### 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).

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	, ,	<ul> <li>Complete all entries in acc</li> </ul>	cordance with the instru	ctions to the Form 5500	0-SF.		
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	012	
	urn/report is for:	a single-employer plan	= -	olan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)		
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descri					
Part II		rmation—enter all requested info	ormation		4.		
1a Name		OO INO EMPLOYEES PENSION	LDLAN		16	Three-digit plan number	
BLACKMAN	PLUMBING SUPPLY	CO., INC. EMPLOYEES PENSION	N PLAN			(PN)	001
					10	Effective date of	
					10	01/01/	•
	consor's name and add PLUMBING SUPPLY	-employer plan)	2b	Employer Identif	fication Number		
000 004 044					2c	Sponsor's telep	
900 SYLVAN BAYPORT, I					2d		see instructions)
3a Plan a	dministrator's name an	d address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	
					3c	Administrator's t	elephone number
							•
		plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	4b	EIN	
	·	nber from the last return/report.			4.		
	or'e nama				4c	PN	
<b>a</b> Sponso						1	
<b>5a</b> Total r	number of participants	at the beginning of the plan year			5a		63
<b>5a</b> Total r	number of participants	at the beginning of the plan year at the end of the plan year					63 61
5a Total r b Total r c Number	number of participants number of participants er of participants with a	at the end of the plan yearaccount balances as of the end of the	he plan year (defined ben	efit plans do not	5a 5b		
<ul><li>5a Total r</li><li>b Total r</li><li>c Number compl</li></ul>	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined ben	efit plans do not	5a 5b 5c		61
<ul><li>5a Total r</li><li>b Total r</li><li>c Number comple</li><li>6a Were</li></ul>	number of participants number of participants er of participants with a ete this item)	at the end of the plan yearaccount balances as of the end of the during the plan year invested in el	he plan year (defined ben	efit plans do not	5a 5b 5c		
<ul><li>5a Total r</li><li>b Total r</li><li>c Number complement</li><li>6a Were b Are you</li></ul>	number of participants number of participants er of participants with a ete this item)	at the end of the plan yearaccount balances as of the end of the state of the end o	he plan year (defined ben ligible assets? (See instruc t of an independent qualifi	efit plans do not ctions.)ed public accountant (IQI	5a 5b 5c		61
<ul><li>5a Total r</li><li>b Total r</li><li>c Number complement</li><li>6a Were</li><li>b Are younder</li></ul>	number of participants number of participants er of participants with a ete this item)	at the end of the plan yearaccount balances as of the end of the during the plan year invested in el	he plan year (defined bening ligible assets? (See instruct of an independent qualifications.)	efit plans do not ctions.)ed public accountant (IQI	5a 5b 5c		61
5a Total r b Total r c Numbicompl 6a Were b Are younder If you	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined benominal plan year) ligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.) ed public accountant (IQI	5a 5b 5c PA)	5500.	Yes No
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5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined ben- ligible assets? (See instruct t of an independent qualificative and conditions.)	efit plans do not  ctions.) ed public accountant (IQI  and must instead use  unless reasonable cau  examined this return/report  JOHN O'BRIEN	5a 5b 5c PA) Form se is cort, in, and t	5500. established. cluding, if applications of the best of my	Yes No Yes No Solution No
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5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined bendered by the plan year (defined bendered to fan independent qualification of the plan with the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent	efit plans do not  ctions.)	5a 5b 5c PA) Form se is coort, in , and t	5500. established. cluding, if application of the best of my	Yes No Yes No Sheable, a Schedule knowledge and
5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined bendered by the plan year (defined bendered to fan independent qualification of the plan with the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent	efit plans do not  ctions.)	5a 5b 5c PA) Form se is coort, in , and t	5500. established. cluding, if application of the best of my	X Yes No X Yes No X Yes No Able, a Schedule knowledge and
5a Total r b Total r c Number compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is t SIGN HERE SIGN HERE	number of participants number of participants er of participants with a ete this item)	at the end of the plan year	he plan year (defined bendered by the plan year (defined bendered to fan independent qualification of the plan with the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent qualification of the plan to fan independent	efit plans do not  ctions.)	5a 5b 5c PA) Form se is coort, in , and t	5500. established. cluding, if application of the best of my	X Yes No X Yes No X Yes No Able, a Schedule knowledge and

