Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

0040

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in a	ccordance with the instr	uctions to the Form 5500)-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Repor	t Identification Information					
For calend		fiscal plan year beginning 05/28		and ending 0	5/27/201	13	
A This re	turn/report is for:	a single-employer plan	H	plan (not multiemployer)		a one-particip	pant plan
B This ref	turn/report is:	the first return/report	the final return/repo	rt			
		an amended return/report	a short plan year ret	urn/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter desc	ription)				
Part II	Basic Plan Inf	ormation—enter all requested in	formation				
1a Name					1b ⊤	hree-digit	
OAKLAND S	SUPPLY CORP. EMP	PLOYEES PENSION PLAN & TRUS	ST .			lan number	
						PN) 🕨	001
					1c E	ffective date of	•
30 Disc. 1		Adams - Sachada as a sacas 9 a sacab	/		0l	05/28/	
	ponsor's name and a SUPPLY CORP.	address; include room or suite numb	er (employer, if for a sing	e-employer plan)			fication Number 34613
						-11 4/	
04 C A 77 A F					26 3	ponsor's telep	
	BOULEVARD ALE, NY 11735				2d Bi		see instructions)
					_	42380	,
3a Plan a	dministrator's name	and address XSame as Plan Spon	sor Name Same as Pl	an Sponsor Address	3b Ac	dministrator's I	ΞΙΝ
		ь .	Ш	'			
					3c A	dministrator's t	elephone number
A 16 41- a .		h - n	the colorest weeks weeks a set \$10 et	fauthia alan antautha	41		
		he plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b E	IN	
	or's name	a			4c P	N	
5a Total	number of participant	ts at the beginning of the plan year.			5a		2
b Total	number of participant	ts at the end of the plan year			5b		2
		n account balances as of the end of		-	OD		
			. , ,	•	5c		
6a Were	all of the plan's asse	ets during the plan year invested in	eligible assets? (See instr	uctions.)			X Yes No
		of the annual examination and repo					
		6? (See instructions on waiver eligib					X Yes No
lf you	ı answered "No" to	either line 6a or line 6b, the plan	cannot use Form 5500-S	F and must instead use I	Form 55	500.	
		e or incomplete filing of this retur	•				
		other penalties set forth in the instru and signed by an enrolled actuary, a					
	true, correct, and cor		as well as the electronic v	ersion or this return/report,	and to	the best of my	Knowledge and
	I			<u> </u>			
SIGN	Filed with authorize	d/valid electronic signature.	03/14/2014	JOHN BARONE			
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signir	ng as plan adn	ninistrator
SIGN							
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signir	ng as employe	r or plan sponsor
Preparer's		name, if applicable) and address; in					number (optional)
	-						
				_			

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End	of Ye	ar		
a	Total plan assets	7a	4150			(0) =::0		81901		
	Total plan liabilities	7b		0				С		
	Net plan assets (subtract line 7b from line 7a)	7c	4150					81901		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(h)	Total			
	Contributions received or receivable from:		(a) runount			(2)	- Otal			
	(1) Employers	8a(1)	370	6						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)	4386	§5						
b	Other income (loss)	8b	-204	19						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					4	15522		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	512	!9						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5129)	
	Net income (loss) (subtract line 8h from line 8c)	8i						40393	3	
	Transfers to (from) the plan (see instructions)	8j		0						
Par	t IV Plan Characteristics	<u> </u>								
	If the plan provides pension benefits, enter the applicable pension 1A 1G 1I 3D	feature co	des from the List of Plan Char	acteris	tic Codes i	n the instru	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Codes in	the instruc	tions:			
Dow	W Commission of Oscartions									
Part	•				Was Na					
10	During the plan year:	4:			Yes No		Amo	unt		
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					
С	Was the plan covered by a fidelity bond?			10c	X					
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d	Х					
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> </u>	Did the plan have any participant loans? (If "Yes," enter amount a	•	<u> </u>	10g	X					
h	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		No
11a					11a					0
12	Is this a defined contribution plan subject to the minimum funding					FERISA?	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 enter		the let Year		ing	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
b	Enter the minimum required contribution for this plan year				12b					
										_

