

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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2012</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>BLACKMAN PLUMBING SUPPLY CO., INC. EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1990</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BLACKMAN PLUMBING SUPPLY CO., INC.</u> <u>900 SYLVAN AVENUE</u> <u>BAYPORT, NY 11705</u>	2b Employer Identification Number (EIN)	<u>11-1998427</u>	
	2c Sponsor's telephone number	<u>631-823-4300</u>	
	2d Business code (see instructions)	<u>423700</u>	
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN		
	4c PN		
5a Total number of participants at the beginning of the plan year	5a	<u>63</u>	
b Total number of participants at the end of the plan year	5b	<u>61</u>	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered "No" to either 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/report will be assessed unless reasonable 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 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 HERE	Filed with authorized/valid electronic signature.	10/15/2013	JOHN O'BRIEN
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1583216	1923405
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1583216	1923405
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	300000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	222785	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		522785
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	163914	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	18682	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		182596
i Net income (loss) (subtract line 8h from line 8c)	8i		340189
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 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 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11a Enter the amount from Schedule SB line 39	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b

c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)

Part VIII Trust Information (optional)

14a Name of trust BLACKMAN PLUMBING SUPPLY CO., INC.	14b Trust's EIN 113206750
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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
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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 BLACKMAN PLUMBING SUPPLY CO., INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BLACKMAN PLUMBING SUPPLY CO., INC.	D Employer Identification Number (EIN) 11-1998427
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information																								
1	Enter the valuation date: Month 01 Day 01 Year 2012																								
2	Assets: <table><tr><td>a Market value</td><td>2a</td><td>1583216</td></tr><tr><td>b Actuarial value</td><td>2b</td><td>1583216</td></tr></table>	a Market value	2a	1583216	b Actuarial value	2b	1583216																		
a Market value	2a	1583216																							
b Actuarial value	2b	1583216																							
3	Funding target/participant count breakdown: <table><tr><td></td><td>(1) Number of participants</td><td>(2) Funding Target</td></tr><tr><td>a For retired participants and beneficiaries receiving payment</td><td>3a 3</td><td>1184060</td></tr><tr><td>b For terminated vested participants</td><td>3b 10</td><td>125831</td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td>(1) Non-vested benefits</td><td>3c(1)</td><td>0</td></tr><tr><td>(2) Vested benefits</td><td>3c(2)</td><td>952530</td></tr><tr><td>(3) Total active</td><td>3c(3) 50</td><td>952530</td></tr><tr><td>d Total</td><td>3d 63</td><td>2262421</td></tr></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment	3a 3	1184060	b For terminated vested participants	3b 10	125831	c For active participants:			(1) Non-vested benefits	3c(1)	0	(2) Vested benefits	3c(2)	952530	(3) Total active	3c(3) 50	952530	d Total	3d 63	2262421
	(1) Number of participants	(2) Funding Target																							
a For retired participants and beneficiaries receiving payment	3a 3	1184060																							
b For terminated vested participants	3b 10	125831																							
c For active participants:																									
(1) Non-vested benefits	3c(1)	0																							
(2) Vested benefits	3c(2)	952530																							
(3) Total active	3c(3) 50	952530																							
d Total	3d 63	2262421																							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor</td><td>4b</td><td></td></tr></table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																			
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b																								
5	Effective interest rate 5 6.52 %																								
6	Target normal cost 6 15832																								

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 applied in 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 assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		10/01/2013
	Signature of actuary	Date
DAVID M. GELMAN	Type or print name of actuary	11-03773
GELMAN PENSION CONSULTING, INC.	Firm name	Most recent enrollment number
70 WEST 40TH STREET, 8TH FLOOR NEW YORK, NY 10018-2623	Address of the firm	212-889-1200
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-2.05%</u>		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		77379
b	Interest on (a) using prior year's effective interest rate of <u>5.69%</u> except as otherwise provided (see instructions)		4403
c	Total available at beginning of current plan year to add to prefunding balance		81782
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	69.97 %
15	Adjusted funding target attainment percentage	15	69.97 %
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	63.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.97 %

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/26/2012	75000	0			
06/14/2012	75000	0			
09/05/2012	75000	0			
12/13/2012	75000	0			
Totals ►			18(b)	300000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	288845
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	15832	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	679205	187713	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	203545	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	203545	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	288845	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	85300	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012► **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 Blackman Plumbing Supply Co., Inc. Employees Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Blackman Plumbing Supply Co., Inc.	D Employer Identification Number (EIN) 11-1998427
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	1,583,216
b Actuarial value	2b	1,583,216
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 3	1,184,060
b For terminated vested participants	3b 10	125,831
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	952,530
(3) Total active	3c(3) 50	952,530
d Total	3d 63	2,262,421
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.52 %
6 Target normal cost	6	15,832

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 applied in 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 assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

David M. Gelman

Type or print name of actuary

Gelman Pension Consulting, Inc.

Firm name

70 West 40th Street, 8th Floor

New York

NY 10018-2623

Address of the firm

10/01/2013

Date

11-03773

Most recent enrollment number

(212) 889-1200

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>(2.05)</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		77,379
b Interest on (a) using prior year's effective interest rate of <u>5.69</u> % except as otherwise provided (see instructions)		4,403
c Total available at beginning of current plan year to add to prefunding balance		81,782
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	69.97 %
15 Adjusted funding target attainment percentage	15	69.97 %
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	63.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.97 %

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/26/2012	75,000	0			
06/14/2012	75,000	0			
09/05/2012	75,000	0			
12/13/2012	75,000	0			
Totals ▶			18(b)	300,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	288,845

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	15,832										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>679,205</td> <td>187,713</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	679,205	187,713	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	679,205	187,713										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	203,545										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	203,545										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	288,845										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	85,300										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years			
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011			
42 Amount of acceleration adjustment	42			
43 Excess installment acceleration amount to be carried 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

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Contribution Applied to Plan Year Ending</u>	<u>Applicable Effective Interest Rate</u>	<u>Interest-adjusted Contribution</u>
04/26/2012	75,000	12/31/2012	6.52% ^{1.}	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:

1. 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 1st or July 1st 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

<u>Years of Service</u>	<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

[illegible]

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

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem 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-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**OMB Nos. 1210-0110
1210-0089**2012****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**

For calendar plan year 2012 or fiscal plan year beginning	01/01/2012	and ending	12/31/2012
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer)	<input type="checkbox"/> a one-participant plan
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)		

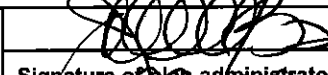
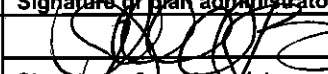
Part II Basic Plan Information—enter all requested information

1a Name of plan Blackman Plumbing Supply Co., Inc. Employees Pension Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1990
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Blackman Plumbing Supply Co., Inc. 900 Sylvan Avenue Bayport NY 11705	2b Employer Identification Number (EIN) 11-1998427
	2c Sponsor's telephone number (631) 823-4300
	2d Business code (see instructions) 423700
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 63
b Total number of participants at the end of the plan year	5b 61
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "No" to either 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/report will be assessed unless reasonable 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 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 HERE		Date	John O'Brien
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	John O'Brien
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1,583,216	1,923,405
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1,583,216	1,923,405
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	300,000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	222,785	
c 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	163,914	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	18,682	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		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	

Part IV Plan Characteristics

- 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 1I 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11a Enter the amount from Schedule SB line 39	11a	0	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a 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. Month Day Year			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b Enter the minimum required contribution for this plan year		12b	

c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	13a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN
Blackman Plumbing Supply Co., Inc.	11-3206750