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Da	rt III   Einanaial Information										_
Pa	rt III   Financial Information		/ / / / / / / / / / / / / / / / / / / /								_
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End				
<u>a</u>	Total plan assets	7a	158321					19	23405		
	Total plan liabilities	7b		0					C		
	Net plan assets (subtract line 7b from line 7a)	7c	158321	6	-			19	23405	1	
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			_
а	Contributions received or receivable from:  (1) Employers	8a(1)	30000	Ω							
		` '	30000	0							T
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)	00070								-
	Other income (loss)	8b	22278	5							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	22785		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16391	4							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	1868								
<u> </u>											
<u>g</u>	Other expenses (add lines 2d, 2c, 2f, and 2c)	8g		0					00500		_
<del>-</del> "	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							82596		_
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i						- 3	340189	)	_
	Transfers to (from) the plan (see instructions)	8j		0							
	rt IV Plan Characteristics										_
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	•		
b	1A 1G 1I 3D  If the plan provides welfare benefits, enter the applicable welfare fe	natura cad	os from the List of Plan Chara	ctorict	ic Coo	oc in t	ho inetruet	ione:			_
D	in the plant provides wellare benefits, effect the applicable wellare to	sature cou	es nom the List of Flan Onara	Clensi	ic Coc	CS III t	ile ilistiuci	10113.			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		_
a		tions withi	n the time period described in					Aiii	, arre		_
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest	,				X					
	on line 10a.)			10b							
	Was the plan covered by a fidelity bond?			10c	X				1	00000	0
d						Χ					
	or dishonesty?			10d		^					
е	<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or</li> </ul>										
	instructions.)		illo under the plant: (See								
				10e		Χ					
f	·					X					
	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ					
	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year e	end.)								
	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period?	n?s of year e	end.)	10f		Χ					
	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year e	end.)	10f 10g		X					
g	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)	n?s of year e	end.)	10f 10g		X					
g	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	n?s of year e	end.)	10f 10g 10h		X					
g	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	s of year e (See instrumer required 1-3	end.)	10f 10g 10h 10i	Scheo	X X X	3 (Form				
g h i	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance	s of year e (See instrument required 1-3	and.)	10f 10g 10h 10i		X X X	•	X	Yes	No	D
i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem	s of year e (See instrumer required 1-3	and.)d notice or one of the  Yes," see instructions and com	10f 10g 10h 10i	<u>.</u>	X X X	•	X	Yes	ш	0
i Part	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	s of year e (See instrume required 1-3	end.)	10f 10g 10h 10i		X X X Iule SE			Yes	ш	0
9 h	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	s of year e (See instrume required 1-3	d notice or one of the  Yes," see instructions and coments of section 412 of the Code	10f 10g 10h 10i		X X X Iule SE					0
9 h	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is	s of year e (See instrumered required) sents? (If "" requirements as applications are sential as a sential a	end.)	10f 10g 10h 10i nplete	ction :	X X X Iule SE 11a 302 of	ERISA?	the le	Yes	× No	0
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan.  Did the plan have any participant loans? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39	s of year e (See instrument required 1-3 requirement as applicating amortize services of the servi	end.)	10f 10g 10h 10i nplete	ction :	X X X Iule SE	ERISA?		Yes	× No	0
9 h	Has the plan failed to provide any benefit when due under the pla  Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Enter the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year is	s of year e (See instrume required 1-3 requirements as applications amontized	end.)	10f 10g 10h 10i 10i	ction and e	X X X Iule SE 11a 302 of	ERISA?	the le	Yes	× No	0

	Form 5500-SF 2012 Page <b>3</b> - 1					
		120	. T			
d	Enter the amount contributed by the employer to the plan for this plan year	120	+			
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?		Yes	X	10	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	ı			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	contro	ol		Y	es X No
С	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.)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(	s)	130	<b>(3)</b> PN(s)
Part	VIII Trust Information (optional)				<u> </u>	
14a	Name of trust CKMAN PLUMBING SUPPLY CO., INC.	14b		t's EIN 206750		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

For calendar plan year 2012 or fiscal plan year beginning

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-SF.

and ending

12/31/2012

01/01/2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

		off amounts to nearest d	lollar. be assessed for late filing o	of this report	ınless reaso	nable ca	use is establishe				_
A١	lame of	plan	D., INC. EMPLOYEES PEN			лаыс са	B Three-digi	t	•	001	_
		nsor's name as shown on PLUMBING SUPPLY CO	line 2a of Form 5500 or 55 D., INC.	500-SF			D Employer lo	dentification	Number (	EIN)	_
Ет	ype of pl	an: X Single Multip	ole-A Multiple-B	FF	Prior year pla	n size: 🔀	100 or fewer	101-500	More t	han 500	_
Pa	rt I	Basic Information		•							
1		he valuation date:	Month [	Day <u>01</u>	Year _	2012	_				_
2	Assets	:									
	<b>a</b> Mark	et value						. 2a		158321	6
	<b>b</b> Actua	arial value						. 2b		158321	6
3	Fundin	g target/participant count	breakdown:			<b>(1)</b> N	umber of particip	ants	(2)	Funding Target	
	<b>a</b> For r	etired participants and be	neficiaries receiving payme	ent	3a			3		118406	0
	<b>b</b> For t	erminated vested particip	ants		3b			10		12583	11
	<b>C</b> For a	active participants:		,							
	(1	) Non-vested benefits			3c(1)						0
	(2	Yested benefits			3c(2)					95253	0
	(3	Total active						50		95253	0
	<b>d</b> Tota	l			3d			63		226242	1
4	If the p	lan is in at-risk status, che	eck the box and complete li	ines (a) and (l	b)						
	<b>a</b> Fund	ding target disregarding pr	rescribed at-risk assumptio	ns				. 4a			
			k assumptions, but disregate if ive consecutive years and					4b			
5					, ,			. 5		6.52 %	_
6	Target	normal cost						. 6		1583	_
- (	To the best accordance combination		supplied in this schedule and accon ns. In my opinion, each other assum ated experience under the plan.								
	IGN ERE								10/01/2	013	
			Signature of actuary						Date		
DAV	ID M. GI	ELMAN							11-037	773	
		Туре	e or print name of actuary					Most rece	ent enrollm	ent number	
GEL	MAN PE	NSION CONSULTING, IN	NC.						212-88	9-1200	
70 V NEV	VEST 40 V YORK	OTH STREET, 8TH FLOO , NY 10018-2623	Firm name R				Te	ephone nui	mber (inclu	ding area code)	
			Address of the firm				_				
	actuary	has not fully reflected any	regulation or ruling promu	ılgated under	the statute	in comple	eting this schedul	e, check the	e box and	see	_