	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		

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

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							▶ File as	an attachr	ment i	to Form	5500 or	5500	SF.								
Fo	r calendar	pla	n year 201	2 or	fiscal plan y	ear begi	inning (05/28/2012					and er	ding	05/27/	2013	3				_
					rest dollar.																
_			enalty of \$	1,00	0 will be ass	sessed f	or late filing	of this repo	rt unle	ess reaso	nable ca	ause i	s establis	shed.							_
	Name of p KLAND S		PLY CORP	P. EM	IPLOYEES	PENSIC	N PLAN & T	TRUST				В	Three-	·	r (PN)	J	•		001		
					wn on line 2	a of For	m 5500 or 55	500-SF				D	Employe	er Ide	entificatio	n Nu	ımber	(EIN)			
OA	KLAND S	JPF	PLY CORP									11	-173461	3							
Ε.	Type of pla	n:	X Single		Multiple-A	Mult	tiple-B	F	Prio	r year pla	n size:	X 100	or fewer		101-500		More	than 50	0		
Р	art I	3as	sic Infor	ma	tion																
1			aluation da			Month _	05	Day		Year _2	2012	_									_
2	Assets:																				
	a Marke	et va	lue												2a					6767	3
	b Actua	rial	value												2b					6767	3
3	Funding	tar	get/particip	ant	count break	down:					(1) N	Numbe	er of part	icipa	nts		(2)	Fundir	ng Targ	et	
	a For re	tire	d participa	nts a	and beneficia	aries rec	eiving paym	ent		3a					0						0
	b For te	ermi	nated vest	ed p	articipants					3b					0						0
	C For a	ctive	participar	nts:																	
	(1)	N	on-vested	ben	efits				3	3c(1)											0
	(2)	V	ested bene	efits					3	3c(2)										7841	6
	(3)	Т	otal active						_3	3c(3)					2					7841	6
	d Total									3d					2					7841	6
4	If the pl	an is	s in at-risk	statı	us, check the	e box an	d complete I	lines (a) and	d (b)												
	a Fund	ng t	arget disre	gard	ding prescrib	ed at-ris	sk assumptio	ons						[4a						
							s, but disrega ive years an								4b						
5	Effectiv	e int	erest rate.												5					4.26 %	
6	Target i	norn	nal cost												6					126	9
	To the best of accordance combination,	f my vith a	pplicable law	e info and re	rmation supplie	y opinion, e	nedule and accor each other assum nder the plan.														1
	SIGN HERE															(03/11/2	2014			
					Signa	iture of a	actuary										Date				
DO	MENIC P.	D'A	LISE														11-02	297			
					Type or pi	int name	e of actuary					_			Most rec	ent e	enrollm	nent nu	mber		
SCI	HWEITZE	₹ &	COMPAN'	Y, LI	_C												631-96	69-220	0		
					F	irm nam	ne							Tele	phone nu	ımbe	er (incl	uding a	rea cod	de)	_
SU) HOWELI ITE 4 Y SHORE																				
					Add	ress of t	he firm					_									
1£ 41-			م مد البيال م	fla - '	ad any === ===	lation on	mulina	المناء معمولا	- جاء ما		n ac	ation = 1	ibio cala -	ماريات	ah a =1: 11		w e = :!	225			_
	e actuary I	ıas	not fully re	nect	eu any regu	iation or	ruling promu	uigated und	ier the	statute	ıı compi	eting	ınıs sche	aule,	, cneck th	ie bo	x and	see		Ш	

