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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan Three-digit GRAYS WHOLESALE, INC. EMPLOYEES RETIREMENT PLAN plan number 001 (PN) 1c Effective date of plan 06/01/1970 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GRAYS WHOLESALE, INC. 15-0626422 (EIN) Sponsor's telephone number 315-686-3541 153 STATE STREET CLAYTON, NY 13624 Business code (see instructions) 424400 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PΝ Total number of participants at the beginning of the plan year 5a 21 **b** Total number of participants at the end of the plan year..... 5_b 20 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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. Filed with authorized/valid electronic signature. 03/07/2014 NY LEBENSON SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date 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)

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	86261				(11)		969310)	
	Total plan liabilities	7b	140)1					140		
	Net plan assets (subtract line 7b from line 7a)	7c	86120					ç	67909		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:		(a) 7 uno ant				(2)	· Otal			
	(1) Employers	8a(1)	7724	.0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	10433	86							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	81576	;	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7487	'6							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							7487	3	
	Net income (loss) (subtract line 8h from line 8c)	8i							0670		
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics	, oj									
	If the plan provides pension benefits, enter the applicable pension 1A 1G 3D	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	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:			
_	48										
Par	•				.,						
10	During the plan year:	da a a a a dual	and the Caraman Sand day and the	ı	Yes	No		Amo	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					120	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10-	X						704
	instructions.)			10e		X					794
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
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							
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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							X	Yes	П	No
11a						11a				<u> </u>	0
12	Is this a defined contribution plan subject to the minimum funding				ction		ERISA?	П	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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of	the le Yea		ing	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					
	· · ·						-				

	Form 5500-SF 2012 Page 3 - 1			
			1	
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		
<u>e</u>	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):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2012 or fiscal plan year beginning

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.

06/01/2012

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

05/31/2013

and ending

		off amounts to n: A penalty of \$		sessed for late filing	of this report	unless reas	onable ca	ause is establish	ed.		
	ame of		. EMPLOYEES	RETIREMENT PLA	N			B Three-di plan nun	git nber (PN)	•	001
		onsor's name as HOLESALE, INC		a of Form 5500 or 5	500-SF			D Employer 15-0626422	Identificat	tion Number	(EIN)
E Ty	/pe of p	olan: X Single	Multiple-A	Multiple-B	F	Prior year pl	an size:	100 or fewer	101-5	00 More	than 500
Pa	rt I	Basic Infor	mation								
1	Enter	the valuation dat	ie:	Month <u>06</u>	Day01	Year _	2012	_			
2	Asset	s:									
	a Mar	rket value							2a		86120
	b Act	uarial value							2b		86120
3	Fundi	ng target/particip	ant count break	kdown:			(1) N	lumber of partic	ipants	(2)	Funding Target
	a For	retired participar	nts and beneficia	aries receiving paym	nent				2		25606
						3b			1		84
	C For	active participan	its:								
	(. ,				_ ` ,					219
	(. ,				. ,					58898
	_ '	(0)				(- /			18		59118
						-			21		84809
4				e box and complete				_			
	_			bed at-risk assumption					4a		
				umptions, but disreg consecutive years ar					4b		
5					-				5		6.84 %
6	Targe	et normal cost							6		3503
S.	o the best ccordance ombination	ce with applicable law a	e information supplied							able expectations	ribed assumption was applied in s) and such other assumptions, in
H	ERE									12/17/	2013
		0.041.0450	Signa	ature of actuary						Date	
ALFF	REDO (G. SALGADO								11-00	
				rint name of actuary					Most re		nent number
LEBE	NSON	ACTUARIAL SI									47-1980
		IT LAKE DRIVE , NY 10595-1340	- SUITE 180	Firm name				l	elephone	number (incl	luding area code)
			Add	lress of the firm				_			
If the	actuan	v has not fully ref	lected any requ	lation or ruling prom	ulaated unde	r the statute	in comple	etina this sched	ule check	the hov and	Isee \square
	ctions	,ao not runy roi	uniy rogu		a.gatoa ariac	o statuto	compi	5ig 1110 001100	, or look	o box and	