Page	2	-

Schedule SB (Form 5500) 2012

Pa	rt II	Begir	ning of Year	Carryov	er Prefunding Balan	ces								
	•							(a) C	Carryover balance		(b)	Prefundir	ng balai	nce
		Ū			cable adjustments (line 13	•				0				0
8				•	unding requirement (line 3					0				0
9	Amoun	t remainii	ng (line 7 minus li	ne 8)						0				0
10	Interest	t on line 9	using prior year's	s actual retu	urn of <u>-2.05</u> %									
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:									
a Present value of excess contributions (line 38a from prior year)											77379			
					nterest rate of5.69									4403
	<b>C</b> Total	available	at beginning of cui	rrent plan ye	ear to add to prefunding bala	nce								81782
	<b>d</b> Porti	on of (c)	to be added to pre	efunding ba	lance									0
12	Other re	eductions	s in balances due	to elections	or deemed elections					0				0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 1	2)				0				0
Pa	art III	Fun	ding Percenta	ages										
14	Funding	g target a	ttainment percent	tage								14	6	9.97 %
15	Adjuste	ed funding	g target attainmen	t percentag	e							15	6	9.97 %
16					of determining whether ca							16	6	3.11 %
17	If the cu	urrent val	ue of the assets o	of the plan is	s less than 70 percent of the	ne funding ta	rget, e	nter s	uch percentage			17	6	9.97 %
Pa	art IV	Con	tributions an	d Liquidi	ity Shortfalls									
18	Contrib	utions ma	ade to the plan for	r the plan ye	ear by employer(s) and em	nployees:								
(M	( <b>a)</b> Dat M-DD-Y		<b>(b)</b> Amount p employer		(c) Amount paid by employees	( <b>a)</b> (MM-DI	Date D-YYY	Y)	(b) Amount pa employer(s		(	<b>c)</b> Amoui emplo		by
04	/26/2012	2		75000	C	)								
06	3/14/2012	2		75000	C	)								
09	/05/2012	2		75000	C	)								
12	2/13/2012	2		75000	C	)								
												1		
						Totals ▶	1	8(b)		300000	18(c)			0
19			-		ructions for small plan with									
					mum required contribution		-		-	19a				0
					justed to valuation date				F	19b				0
					uired contribution for current	year adjuste	d to val	uation	date	19c				288845
20		•	outions and liquidi	•										<u> </u>
		•	_		he prior year?							<u> </u>	Yes	∐ No
					installments for the curre			mely r	manner?			·····	Yes	X No
	<b>C</b> If line	20a is "	Yes," see instructi	ions and co	mplete the following table			!=!						
		(1) 19	st		Liquidity shortfall as of (2) 2nd	end of quart	er of th		- *			(4) 4th		
(1) 1st (2) 2nd (3) 3rd (4) 4th														

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> App	licable month (	enter code)	1	1	21b				0
22	Weigh	ted average ret	irement age			. 22				65
23	Mortal	ity table(s) (see	e instructions)	escribed - combined X Pre	escribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•	·	uarial assumptions for the current	•				l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	l attachment		X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		. 30				0
Pa	rt VIII	Minimum	Required Contribution	For Current Year						
31			nd excess assets (see instruct							
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				15832
			<u> </u>	line 31a		. 31b				0
32		zation installme			Outstanding Bala	ance	l	nstallm	ent	
						679205				187713
					L .	0				0
33				ter the date of the ruling letter gra) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	. 34				203545
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding	(	0	0				0
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36				203545
37				ontribution for current year adjuste		37				288845
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		, ,				
	<b>a</b> Tota	I (excess, if any	y, of line 37 over line 36)			. 38a				85300
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard of	carryover balances	. 38b				0
39	-			ear (excess, if any, of line 36 over	·	. 39				0
40				S		40				0
	rt IX			Pension Relief Act of 2010	(See Instructions	)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:						
	<b>a</b> Sche	edule elected					2 plus 7 yea	ars	15	years
	<b>b</b> Eligi	ble plan year(s	) for which the election in line	41a was made		200	8 2009	2010	)	2011
42	Amoun	nt of acceleratio	n adjustment			. 42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

