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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in a		dons to the Form 550	U-3F.		
	art I		Identification Information					
For	calenda	ar plan year 2012 or fis		0/2012	and ending ()5/19/2	2 <u>013</u>	
A 1	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B 1	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	n/report (less than 12 m	onths)	1	
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
			special extension (enter desc	cription)			_	
Pa	rt II	Basic Plan Info	rmation—enter all requested in	formation				
1a	Name o	of plan				1b	Three-digit	
JAY E	SS PLI	UMBING SUPPLY CO	., INC. PENSION PLAN				plan number	004
						4.	(PN) •	001
						10	Effective date of 05/20/	•
2a	Dlan er	oneor's name and add	dress; include room or suite numb	per (employer if for a single-	employer plan)	2h	Employer Identif	
		UMBING SUPPLY CO		rei (employer, il loi a single-	employer plan)	20	(EIN) 11-24	
						20	Sponsor's telep	hone number
PO F	BOX 59	13					718-382	
		QUARE, NY 10101				2d	Business code (see instructions)
							42370	
3a	Plan ad	dministrator's name an	d address XSame as Plan Spon	sor Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
			_	_		_		
						3c	Administrator's t	telephone number
4	If the n	ame and/or EIN of the	plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4h	EIN	
			nber from the last return/report.		, ,			
_a	Sponso	or's name				4c	PN	
			at the beginning of the plan year.			5a		2
			at the end of the plan year			5b		2
С			account balances as of the end of		•	5c		2
6a	Were	all of the plan's assets	during the plan year invested in	eligible assets? (See instruc	tions.)			X Yes No
b			the annual examination and repo					
			(See instructions on waiver eligib					X Yes No
			ther line 6a or line 6b, the plan					
			or incomplete filing of this retur					
			ner penalties set forth in the instrund signed by an enrolled actuary, a					
		rue, correct, and comp		as well as the electronic vert	sion of this return report	i, and	to the best of my	knowledge and
		File of with a vite a vise of 6		40/00/0040	MOON EVERT			
SIGI			valid electronic signature.	12/20/2013	JASON EVERT			
		Signature of plan ac	Iministrator	Date	Enter name of individ	ual sig	ıning as plan adn	ninistrator
SIGI								
HER		Signature of employ		Date	Enter name of individ	_		
Prep	oarer's i	name (including firm na	ame, if applicable) and address; in	nclude room or suite number	r (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

					_						
	rt III Financial Information		1 () 5							_	
	Plan Assets and Liabilities			(a) Beginning of Year			(b) End of Year				
	Total plan assets				-	254631					
	Total plan liabilities	7b 7c	0.4000		-						
	Net plan assets (subtract line 7b from line 7a)		24322	22	-			25463	1		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Tota	<u>ıl</u>			
а	(1) Employers	8a(1)	1595	1							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	-451	2							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1143	9		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	3	80							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	80		
i	Net income (loss) (subtract line 8h from line 8c)	8i						1140	9		
j	Transfers to (from) the plan (see instructions)	8i									
Par	t IV Plan Characteristics									_	
9a	If the plan provides pension benefits, enter the applicable pension 2C 2G 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instruction	าร:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instructions	3:			
Par	rt V Compliance Questions										
10	During the plan year:				Yes	No	Δ,	nount			
a		tions withi	in the time period described in		100	110	AI	Iount		_	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ				2500	20	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X			2000	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
е											
·	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance				<u> </u>						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X N	lo.	
112	Enter the amount from Schedule SB line 39					11a				_	
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Yes	X	lo.	
14				. UI SE	outil .	JUZ UI	LINIOA!	.03			
а	(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 granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		letter ru	ıling		
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		,aı		_	
	Enter the minimum required contribution for this plan year	-				12b				_	
	= the minimum required contribution for this plan year			•••••							

	Form 5500-SF 2012	Page 3 - 1					
С	Enter the amount contributed by the employer to the plan for this plan year.		12	C			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- ·	120	d			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?		X	Ye	es No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	138	3			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the contr	ol		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2)	EIN	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14b	Tru	ıst's EIN		

Form 5500-8F

Department of the Treasury Internal Revenue Scryice

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 section 8087(b) and 6058(a) of