Page	2	_

Pa	ırt II	Begir	ning of Year	Carryov	er Prefunding Baland	ces								
							(a) (Carryover balance		(b) F	Prefundi	ng balar	ce	
7		Ū	0 , ,		cable adjustments (line 13 f			;	34114				128203	
8			•	•	unding requirement (line 35				0				0	
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)				;	34114				128203	
10	Interes	t on line 9	using prior year's	s actual ret	urn of				-955	-3590				
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance:									
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								5108	
					interest rate of5.74 %								293	
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce							5401	
	d Porti	on of (c)	to be added to pre	efunding ba	alance								0	
12 Other reductions in balances due to elections or deemed elections													55696	
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)												68917	
Ρ	art III	Fun	ding Percenta	ages										
14	Fundin	g target a	ttainment percent	age							14	93	3.42 %	
15	Adjuste	ed funding	g target attainmen	t percentaç	ge						15	10°	1.36 %	
16	-				of determining whether car	•	-	•			16	8	3.46 %	
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	such percentage			17		%	
P	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contrib	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	ployees:								
(N	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((0		nt paid b oyees	y	
10)/15/201	2		68917										
11	1/09/201	2		8323										
											1			
						Totals ►	18(b)		77240	18(c)			0	
19	Discou	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation of	date after th	ne beginning of the						
				•	imum required contributions				19a					
					djusted to valuation date				19b					
	C Cont	ributions a	allocated toward mi	nimum req	uired contribution for current y	year adjusted	to valuation	date	19c				75253	
20		-	outions and liquidit	-							_	1 1		
			_		the prior year?							Yes	No	
	b If line	e 20a is "	Yes," were require	ed quarterly	y installments for the curren	t year made	in a timely	manner?				Yes	X No	
	C If line	e 20a is "	Yes," see instructi	ons and co	omplete the following table a									
		Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd (4) 4th												
(1) 1st (2) 2nd (3) 3rd (4) 4th														

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21	Discou	int rate:				1			
	a Seg	ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yiel	d curve	used
	b Appl	licable month (enter code)			21b			1
22	Weight	ted average ret	tirement age			22			65
23		ty table(s) (see			scribed - separate	Substitute	e		
Pa	rt VI	Miscellane	nus Itams			<u> </u>			
				tuarial assumptions for the current	plon year? If "Voo." aaa	instructions	rogarding require	d	
24		•	·		• •		· · -	Yes	X No
25				an year? If "Yes," see instructions				Yes	X No
26			·	Participants? If "Yes," see instruc				Yes	П No
		-		•		attacriment.		163	Пио
27		•	•	ter applicable code and see instruc	0 0	27			
Pa	rt VII			ım Required Contribution		<u> </u>			
28		1	•	years		28			0
29				d unpaid minimum required contrib					0
23						29			
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		l L			
31		-	nd excess assets (see instruct						
<u> </u>			· · · · · · · · · · · · · · · · · · ·			31a			25027
	_					31b			35037
22		-	·	line 31a			la stalla		0
32		zation installme			Outstanding Bala		Installr	nent	
						164584			31530
	b Waiv	ver amortization	n installment						
33				ter the date of the ruling letter gran and the waived amount	•	33			
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			66567
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35	Balanc	ces elected for	use to offset funding						
	require	ement							0
36	Additio	nal cash requir	rement (line 34 minus line 35)			36			66567
37				ontribution for current year adjuste		37			75253
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)					
	a Total	l (excess, if any	y, of line 37 over line 36)			38a			8686
				prefunding and funding standard c		38b			
39				ear (excess, if any, of line 36 over		39			0
40				S	·	40			0
	rt IX			Pension Relief Act of 2010					
			de to use PRA 2010 funding re		(CCC IIISH UCHOIIS	<u> </u>			
							2 plus 7 years	15 \	ears
			·	41a was made			3 2009 201	∪	2011
						42			
43	Excess	installment ac	celeration amount to be carrie	d over to future plan years		43			

Attachment to 2012 Form 5500 Schedule SB, line 36 - Schedule of Active Participant Data