### **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-SF

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

			<u> </u>	as an au	acitifie	TIL LO FOII	11 3300 0	1 3300	-3i				
For	calendar	plan year 2012 or fiscal pl	lan year beginning	0	1/01	/2012			and endi	ng	1	.2/31/20:	12
•		ff amounts to nearest do											
<u> </u>	Caution:	A penalty of \$1,000 will be	e assessed for late filin	g of this re	port u	nless reas	onable ca	use is	establish	ed.		<del></del>	
ΑN	ame of p	olan						В	Three-dig	git			
									plan num	iber (PN)	<u> </u>		001
в	ackmaı	n Plumbing Suppl	y Co., Inc. E	mploye	es P	ension	Plan						
C P	lan spon	sor's name as shown on li	ne 2a of Form 5500 or	5500-SF				D	Employer	Identifica	tion Num	ber (EIN)	
Bl	ackmaı	n Plumbing Suppl	y Co., Inc.					1	1-1998	3427	<u>-</u>		
ET	ype of pla	an: X Single Multiple	-A Multiple-B		F P	rior year pla	an size: X	100	or fewer	101-5	00 N	fore than 500	
Pa	rt i l	Basic Information											
1	Enter th	ne valuation date:	Month1	Day	1	Year_	2012	_					
2	Assets:												
	<b>a</b> Marke	et value								2a			1,583,216
	<b>b</b> Actua	arial value	<u></u>	<u></u>						2b			1,583,216
3	Funding	g target/participant count b	reakdown:		_		(1) N	lumbe	r of partici	pants		(2) Funding	Target
	a For re	etired participants and bene	eficiaries receiving pay	ment	<i>.</i>	3a				3			1,184,060
	<b>b</b> For te	erminated vested participa	ints			3b				10			125,831
	C For a	ctive participants:			-								
	(1)	Non-vested benefits				3c(1)							0
	(2)	Vested benefits				3c(2)					<u> </u>		952,530
	(3)	Total active				3c(3)				50	<u> </u>		952,530
_	<b>d</b> Total		······			3d				63	ļ <u>.</u>		2,262,421
4	If the pl	an is in at-risk status, chec	k the box and complete	e lines (a)	and (b	)	**************						
	<b>a</b> Fund	ing target disregarding pre	scribed at-risk assump	tions						4a			
		ing target reflecting at-risk								4b			
5		risk status for fewer than f										-	6.52 %
6		normal cost								6	<del>                                     </del>		15,832
		y Enrolled Actuary								, •	1		
T	o the best of ccordance	of my knowledge, the Information su with applicable law and regulations. offer my best estimate of anticipate	. In my opinion, each other ass	companying sumption is re	schedule asonable	s, statements (taking into a	and attachm account the e	nents, if experien	any, is compl ce of the plan	ete and acci and reason	ırate. Each able expect	prescribed assum alions) and such	option was applied in other assumptions, in
S	IGN												
H	ERE							_			10/0	1/2013	
		S	Signature of actuary								D	ate	
Dav	id M.	Gelman								<del></del>	11-	03773	
		Туре	or print name of actuar	у						Most	recent er	rollment num	ber
Gel	man P	ension Consultin	ng, Inc.					_	_	(	212)	889-1200	<u> </u>
70	West	40th Street, 8th	Firm name						Т	elephone	number	(including are	ea code)
				3777	100	10 000	,						
New	York		Address of the firm	NY	100	18-262		_					
		<u> </u>					<u> </u>			.da .db - 3	. 41 4		
	actuary l ctions	has not fully reflected any r	regulation or ruling pro	mulgated (	under 1	tne statute	ın compl	eting t	nıs schedi	uie, checi	the box	and see	
		rk Reduction Act Notice :	and OMB Control Nur	nbers, se	e the i	nstruction	ns for Fo	rm 55	00 or 550	0-SF.	Sc	hedule SB (l	Form 5500) 2012

