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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accomplete	ordance with the instr	uctions to the Form 550	0-SF.					
Part I	Annual Report	Identification Information								
For calend	ar plan year 2012 or f	iscal plan year beginning 07/01/20)12	and ending (06/30/20	13				
	A This return/report is for: X a single-employer plan									
	•	an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
• Check	box ii iiiiig uiidei.	special extension (enter descrip								
Dowt II	Dania Dian Info									
Part II		ormation—enter all requested infor	mation		41					
1a Name of plan H & Y ELECTRICAL SUPPLY COMPANY PROFIT SHARING PLAN						Three-digit blan number				
						PN) •	002			
						Effective date of				
					07/01/1994					
	ponsor's name and ac TRICAL SUPPLY CO	ddress; include room or suite number DMPANY	(employer, if for a singl	e-employer plan)	2b Employer Identification Number (EIN) 61-1078725					
1714 CDIFE	IN GATE ROAD				2c Sponsor's telephone number 502-456-0990					
	E, KY 40205-2731				2d B	Business code (ns)		
		nd address Same as Plan Sponsor	<u> </u>	an Sponsor Address	3b A	Administrator's E	EIN 78725			
I & Y ELECT	RICAL SUPPLY COM		N GATE ROAD , KY 40205-2731		3c Administrator's telephone number 502-456-0990					
name	, EIN, and the plan nu	ne plan sponsor has changed since the last return/report.	e last return/report filed	for this plan, enter the	4b E					
	or's name	and the heart are at the release of			4c F	N T				
		s at the beginning of the plan year			5a			7		
		s at the end of the plan year			5b			7		
		account balances as of the end of the		•	5c			5		
	,	ts during the plan year invested in elig					X Yes	No		
b Are yo	ou claiming a waiver o	of the annual examination and report of	of an independent quali	fied public accountant (IQ	PA)			No		
		6? (See instructions on waiver eligibilite either line 6a or line 6b, the plan car	•				X Yes] NO		
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return/r ther penalties set forth in the instruction and signed by an enrolled actuary, as aplete.	ons, I declare that I hav	e examined this return/rep	port, incl	luding, if applica	,			
SIGN	Filed with authorized	I/valid electronic signature.	12/31/2013	CHESTER MASSIE						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signi	ing as plan adn	ninistrator			
SIGN										
HERE	Signature of emplo	over/plan enoneor	Date	Enter name of individ	ual eigni	ing as employe	r or plan epon	eor		
Preparer's		name, if applicable) and address; incl				rer's telephone				
·	, ç			· · ·	·	·				
I										

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year					
a	Total plan assets	7a	1	592914			595248				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	59291	592914				į	595248	3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total			
	Contributions received or receivable from:		(a) ranount		(b) Total						
	(1) Employers										
	(2) Participants										
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3646	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36460)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3412	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3412	6	
i	Net income (loss) (subtract line 8h from line 8c)	8i							233	4	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	, ,,									
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
D = ==	V Osmalismas Omasilana										
Part	•				Yes	No	1				
10								Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	rection Program)	10a		X						
	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	X					100	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X					
h	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										
Part	VI Pension Funding Compliance										
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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		
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 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 of the PBGC?	control		Yes 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):	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2011

This Form is Open to Public Inspection

						t
	rt Annual Report Identification Information calendar plan year 2011 or fiscal plan year beginning	07/01/:	2011	and ending		06/30/2012
	V a single applementation C			<u> </u>		
		•		n (not multiemployer)	L	a one-participant plan
B.	This return/report is:		eturn/report		Y	
		-	•	report (less than 12 mo	onths)	~ 1
C	Check box if filing under: X Form 5558	automatio	extension		Į	DFVC program
	special extension (enter description	<u> </u>				
Pa	rt II Basic Plan Information—enter all requested inform	ation				
	Name of plan					Three-digit
Η	& Y ELECTRICAL SUPPLY COMPANY PROFIT SHA	RING P	LAN			plan number (PN) • 002
	&					Effective date of plan
	·					07/01/1994
	Plan sponsor's name and address; include room or suite number (e	mployer, it	for a single-ea	mployer plan)	2b	Employer Identification Number
H	& Y ELECTRICAL SUPPLY COMPANY				((EIN) 61-1078725
17	14 GRIFFIN GATE ROAD					Sponsor's telephone number
± /	14 GRIFFIN GAIL ROAD					502-456-0990
T ₂ O	UISVILLE KY 40205-2731					Business code (see instructions) 423600
		nter "Same) ⁿ)			Administrator's EIN
H	Plan administrator's name and address (if same as plan sponsor, er Y ELECTRICAL SUPPLY COMPANY	ntor Carri	, ,			61-1078725
	14 GRIFFIN GATE ROAD					Administrator's telephone number
4	UISVILLE KY 40205-2731	aat vatuum/	nonert filed for	this wise swise the		502-456-0990
**	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report med for	uns plan, erner the	4b	EIN
a	Sponsor's name				4c	PN
5a	Total number of participants at the beginning of the plan year				5a	7
b	Total number of participants at the end of the plan year		•••••	•••••	5b	7
C	Number of participants with account balances as of the end of the p					τ.
	complete this item)				5c	₩ Vaa D Na
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		•	•		X Yes No
IJ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must	instead use Form 55	00	
Pa	rt III Financial Information	gegovajinegovski				
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
	Total plan assets	. 7a		63861	.2	. 592914
þ	Total plan liabilities				_	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		63861	.2	592914
8	Income, Expenses, and Transfers for this Plan Year	200 C C C C C C C C C C C C C C C C C C	(a) Amount	0.2	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)				
	(2) Participants					
	(3) Others (including rollovers)			1109	2	
b	Other income (loss)			-2225		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		7			-11163
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d		3453	5	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	***************************************			F1-314 an	Name of the state
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				- E	34535
i	Net income (loss) (subtract line 8h from line 8c)				12	-45698
1	Transfers to (from) the plan (see instructions)	Ri	1		1	

Par	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
b	2E 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	V Compliance Questions				·			-		
10	During the plan year:				Yes	No	А	mount		
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	10b		Х						
С	Was the plan covered by a fidelity bond?	***************************************		10c	х			100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		Х				
е	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.)									
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		Х				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see inst	uctions and com	plete \$	Sched	ule SE	3 (Form	Yes No		
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section	412 of the Code	or se	ction 3	02 of	ERISA?	Yes X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a granting the waiver	mortized in this plan	Mont					e letter ruling /ear		
	Enter the minimum required contribution for this plan year	•	-		Г	12b				
C	Enter the amount contributed by the employer to the plan for this plan	year			Г	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				[12d				
	Will the minimum funding amount reported on line 12d be met by the f						Yes	No N/A		
Par	VII Plan Terminations and Transfers of Assets		•							
13a	Has a resolution to terminate the plan been adopted in any plan year?	******					res X No			
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year	,	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	,		• • • • • • • • • • • • • • • • • • •				Yes X No		
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another p	olan(s), identify th	e plar				T		
	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN						13c(3) PN(s)			
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.										
SIG	cherte y Many	k	CHESTER MAS	SSIE						
HE		Date	Enter name of in	dividu	ıal siqı	ning a	s plan admin	istrator		
	Charle- 1 Mana		CHESTER MAS			ت ري.	,			
SIG	N / Vignature of employer/plan sponsor					ning o	e employer o	r nlan enoneor		
	agnature or emproyer/plan sponsor	Date	Enter name of in	ıdıVIQL	ıaı siği	mny a	s employer o	i pian sponsor		

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