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

EIN: 15-0626422

Media . jarana Mara

70 &

			Υ	ears of	Credited Se	rvice					
Attained		Unde	r 1		1 to 4	5 to 9					
Age			Average	-	Average			Average			
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal		
Under 25											
25 to 29			***	1	1		ł				
30 to 34											
35 to 39	1						l				
40 to 44											
45 to 49					3						
50 to 54								1			
55 to 59	1						1				
60 to 64	1						l	2			
65 to 69	I										
70 & up	1										

			Y	ears of 0	Credited Se	rvice			
Attained	1	10 to	14		15 to 1	19		20 to	24
Age	2		Average		A	verage			Average
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.
Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 55 to 59 60 to 64 65 to 69 70 & up					1 2			1 2	

ស៊ីលាស្គេក No. Space	Years of Credited Service												
Attained	T	25 to	29		30 to 34			35 to	39		40 and	up	
Age			Average		Average			Average				Average	
A Solation	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	
Under-25		THE PERSON NAMED AND POST OF STREET											
25_to 29	\$4.									1			
30 to 34		.		1			1						
35 to 39										1			
40 to 44	1			1						1			
45 to 49	l						1			1			
	1						l			1			
50 to 54 55 to 59	1				1			1		1			
60 to 64							1			1			
65 to 69	2			1			I			1			
70 & up				1			1			1			

Attachment to 2012 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Gray's Wholesale Inc. Employees Retirement Plan

EIN:15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Lump Sum Election%:

100%

Pre-retirement Mortality Table:

None

Post-retirement Mortality Table:

Static/Combined

Withdrawal rate%:

None

Expected % increase in compensation:

None

Actuarial Value of Assets:

Fair Market Value

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).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

		▶ File as an a	attachme:	nt to Form	5500 or 5	500-SF.				
For calenda	plan year 2012 or fiscal pla	year beginning 06/0	1/2012			and end	ding 05	31/201	3	
▶ Round o	ff amounts to nearest dolla	ır.								. 1
▶ Caution	A penalty of \$1,000 will be a	ssessed for late filing of th	is report u	ınless reaso	nable cau	use is establis	ned.			
A Name of Grays Whol	olan esale, Inc. Employees Retire	ment Plan				B Three-d	igit mber (PN)) I	•	001
					Ī					
C Plan spor	sor's name as shown on line	2a of Form 5500 or 5500-	SF			D Employe	r Identifica	ation Nu	ımber (El	N)
Grays Whol	esale, Inc.					15-0626422	?			
E Type of pl	n: X Single Multiple-A	A Multiple-B	FF	Prior year pla	ın size: 🛚	100 or fewer	101-	500	More tha	n 500
Part I	Basic Information			-		-				
	ne valuation date:	Month 06 Day	01	Year	2012					
2 Assets	· · · · · · · · · · · · · · · · · · ·					•				
a Mark	et value				***********		2a			861209
b Actu	arial value						2b			861209
	g target/participant count bre				(1) Nu	umber of partic	ipants		(2) Fu	nding Target
	etired participants and benefi			3a			2			256066
b For t	erminated vested participants	3		3b			1			840
C For a	ctive participants:									
(1	Non-vested benefits			3c(1)						2199
(2	Vested benefits			3c(2)						588988
(3	Total active	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3c(3)			18			591187
d Tota				3d			21			848093
4 If the p	an is in at-risk status, check	the box and complete lines	s (a) and (b	b)						
a Fund	ing target disregarding presc	ribed at-risk assumptions .					4a			
	ing target reflecting at-risk as risk status for fewer than five						4b		·	
	e interest rate									6.84 %
6 Target	normal cost		*************		************		6			35037
To the best accordance	y Enrolled Actuary of my knowledge, the information supp with applicable law and regulations. In offer my best estimate of anticipated	my opinion, each other assumption								
SIGN HERE		alder							12/17/201	3
	Sig	nature of actuary							Date	
	_	fredo G. Salgado							11-0095	5
	Type or	print name of actuary					Most		enrollmen	
	Lebenso	n Actuarial Services, Inc.						(914) 747	-1980
		Firm name				-	Γelephone			ng area code)
	500 Sumr	nit Lake Drive - Suite 180								
	Valh	alla, NY 10595-1340								
*		ddress of the firm				-				
If the actuary instructions	nas not fully reflected any req	gulation or ruling promulgat	ted under	the statute	in complet	ting this sched	lule, chec	k the bo	ox and se	e []