Page 2 -		

Schedule SB	(Form	5500) 2012	
201100000	/. ~	0000, =0.=	

Pa	art II	Begin	ning of Year (	Carryov	er Prefunding Balan	ces	г ,					
7	Colone	a at basin	ning of prior year	ofter ennlis	cable adjustments (line 13	from prior	(a	) Carryover balance		(a) F	retuna	ing balance
7		_	• •	-	cable adjustments (line 13				0			0
8					unding requirement (line 3				o			0
_								-	0			
9	Amoui	nt remainir	ng (line / minus lin	e 8)	urn of (2.05) %			<del></del>				
10 11					urn or% I to prefunding balance:			· · -				
• •	•				38a from prior year)				<u> </u>			77,379
	h Into	reet on (a)	using prior year's	effective i	nterest rate of5.69	% except						
	as	otherwise	provided (see ins	tructions)		,			_			4,403
	C Tota	ıl available	at beginning of curr	ent plan ye	ear to add to prefunding bala	nce			L			81,782
	<b>d</b> Por	tion of (c)	to be added to pre	funding ba	lance							
			· · · · · · · · · · · · · · · · · · ·		s or deemed elections				- 0	<u></u>		0
13	Baland	ce at begin	ning of current ye	ar (line 9 +	line 10 + line 11d – line 1	2) <u></u>			0			0
P	art III	Fun	ding Percenta	ges								50.05
								<u></u>	<u></u>		14	69.97 %
	<u>-</u> -		target attainment		·						15	69.97 %
16	Prior y	rear's fund It vear's fu	ling percentage for ndina requirement	purposes	of determining whether ca	arryover/pref	unding bal	lances may be used	to reduce	<del></del>	16	63.11 %
17					s less than 70 percent of the						17	69.97 %
P	art IV	Con	tributions and	l Liguid	ity Shortfalls							-
					ear by employer(s) and en	nployees:				-	_	
	(a) Da	ate	(b) Amount pa	id by	(c) Amount paid by	(a)	Date D-YYYY)	(b) Amount p employer(		(0	•	unt paid by loyees
_	1M-DD- 1/26/		employer(	s) 75,000	employees	) (IVIIVI) )	J-1 (11)	employen	<u> </u>	+	СПР	loyees
	5/14/			75,000		0		<del>-</del>		<del>                                     </del>		
	9/05/			75,000						<del>                                     </del>		
	2/ <b>1</b> 3/			75,000			<del></del>			<del>                                     </del>		•
	-,,								-	<del>                                     </del>		·
								<u> </u>		<del>                                     </del>		
				i,		Totals >	18(t	3	00,000	18(c)		0
19	Discor	inted emp	lover contributions	– see insi	tructions for small plan with	n a valuation	date after	r the beginning of the	е уеаг:	•		
					imum required contribution				19a			0
					djusted to valuation date				19b			0
					uired contribution for current				19c			288,845
20			outions and liquidity									
		•			the prior year?		,					X Yes No
					y installments for the curre							
					omplete the following table							
					Liquidity shortfall as of		er of this p				445	
	_	(1) 1:	st		(2) 2nd		(3	) 3 <u>rd</u>	+		(4) 4	<u> </u>

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost			
21	Discour	nt rate:				<del>- ·</del>		
	<b>a</b> Segr	ment rates:	1st segment: 5 . 54 _ %	2nd segment: 6.85 %	3rd segment: 7 . 5 2 %		N/A, full yield o	curve used
	<b>b</b> Appli	icable month (	(enter code)			21b		0
22	Weighte	ed average re	tirement age			22		65
23	Mortalit	y table(s) (se	e instructions) Pre	escribed - combined X Pre	scribed - separate	Substitut	te	
Pa	t VI I	Miscellane	ous Items					
24				uarial assumptions for the current				Yes X No
25	Has a r	nethod chang	e been made for the current pl	an year? If "Yes," see instructions	regarding required attack	hment		Yes 🛚 No_
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	<u> </u>	Yes 🗌 No
27				ter applicable code and see instruc		27		
Pa	rt VII	Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years			
28	Unpaid	minimum req	uired contributions for all prior	years		28		0
29				d unpaid minimum required contrib		29		0
30	Remair	ning amount o	f unpaid minimum required cor	ntributions (line 28 minus line 29).		30		0
Pa	rt VIII	Minimum	Required Contribution	For Current Year				
31	Target	normal cost a	ind excess assets (see instruc	tions):				
	<b>a</b> Targe	et normal cost	(line 6)		<u>.</u>	31a		15,832
	<b>b</b> Exce	ss assets, if a	pplicable, but not greater than	line 31a		31b		0
32	Amortiz	zation installm	ents:	· · · · · · · · · · · · · · · · · · ·	Outstanding Bala	nce	{nstallme	
	a Net s	shortfall amort	ization installment			579,205		187,713
	<b>b</b> Waiv	er amortizatio	n installment			0		0
33		ver has been	approved for this plan year, er Day Year	nter the date of the ruling letter gran	nting the approval	33		
34	Total fu	unding require	ment before reflecting carryov	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		203,545
				Carryover balance	Prefunding balar	nce	Total bala	ince
35			use to offset funding	(		0		0
36	Additio	nal cash requi	irement (line 34 minus line 35)			36		203,545
37	Contrib	utions allocat	ed toward minimum required o	ontribution for current year adjuste	ed to valuation date	37		288,845
38	_ •		ess contributions for current ye			<u> </u>		
						38a		85,300
		<u> </u>		prefunding and funding standard of		38b		0
39				ear (excess, if any, of line 36 over		39		0
40				s	-	40		0
	rt IX		·	Pension Relief Act of 2010		)	_	
			ide to use PRA 2010 funding r					
	a Sche	edule elected					2 plus 7 years	15 years
				41a was made			08 2009 2010	2011
42			_ <del></del>			42		
				ed over to future plan years		43		