OMB Nas. 1210-0110 1210-0089

2012

Department of Labor: Employee Benefits Security Administration the Internal Revenue Code (the Code).							
	ension Benefit Guaranty Corporation	► Complete all entries in a	cordance with the instru	ctions to the Form 6500-SF.			
	ert I Annual Report Id	lentification information		h Alul subjection -	140/2012		
For	palendar plan year 2012 of fisca	l plan year beginning	05/20/2012	Value Annual Control of the Control	7 19/2013		
A	This return/report is for:	a single-employer plan	a multiple-employer p	Ian (not multiemployer)	a one-participant plan		
₿ .	This return/report is:	the first return/report	the final return/report				
	-	an amended return/report	a short plan year retu	rn/report (less than 12 months)			
c (Check box if filling under:	7 Form 5558	automatic extension		DFVC program		
•	Suction for a manifest product.	special extension (enter desc		· ·			
694	L Black in East		opposed - margina				
ALCOHOL: NO.		nation enter all requested	Information	16	Three-digit		
ıa	Name of plan				plan numbér		
	Jay Ess Plumbing Sup	10	(PN) ► 001 Effective date of plan				
		10	05/20/1980				
2a	Dina spaggar's name and addi	ess; include room or suite numb	er (employer, if for a single	-employer plan) 2b	Employer Identification Number		
Ad	Jay Ess Plumbing Sun	ply Co., Inc.	(ap.a.) a., a		(EIN) 11-2405836		
				2c	Sponsor's telephone number		
	%				(718) 382-2140		
	P.O. Box 593			2d	Business code (see instructions)		
US	Franklin Square	NY 10101		The state of the s	423700		
3a	Plan administrator's name and	address 🕱 Same as Plan Sp	onsor Name 🔲 Same as	Plan Sponsor Address 3b	Administrator's EIN		
				3c	Administrator's telephone number		
	······································	And the second s			A. Also appropriate the second		
4	If the name and/or EIN of the p	olen sponsor has changed since	the last return/report filed t	or this plan, enter the 4D	EIN		
	name, EIN, and the plan numb	er from the last return/report.		4c	PN		
_ <u>a</u>	Sponser's name		· I—WHITAID SHIP	ATTIMETE	2		
5a		t the beginning of the plan year t the end of the plan year			2		
b	I oral number of participants with ac	count balances as of the end of	the plan year (defined ben	· ··	b		
C	complete this item)	when the contract of the cite of	the bight ken formen ner	5c	2		
6a	Were all of the plan's sesets d	uring the plan year invested in e	iligibie assets? (See instruc	tions.)	Yes No		
b	Are you claiming a waiver of the	ne annual examination and repo	rt of an independent qualific	ed public accountant (IQPA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligit	cility and conditions.)	<u>\$\$~~~~~\$*~~\$*~~~\$*~~~\$*</u>			
		er line 6a or line 6b, the plan (
		r incomplete filing of this retu					
Ųr	der penalties of perjury and oth	er penalties set forth in the instr	uctions, I declare that I have	examined this return/report, in	icluding, if applicable, a Schedule		
SE	i or Schedule MB completed an ligf, it is true, correct, and comp	d signed by an enrolled actuary, late	as well as the electronic ve	eraion of this return/report, and	to the best of my knowledge and		
r oe	igi, it is tipe, correct, and comp	- 1/A, -1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- e / /			
	IGN John Sehmen	m / Bedwindstuti	~ 120/10	July Schnerd			
H	ERE Signature of plan admir	nistrator	Date	Enter name of individual sign	ing as plan administrator		
s	ION						
	極R艦 Signature of employer/		ing as employer of plan sponsor				
Þη	eparer's name (including firm na	ime, if applicable) and address;	include room or suite numb	er (optional) Prep	arer's telephone number (optional)		
				ļ <u>.</u>			
				and the second s	STATE OF THE PARTY OF THE STATE		

Par	till Financial Information								
Radacari torre	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year		
a T	otal plan assets	7a	243,22	2	254,631				31
b T	otal plan liabilities	7b							
c N	let plan assets (subtract line 7b from line 7a)	7¢	243,22	2	254,631				
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al	
	Contributions received or receivable from:	8a(1)	15,95	1				100	
	1) Employers	8a(2)			The Borney of Edward Control of the				5
	3) Others (Including rollovers)	8a(3)					777		
	Others (including followers)	8b	(4,512	2)					*****
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11,4	39
d	Senefits paid (including direct rollovers and insurance premiums or provide benefits)	8d							
	Certain deemed and/or corrective distributions (see instructions)	8e						pana.	
	Administrative service providers (salaries, fees, commissions)	8f	3	30		Last 1			
g	Other expenses	8g						$0 \leq i \leq n$	
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h							30
i	Net income (loss) (subtract line 8h from line 8c)	8i						11,4	09
	ransfers to (from) the plan (see instructions)	8j							
Par	Plan Characteristics								
	f the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instruction	s:	
	2C 2G 3D								
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Character	istic (Codes	in the	instructions	;	
~ '	The plant provided world's benefite, and, all approved the series								_
Pai	Part V Compliance Questions								
10	During the plan year:				Yes	No	А	mount	
a	Was there a failure to transmit to the plan any participant contribut	ions withir	the time period described in	40-		x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ary Corre	ction Program)	10a		^			
Ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)		Illina ilangenone tehorea	10b		х			
С	Was the plan covered by a fidelity bond?			10c	х			2	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud						
	or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons	s by an insurance carrier,						
	insurance service or other organization that provides some or all cinstructions.)	trie berie	mits under the plant (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
		-		10g		x			
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			109	<u> </u>				
h 	If this is an individual account plan, was there a blackout period? (2520.101-3.)		*******************************	10h		х			
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	d notice or one of the	10i					
Par	Pension Funding Compliance								
11	LO (16) V. H. L.								
11a	Enter the amount from Schedule SB line 39		····			11a			
12	Is this a defined contribution plan subject to the minimum funding)2 of E	RISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortiz	ed in this plan year, see instruct	ions,	and e	nter th	e date of the	letter rulir Year	ng —
If v	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b						12b			
	b Enter the minimum required contribution for this plan year								

	Form 5500-SF 2012		Page 3-					
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 1; negative amount)				12d			
е	Will the minimum funding amount reported on line 12d be	met by the funding deadl	ne?			Yes [□ No □ N/A	
Part	VII Plan Terminations and Transfers of	Assets				•		
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?	************		X Ye	es 🔲 N	Vo	
,	If "Yes," enter the amount of any plan assets that reverted				13a		C	
d	Were all the plan assets distributed to participants or benefithe PBGC?		other plan, or brought un	der the co	ntrol		Yes X No	
С	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	ferred from this plan to an						
1	3c(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		