Pa	rt II Begi	nning of Year	Carryove	er Prefu	nding Baland	es									
							(a)	Carryover balance		(b)	Prefundi	ng balar	nce		
		nning of prior year		-	,	•		3	34114				128203		
8		for use to offset pr							0				0		
9	Amount remain	ing (line 7 minus li	ne 8)						34114				128203		
10	Interest on line	9 using prior year's	s actual retu	ırn of	<u>-2.80</u> %	••••			-955		-3590				
11	Prior year's exc	ess contributions t	o be added	to prefund	ding balance:										
	a Present value	e of excess contrib	utions (line	38a from p	orior year)							***************************************	5108		
		a) using prior year's e provided (see ins								29					
	C Total available	e at beginning of cui	тепt plan ye	ar to add to	o prefunding balan	ce							5401		
d Portion of (c) to be added to prefunding balance													0		
12	Other reduction	s in balances due	to elections	or deeme	d elections			3	3159				55696		
13	Balance at beg	nning of current ye	ear (line 9 +	line 10 +	ine 11d – line 12)			0				68917		
Pa	art III Fur	nding Percenta	ages												
14	Funding target	attainment percent	age								14	93	3.42 %		
		g target attainmen			***************************************						15	10	1.36 %		
16								inces may be used			16	80	3.46 %		
17	If the current va	lue of the assets o	of the plan is	s less than	70 percent of the	funding ta	rget, enter	such percentage			17		%		
Pa	art IV Coi	ntributions an	d Liquidi	ity Shor	tfalls										
18	Contributions m	nade to the plan for	the plan ye	ear by emp	oloyer(s) and emp	oloyees:									
(M	(a) Date M-DD-YYYY)	(b) Amount p employer			ount paid by ployees	(a) ((MM-DE	Date D-YYYY)	(b) Amount pa employer((c) Amou empl	nt paid t oyees	ру		
10)-15-2012		68917												
11	I-09-2012		8323												
											,				
						Totals ▶	18(b)		77240	18(c)			0		
19		•			•			the beginning of the							
		allocated toward	•	•		•		ł	19a						
		made to avoid res		•				ŀ	19b						
		allocated toward m	· · · · · · · · · · · · · · · · · · ·		oution for current y	ear adjuste	d to valuatio	n date	19c		Tall to State of	alectica Str	75253		
20		butions and liquidi									г	1	###### T		
								•••••			Ë	, ,	∐ No		
								manner?				Yes	ŊO NO		
	c If line 20a is	'Yes," see instructi	ons and co												
	(1) 1	st			y shortfall as of e 2nd	nd of quarte	er of this pla (3)	an year 3rd	T		(4) 4tl	1	<u></u>		
	. (1)			(3)	JIG.			111 -70	•						