### Schedule SB, line 19 - Discounted Employer Contributions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

Date of Contribution	Amount of Contribution	Contribution Applied to Plan Year Ending	Applicable Effective Interest Rate	Interest-adjusted Contribution
04/26/2012	75,000	12/31/2012	6.52%	73,452
06/14/2012	75,000	12/31/2012	6.52%	72,894
09/05/2012	75,000	12/31/2012	6.52%	71,858
12/13/2012	75,000	12/31/2012	6.52%	70,641

### Notes:

<sup>1.</sup> The applicable effective interest rate was increased by 5% for the portion of the unpaid minimum required contribution that represents a late quarterly installment, for the period between the due date for the installment and the date of payment.

### Schedule SB, line 22 - Description of Weighted Average Retirement Age

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

Weighted average retirement age: 65

Methodology: All participants are assumed to retire at age 65. Participants who work past age 65 are assumed to retire on the valuation date.

### Schedule SB, Part V – Statement of Actuarial Assumptions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

### **Valuation Method**

The Unit Credit Actuarial Cost Method was used as prescribed under the Pension Protection Act of 2006.

Under this method, an annual target normal cost is computed for each employee which is required to provide the increase in his plan benefits for the year. In addition, a funding target liability is computed for each employee which is equal to the present value of accrued benefits as of the current valuation date.

The total funding target liability for all employees is then offset by total plan assets to determine the funding shortfall.

In general, the annual contribution to the plan is the total target normal cost for all employees plus an amount to pay interest on and amortize the funding shortfall.

Actuarial Gains (Losses) as they occur, reduce (increase) the funding shortfall.

### Asset Valuation Method

Market Value of Assets plus discounted contributions receivable.

### **Actuarial Assumptions**

Discount Rates for Funding

Segment 1: 5.54% (less than 5 years)

Segment 2: 6.85% (more than 5 years, up to 20 years)

Segment 3: 7.52% (more than 20 years)

Look Back Month January

Mortality

2012 Static Mortality Table (Annuitant and Non-Annuitant)

### Schedule SB, Part V - Statement of Actuarial Assumptions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

### ° Salary Scale

Not applicable. The plan's benefit accruals were frozen as of December 31, 1997.

° Termination Rates (sample rates)

Termination							
Male &	Female						
25	5.27%						
30	4.83%						
35	4.47%						
40	3.84%						
45	3.21%						
50	1.52%						
55	0.33%						

### ° Retirement Assumption

Age 65 or age at valuation date if greater.

### Loading for Administration Expenses

Administration expense load of 1.00% of market value of plan assets assumed.

### ° Form of Payment

Lump sum payments were determined based on the 3-segment discount rates for funding and the IRS 2012 Applicable Mortality Table under IRC 417(e)(3)(B). We have assumed that 80 percent of participants will elect a lump sum payment.

### Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

### **Effective Date**

January 1, 1990. Most recently, the plan was restated effective January 1, 2012 in order to comply with the requirements of "EGTRRA".

### **Eligibility for Participation**

Each employee is eligible on the January 1<sup>st</sup> or July 1<sup>st</sup> following attainment of age 21 and the completion of one year of service.

### Retirement

° Normal:

First day of the month coinciding with or next following the

attainment of Age 65 or the fifth anniversary of joining the plan, if

later.

° Early:

Not Permitted.

° Late:

First day of the month coinciding with or next following a

participant's actual retirement date after having reach normal

retirement date.

° Disability:

Physical or mental condition of a participant which renders such participant incapable of continuing usual and customary employment with the employer. An active participant who becomes totally and permanently disabled prior to retirement or separation from service and such condition continues for a period of six consecutive months.

### **Monthly Retirement Benefits**

° Benefit:

Accrued Benefit equal to 1% of average monthly compensation

multiplied by years of service.

### Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

Average monthly compensation means the monthly compensation of a participant averaged over the 5 consecutive plan years from date of employment, including periods prior to the effective date of the plan, which produce the highest monthly average. Compensation for periods after December 31, 1997 shall not be taken into account in determining average monthly compensation.

Years of service mean the plan year during which a participant has at least 1,000 hours of service. Periods of employment after December 31, 1997 shall not be taken into account in determining years of service for purposes of determining a participant's accrued benefit.

° Normal

Accrued benefit.

° Early

Not permitted.

° Late

Greater of accrued benefit at actual retirement date or actuarial

equivalent of accrued benefit payable at normal retirement.

° Disability

Actuarial equivalent of accrued benefit.

### **Normal Form of Benefit**

For an unmarried participant, a single life annuity payable monthly with payments ending on the death of the participant.

