	ng amortized	in this plan year, see instruc		, and e		-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d	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)						
е	Will t		Yes	No N/A			
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	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 control of the PBGC?							
С	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): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annua	ree		OMB Nos. 1: 1:	210-0110 210-0069			
Department of the Treasury Ireams) Revonus Service		This form is required to be filed under sections 104 and 4065 of the Employe Retirement facome Security Act of 1974 (ERISA), and sections 5057(b) and 605						
Department of Labor Brologice Brantis Security Administration Pension Bencht Bueranty Corporation	the fi		This Form is Open to Public Inspection		Public			
	Complete all entries in a		clions to the Form 550	D-SF.				
Part Annual Report		01/01/2012						
	X a single-employer plan		and excing	<u> </u>	12/31/201			
A This return/report is for:		- E	plan (not multiemployer)	L	a one-partici	pant plan		
B This return/report is:	the first return/report	the final return/repor						
	an amended return/report	📋 a short plan year ret	un/seport (less than 12 n	a co ths)	I			
C Check box if filing under:	Form 5558	automatic extension		[DFVC progr	am		
	special extension (enter der							
	mation-onter al requested i	nformation						
1a Name of plan					Three-digit	1		
PPWS RETIREMENT PI	LAN				plan number (PN) - ►	00	11	
					Effective date o			
					01/01/200			
2a Plan spongor's name and add		ber (employer, if for a shigh	e-employer plan)	2b :	Employer ideali	Feation Nu	ober	
PROFESSIONAL PAINT WALLCOVERING SUPPI				(EN) 13-394	1192		
				2c Sponsor's telephone number				
19 NORTH MAIN STRE	2ET				845] 735-			
PEARL RIVER					Business code (see instruc	tions)	
3a Plan administrator's name an	d address 20Same as Plan Soo	neor Nama Di Same as Pia	10365		424990 Administrator's B			
4 If the name and/or EIN of the	plan sponsor has changed since	the last return/report lijed	or this plan, enter the	4b 1				
a Sponsor's name	aber from the last return/report.			4c)	541			
5a Total number of participants	at the beginning of the plan year							
	et the end of the plan year			5b			3	
C Number of participants with a				50		· · · -	3	
complete this item)				<u>5c</u>		_	3	
6a Were all of the plan's assets	during the plan year invested in	eligible assets? (See instru	ctions.)			X Yes	No	
b Are you claiming a waiver of under 29 CER 2520 104-462	the annual examination and repo	on of an independent qualify	ed public accountant (IQP	PA)		<u>Б</u>		
If you answered "No" to eff	(See instructions on waiver eligi her line Sa or line 6b, the plan	cannot use Form 5500-SP	and must instead and 1			🕅 Yes	о м[]	
Caution: A penalty for the late o						· · · · ·		
 Under denaities of perium and oth 	er nensities set forth in the instit	efforte I doplora that I have	المحاجب المحاجب المحاجب					
SB or Schedule MB completed an belief, it is true, correct, and completed		as well as the electronic ve	rsion of this return/report,	and to	the best of my i	ible, a Sch knowledge	and	
SEN Dar	ton /	7-1-B	DAVID GOLDBERG					
Signature of plan ad	ministrator	Date						
SIGN			Enter name of individu	al siĝej	ng as plan adm	inistrator		
HERE: N					· ··.			
Preparar's name (including firm na	me, if applicable) and address in	Dete	Enter name of individu	al signi	ng as employer	or plan sp	onsor	
				Prepar	er's telephone i	aumber (og	tional)	
For Paperwork Reduction Act Notice	and ONB Control Nutrabara see th	e Mahitelloos for Earra 5504.						

.

Form 5500-SF (2012) v. 120126

·

Form 5500-SF 2012

Part III Financial Information	<u></u>			·r		
7 Plan Assels and Liabilities	<u> </u>	(a) Beginning of Yea		╤┨┈╸		(b) End of Year
a Tota; plan asseis	7a	19:	3,15	1		231,65
b Total plan āabilities	. 7Þ			0		
C Net plan assets (subtract line 7b from line 7a)	. 7c	193	8,15	1		231,69
8 Income, Expenses, and Transfors for this Plan Year	 	(a) Amount		<u> </u>		(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		5,04	7		
			9,30	_		
(2) Participants	1			D I		
	Sb Sb	1	5,19	i G		
b Other income (loss) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).	80			-		38,54
d Benefits paid (including direct rollovers and insurance premiums)						
to provide benefits)	8d			0		
e Certain deemed and/or corrective distributions (see instructions)	. 8e			0		
f Administrative service providers (selaries, fees, commissions)	. 8f			С		
g Other expenses	. 8g	•		C		
ħ Tot≥l expenses (add lines 8d, 8e, 8f, and 8g)	Bh					
i Net income (loss) (subtract line 8h from line 8c)	- 8i					38,54
J Transfers to (from) the plan (see instructions)	Bj			0		
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D						
b If the plan provides welfare benefits, enter the applicable welfare I	leature codes	s from the List of Plan Chara	sterist	iic Caa	ies in 1	ne instructions:
Part V Compliance Questions						
				Yes	No	Rimount .
 During the plan year: a Was there a failure to transmit to the plan any panicipant contribution 	vices within t	ibe time period deteribed in		169		Amount
29 CFR 2510.3-102? (See instructions and COL's Voluntary Fig	ucions wronn o uciary Correc	ction Program)	10a		х	
b Ware there any nonexempt transactions with any party-in-interes on line 10a.)	il? (Do not in:	clude transactions reported	10Ь		Х	
C Was the gian covered by a fidelity bond?			10c		х	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
e Were any fees or commissions paid to any brokers, agants, or of	her persons l	by an insurance carrier,				
insurance service or other organization that provides some or all			10e	х		9
instructions.)						
f Has the plan failed to provide any benefit when due under the planet.			10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		х	
h If this is an individual account plan, was there a blackout penod? 2520.191-3.)			10h		х	
If 10b was answored "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			.10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)				<u></u>		
11a Enter the amount from Schedule SB line 39					1 1 a	
12 Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA? Ves XN:
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below						
a If a waiver of the minimum funding standard for a prior year is being a sector of the minimum funding standard for a prior year is being a sector of the sector.				, end e		
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedu					Day	Year
				- 1	12b	r
b Enter the minimum required contribution for this plan year						

Form 5500-8F 2012

Ċ	Enter the amount contributed by the employer to the plan for this plan year	12c		
¢	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		
3	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N₀N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes 🔀 🕅	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, transformed to another plan, or brought under the of the PBGC?		<u> </u>	Yes 🕅 No
¢	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.)	10		
	3c(1) Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VBI Trust Information (optional)			
14a	Vame of trust	14b т	rust's EIN	