Pa	urt V Assumption	ns Used to Determine	Funding Target and Targe	at Normal Cost						
21		is used to betermine	r unumg rarger and rarge	t Normal Cost						
	a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		∏ N/A, fu	ll yield	curve	e used	
	b Applicable month (e	enter code)			21b				1	
22	**************************************				22				65	
-	Mortality table(s) (see			scribed - separate	Substitu	ite				
Pa	rt VI Miscellaneo									
24	Has a change been m	ade in the non-prescribed ac	tuarial assumptions for the current	•			` _	Yes	X No	
25	Has a method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment			Yes	No No	
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmen		\ <u>\</u>	Yes	No	
27	If the plan is subject to	alternative funding rules, en	ter applicable code and see instruc		27				<u> </u>	
Pa	rt VII Reconcilia	tion of Unpaid Minim	s For Prior Years							
28		-	years		28				0	
29			d unpaid minimum required contrib		29				-	
30	Remaining amount of	unpaid minimum required co	ntributions (line 28 minus line 29)		30				0	
Pa	rt VIII Minimum F	Required Contribution	For Current Year							
31	Target normal cost an	d excess assets (see instruc	tions):							
	a Target normal cost (I	line 6)			31a	**			35037	
	b Excess assets, if app	plicable, but not greater than	line 31a		31b				0	
32	Amortization installmen	nts:		Outstanding Bala	ince	Installment				
	a Net shortfall amortize	ation installment			164584				31530	
	b Waiver amortization	installment								
33			ter the date of the ruling letter grar) and the waived amount		33					
34	Total funding requirem	ent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				66567	
			Carryover balance	Prefunding balar	nce	To	tal bala	ance		
35	Balances elected for use	se to offset funding							0	
36	Additional cash require	ement (line 34 minus line 35)			36				66567	
37		•	ontribution for current year adjuste		37				75253	
38	Present value of exces	ss contributions for current ye	ar (see instructions)						,	
	a Total (excess, if any,	, of line 37 over line 36)			38a				8686	
,	b Portion included in li	ne 38a attributable to use of	prefunding and funding standard c	arryover balances	38b					
39	Unpaid minimum requi	ired contribution for current ye	ear (excess, if any, of line 36 over	ine 37)	39				0	
40	Unpaid minimum requi	ired contributions for all years	S		40				0	
Pai	rt IX Pension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions)						
41	If an election was made	e to use PRA 2010 funding re	elief for this plan:							
	a Schedule elected					2 plus 7 yea	rs [15 9	years	
	b Eligible plan year(s)	for which the election in line	41a was made		200	8 2009	2010		2011	
42	Amount of acceleration	adjustment			42					
43	Excess installment acc	eleration amount to be carrie	d over to future plan years		43					

Attachment to 2012 Form 5500 Schedule SB, line 19 – Discounted Employer Contributions

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan EIN: 15-0626422

Pla

_		
an Sponsor's Name:	Gray's Wholesale, Inc.	PN: 001

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
10/15/2012	14,978	2012	11.84	14,558
10/15/2012	53,939	2012	6.84	52,626
11/19/2012	8,323	2012	6.84	8,069
		~		

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).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.

			Complete all entires in a		ine manuc	tions to the Form 550	· • · ·	<u>, I</u>	
Pa			Identification Information						
Ford	calend	ar plan year 2012 or fis	scal plan year beginning 06/0	01/2012		and ending (05/31/	2013	
A T	his ret	urn/report is for:	X a single-employer plan	a multiple-e	mployer pla	an (not multiemployer)		a one-particip	oant plan
ВТ	his ret	urn/report is:	the first return/report	the final retu	•				
			an amended return/report	a short plan	year return	/report (less than 12 m	onths)	c	
C	Check I	oox if filing under:	X Form 5558	automatic e	extension			☐ DFVC progra	ım
			special extension (enter des	cription)					
Pa	rt II	Basic Plan Info	rmation—enter all requested i	nformation					
1a	Name	of plan					1b	Three-digit	
Grays	s Whol	esale, Inc. Employees	Retirement Plan					plan number (PN) ▶	001
	٠						1c	Effective date o	f plan
1.a								06/01/	•
		ponsor's name and addesale, Inc.	dress; include room or suite num	ber (employer, if fo	or a single-e	employer plan)	2b	Employer Identi (EIN) 15-062	
ing the							2c	Sponsor's telep (315) 68	
i Santa da sa	State S						2d		see instructions)
		<u>′ 13624</u> dministrator's name an	nd address XSame as Plan Spo	nsor Name Sar	me as Plan	Sponsor Address	3b	Administrator's	EIN
						•	30	Administrator's	telephone number
								Administrator 5	telephone namber
							İ		
4			e plan sponsor has changed since	e the last return/rep	port filed fo	r this plan, enter the	4b	EIN	·····
а		, Etty, and the plan hull or's name	nber from the last return/report.				4c	PN	
5a	Total r	number of participants	at the beginning of the plan year				5a		21
b	Total r	number of participants	at the end of the plan year	······································			5b		20
C			account balances as of the end o				5c		
6a			during the plan year invested in					******	X Yes No
	Are yo	ou claiming a waiver of	the annual examination and rep	ort of an independe	ent qualified	d public accountant (IQ			Yes ☐ No
4			? (See instructions on waiver elig ther line 6a or line 6b, the plan						X Yes ∐ No
			or incomplete filing of this retuner penalties set forth in the instru						able a Schedule
SB o	or Sche	dule MB completed ar	nd signed by an enrolled actuary,	as well as the elec	ctronic vers	ion of this return/report	, and	to the best of my	knowledge and
belie	f, it is t	rue, correct, and comp	olete.						
SIGN	J	VIra	uri R. Stray	12/30	1/3	Francis Gray			:
HER		Signature of plan ac		Date		Enter name of individu	ual sic	ning as plan adn	ninistrator
SIGN	.1	X 1	mis Pa True	1/7	/13	Littor Hamo or marria	uai oig	ining do pian dan	milotrato,
HER		Signature of employ		Date	117	Enter name of individu	ual eio	ining as amploye	r or plan enoneor
Prep	arer's		ame, if applicable) and address;		ıite number	····			number (optional)
		(·			` '		p	, 1 /
·祖言									
1		e e							