For a married participant, a reduced 50% joint and survivor annuity payable monthly.

### Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

### **Optional Forms of Benefit**

° Single Lump Sum Payment

- ° Period Certain in monthly, quarterly, semiannual, or annual cash installments not to extend beyond the life expectancy of the participant and his designated beneficiary
- ° Single Life Annuity
- Reduced 10-Year Period Certain Annuity
- Reduced 50% Joint and Survivor Annuity
- ° Reduced 75% Joint and Survivor Annuity

### **Death Benefit**

° Eligibility: A designated beneficiary of an active employee or a designated

beneficiary of a terminated employee who was vested at death.

° Benefit: Actuarial equivalent of accrued benefit.

### **Vesting**

Years of Service	<u>Percentage</u>
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

# Schedule SB, line 26 - Schedule of Active Participant Data

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

# YEARS OF CREDITED SERVICE

				 	 			 	_		 			 				_
40 & Up	Comp		0	0	0		0	0	İ	٥	•		0	0		•		0
40	No.		0	0	-		0	0		0	9		0	1		0		0
35 To 39	Comp		0	0	•		0	0		0	0		0	 0		0		0
35	No.		0	0	0		0	0		0	0		0	1		0		0
30 To 34	Comp		0	0	0		0	0		0	0		0	0		0		0
30,	No.		0	0	0		0	0		0	1		7	0		0		0
25 To 29	Comp		0	0	0		0	0		0	0	_	0	0		0		0
25 7	No.		0	0	0		0	1		4	2		4	2		1		0
20 To 24	Avg. Comp		0	0	0		0	0		0	0		0	0		0		0
20 I	No.		0	0	0		0	2		S	7	-	3	0		0		0
15 To 19	Avg. Comp		0	0	0		0	0		0	0		0	0		0		0
15 T	No.		0	0	0		0	1		1	4		S.	1		0		-
10 To 14	Avg. Comp		0	0	0		0	0		0	0		0	0		0		0
10 J	No.		0	0	 0		0	0		0	1		0	0		0		0
5 To 9	Avg.		0	0	0		0	0		0	0		0	0	-	0		0
5.	No.		0	0	0		0	0		•	0		0	0		0		0
1 To 4	Avg. Comp		0	0	0		0	0		0	0		0	0		0		0
11	No.		0	0	0	-	0	0		0	0		0	0		0		0
Under 1	Avg. No. Comp		0	0	0		0	0		0	0		0	0		0		0
L	No.	_	0	0	0		0	0	Ц	0	0		0	0		0	_	0
	Arramed Age		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

### Schedule SB, line 32 - Schedule of Amortization Bases

Blackman Plumbing Supply Co., Inc. Employees Pension Plan
Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2012 to December 31, 2012

### Charges/Credits

Type of Base	Effective <u>Date</u>	Interest <u>Rate</u>	Initial <u>Amount</u>	Initial <u>Amort</u>	Current <u>Balance</u>	Rem <u>Amort</u>	<u>Payment</u>
Shortfall	01/01/2008	5.54 / 0.00	460,068	7.00	218,890	3.00	76,931
Shortfall	01/01/2009	5.54 / 0.00	443,792	7.00	275,694	4.00	74,594
Shortfall	01/01/2010	5.54 / 6.85	-25,030	7.00	-18,832	5.00	-4,183
Shortfall	01/01/2011	5.54 / 6.85	316,875	7.00	267,291	6.00	51,206
Shortfall	01/01/2012	5.54 / 6.85	-63,838	7.00	-63,838	7.00	-10,835
Totals							187,713

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Par			: Identification Information								
For ca	alendar plar	year 2012 or f	iscal plan year beginning	01/01/2012	and ending	12/31/201	L2				
A Th	nis return/re	port is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	yer) a one-participant plan					
Вт	nis return/re	port is:	the first return/report	the final return/report	eport .						
			m/report (less than 12 me	onths)							
<b>C</b> C	heck box if t	iling under:		DFVC progra	am						
			special extension (enter des	cription)							
Par	t II Bas	sic Plan Info	ormation-enter all requested in	nformation							
1a N	lame of plan	1				<b>1b</b> Three-digit					
			Supply Co., Inc.			plan number (PN) ▶	001				
E	mployee	s Pension	ı Plan			1c Effective date o	<del></del>				
						01/01/199	•				
	-		ddress; include room or suite num g Supply Co., Inc.	ber (employer, if for a single	-employer plan)	2b Employer Identi (EIN) 11-199					
			,,			<b>2c</b> Sponsor's telep (631) 823-	hone number				
9	00 Sylv	an Avenue	<u>.</u>			2d Business code					
P	avport			NY	11705	423700	(222				
		trator's name a	nd address XSame as Plan Spor		n Sponsor Address	3b Administrator's	EIN				
			<del></del>			3c Administrator's	telephone number				
						JC Administrators	telephone number				
ı	name, EIN,	and the plan nu	e plan sponsor has changed sinc imber from the last return/report.	e the last return/report filed f	for this plan, enter the	4b EIN					
<b>a</b> 9	name, EIN, Sponsor's na	and the plan nu ime	ımber from the last return/report.			4c PN					
a 9	name, EIN, Sponsor's na Fotal numbe	and the plan nu ime or of participants	imber from the last return/report. s at the beginning of the plan year			4c PN 5a	63				
<b>a</b> 9 <b>5a</b> 1 <b>b</b> 1	name, EIN, Sponsor's na Fotal numbe Fotal numbe	and the plan nu nme or of participants or of participants	imber from the last return/report. s at the beginning of the plan year s at the end of the plan year			4c PN	63 61				
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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Reginning of Ves		Т		(b) End	of Vear	<del> </del>
<u></u>		7a	(a) Beginning of Yea		.6		(D) End		923,405
<u>a</u> b	Total plan liabilities	ilities 7b							
		assets (subtract line 7b from line 7a)							
8	· · · · · · · · · · · · · · · · · · ·	76	(a) Amount		1		(b) 1		923,405
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		+		(D)	<u> </u>	
-	(1) Employers	8a(1)	300	0,00	0 .				
	(2) Participants	8a(2)			0				
	(3) Others (including rollovers)	8a(3)			0				
b	Other income (loss)	8b	222	2,78	35				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							522,785
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16:	3,91	_4				- ·
е	Certain deemed and/or corrective distributions (see instructions)	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f	18	B,68	32				
	Other expenses	8g	·		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			$\top$			-	182,596
i	Net income (loss) (subtract line 8h from line 8c)	8i							340,189
j	Transfers to (from) the plan (see instructions)	8j	••		0				
Pa	rt IV Plan Characteristics	-,	<u></u>					-	
9a	·	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions:	
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 instruc	tions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	4
a					2	10		Ailiou	nt
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	103	х		Amou	nt .
t		uciary Corr ? (Do not i	ection Program) include transactions reported	10a 10b	<u> </u>			Amou	<u>nt</u>
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corr ? (Do not	nclude transactions reported		X	Х			,000,000
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumentary Fidument	ciary Corr	nclude transactions reported	10b 10c		Х			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or other	? (Do not i	nclude transactions reported and, that was caused by fraud s by an insurance carrier,	10b		x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity boner person	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c		x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity borner person	nclude transactions reported  nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		x x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla	fidelity borner person of the bene	nclude transactions reported and, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d 10e 10f		x x x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity both the benefit soft year of the year of the soft year of the year of y	nclude transactions reported include transactions and 29 CFR	10b 10c 10d 10e 10f 10g		x x x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)	fidelity both fi	nclude transactions reported include transactions and 29 critical include includ	10b 10c 10d 10e 10f 10g 10h		x x x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity both fi	nclude transactions reported include transactions and 29 critical include includ	10b 10c 10d 10e 10f 10g		x x x			
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f Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity both fidelity fi	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X	3 (Form	1,	,000,000
f g r 11 11a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)  Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity boner person of the benefits of year of (See instructure).	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A	0	1,	,000,000
f Part	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  IVI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Senter the amount from Schedule SB line 39.	fidelity both fidelity fidel	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X A	0	1,	, 000 , 000 Yes
f 9 11 11 11 11 11 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  If a waiver of the minimum funding standard for a prior year is bein	fidelity both fi	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Scheo	X X X X X A X A A A A A A A A A A A A A	0 ERISA?		, 000 , 000 Yes No
f 9 11 11 11 11 11 12 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	fidelity borner personner frequired (See Instruments? (If """) requirements as applicing amortiz	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Scheo	X X X X X A X A A A A A A A A A A A A A	0 ERISA?	1,	, 000 , 000 Yes No
f g h 11 11a 11a 12	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)  Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a  If this is an individual account plan, was there a blackout period? 2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below  If a waiver of the minimum funding standard for a prior year is bein	fidelity borner person of the benefits of year of (See instruments? (If "" requirements application of the property of the benefits of year of the person of the benefits of the benefits of the person of the perso	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i nplete	Scheo.	X X X X X A X A A A A A A A A A A A A A	0 ERISA?	1,	, 000 , 000 Yes No

	Form 5500-SF 2012	Page <b>3</b> -	_			
c	Enter the amount contributed by the employer to the plan for this plan ye		12c			_
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	,	12d			
е	Will the minimum funding amount reported on line 12d be met by the fur	inding deadline?		Yes	No □ N/A	ı
Part	VII Plan Terminations and Transfers of Assets					
13a	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 employ	oyer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	the control		Yes X N	0	
С	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identify the plan	n(s) to			
1	3c(1) Name of plan(s):		13c(2) E	IN(s)	<b>13c(3)</b> PN(s)	)
Part	VIII Trust Information (optional)					
14a	Name of trust		14b ⊺	rust's EIN		
Blac	kman Plumbing Supply Co., Inc.		11-3	206750		