D.d	t III Financial Information								
Ì	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year		
а	Total plan assets	7a	86261	0		969310			
b	Total plan liabilities	7b	140	1			1401		
c	Net plan assets (subtract line 7b from line 7a)	7с	86120	9			967909		
8	Income, Expenses, and Transfers for this Plan Year	najii.	(a) Amount				(b) Total		
a	Contributions received or receivable from: (1) Employers	8a(1)	7724	0					
	(2) Participants	8a(2)	*	0	143				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	10433	6					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					181576		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7487	6					
	Certain deemed and/or corrective distributions (see instructions)	8e		0					
	Administrative service providers (salaries, fees, commissions)	8f		0					
	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		U			74076		
	Net income (loss) (subtract line 8h from line 8c)	8i					74876		
	Transfers to (from) the plan (see instructions)			14 14 14.1			106700		
,	t IV Plan Characteristics	8j			1470	-11161111	inder valde die versen er refilmer betreit a		
9a b	If the plan provides pension benefits, enter the applicable pension 1A 1G 3D If the plan provides welfare benefits, enter the applicable welfare for 4B								
	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)								
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?	•••••		10c	Х		120000		
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	Х		794		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		•			
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								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	11a Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection 3	302 of	ERISA? Yes No		
	(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 beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	nter th Day	_		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.		· ·		r		
b	b Enter the minimum required contribution for this plan year								

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Page	3 _	1
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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				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Ye	s 📗	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 🗴	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?	e control Yes X N				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				
,	3c(1) Name of plan(s):	13c(2) EIN(s)			13c(3)	PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14 b T	rust's E	IN		

Attachment for 2012 Form 5500 Schedule SB, line 22 – Description of Weighted Retirement Age

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc. PN: 001

The weighted average retirement age is equal to the normal retirement age 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2012 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc. PN: 001

Summary

Eligibility: Minimum Age 21; Minimum Service: 1 Year NRA: Later of age 65 and 5th anniversary of Participation

NRA Monthly Benefit: Accrued Benefit as of May 31, 1994 plus the following going forward: 1%of monthly compensation times Years of Service up to 3 plus

1.15% of monthly compensation time Years of Service from 4 to 20

Vesting Schedule: 2 yrs – 20%; 3 yrs – 40%; 4 yrs – 60%; 5 yrs – 80%; 6 yrs – 100%

Actuarial Equivalence: Pre and Post Retirement Interest; 5%

Pre and Post Retirement Mortality; UP '84

Significant events that occurred during the year

• None

Changes in eligibility and benefit provisions since last valuation

• None

Attachment to 2012 Form 5500 Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name: Gray's Wholesale, Inc. Employees Retirement Plan

EIN: 15-0626422

Plan Sponsor's Name: Gray's Wholesale, Inc.

PN: 001

Type of Base Shortfall	Present Value of Any Remaining Installments 164,584	Valuation Date 6/1/2011	Years Remaining	Amortization Installment 31,530