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begir	nning of Year	Carryov	er Prefunding Balan	ces							
							(a) (Carryover balance		(b)	Prefundi	ng balan	се
7		Ū	0 , ,		cable adjustments (line 13 f	•			0				0
8			•	-	unding requirement (line 35				0				0
9	Amoun	t remainii	ng (line 7 minus lir	ne 8)					0				0
10	Interest	t on line 9	9 using prior year's	actual ret	turn of%								
11	Prior ye	ear's exce	ess contributions to	o be adde	d to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)								32
					interest rate of					1			
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce							33
	d Porti	on of (c)	to be added to pre	efunding ba	alance								0
12	Other r	eductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12)			0				0
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	attainment percent	age							14	86	5.29 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	86	5.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement												
17	If the co	urrent val	lue of the assets o	f the plan	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18			•		rear by employer(s) and em					.			
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer((nt paid b byees	У
07	//31/2013	3		2477	0								
30	3/02/201	2		1229	0								
						Totals ▶	18(b)		2706	18(c)			
10	Diagona	ntad ama	lover contributions		trustians for small plan with		, ,	ha haginaing of the	3706	10(0)			0
19			-		tructions for small plan with nimum required contributions				19a				0
				•	djusted to valuation date		•	ŀ	19b				0
					uired contribution for current y			ŀ	19c				3588
20			outions and liquidit			your adjuoto	a to valdation	- Gate					
		-		-	the prior year?							Yes	No
			_		y installments for the curren						<u> </u>	Yes	No
					omplete the following table a							1 -	
			-,		Liquidity shortfall as of e			ın year					
	-	(1) 19	st		(2) 2nd		(3)	3rd		-	(4) 4th	1	

Pa	rt V	 Δssumntin	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discou			randing ranger and range	A THORNIAL GOOD				
	a Seg	ment rates:	1st segment: 1.98%	2nd segment: 5.07%	3rd segment: 6.19 %		N/A, full yie	ld curve	e used
	b Appl	icable month (e	enter code)			21b			3
22	Weight	ed average ret	irement age			22			74
23		ty table(s) (see			scribed - separate	Substitu	te		
Pa	rt VI	Miscellaned	ous Items						
24		-	•	uarial assumptions for the current	•		· · ·	ed Yes	X No
25	Has a r	method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	t	Yes	X No
27		•	•	er applicable code and see instruc	tions regarding	27	L		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid	minimum requ	ired contributions for all prior	years		28			0
29				unpaid minimum required contrib		29			0
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31	Target	normal cost ar	nd excess assets (see instruct	ions):					
	a Targe	et normal cost (line 6)			31a			1269
	b Exce	ss assets, if ap	plicable, but not greater than	line 31a		31b			0
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Instal	lment	
	a Net s	shortfall amortiz	zation installment			10743			1733
	b Waiv	er amortization	installment			0			0
33				ter the date of the ruling letter grar) and the waived amount		33			
34	Total fu	ınding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			3002
				Carryover balance	Prefunding bala	nce	Total b	alance	
35			use to offset funding	C		0			0
36	Additio	nal cash requir	ement (line 34 minus line 35)			36			3002
37				ontribution for current year adjuste		37			3588
38	Presen	t value of exce	ss contributions for current ye	ar (see instructions)					
	a Total	(excess, if any	v, of line 37 over line 36)			38a			586
	b Portion	on included in I	ine 38a attributable to use of	prefunding and funding standard c	arryover balances	38b			0
39	Unpaid	minimum requ	ired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39			0
40				S		40			0
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions))			
41	If an ele	ection was mad	le to use PRA 2010 funding re	elief for this plan:					
_	a Sche	dule elected					2 plus 7 years	15 y	years
	b Eligib	ole plan year(s)	for which the election in line	41a was made		200	8 2009 20	10	2011
42	Amount	t of acceleration	n adjustment			42			
43	Excess	installment acc	celeration amount to be carrie	d over to future plan years		43			

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUST	EIN:	11-1734613
Plan Sponsor's Name OAKLAND SUPPLY CORP.	PN:	001
The weighted average retirement age is equal to the normal retirement age of		
List the rate of retirement at each age and describe the methodology used to compute the retirement age, including a description of the weight applied at each potential retirement.	•	nted average
1 Participant's NRA=83		
1 Participant's NRA=65		
Simple Avg. NRA=74.		

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

Plan NameOAKLANDSUPPLY CORP.EMPLOYEESPENSIONPLAN & TRUSTEIN:11-1734613Plan Sponsor's NameOAKLANDSUPPLY CORP.PN:001

	Present Value of			
			Vacro	Amarti-ation
Towns of Doos	Any Remaining	Valuation Data	Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
SHORTFALL	10,743	05/28/2012	7	1,733
			+	

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 attachm	ent to Form	5500 or 5500-SF.		
For calendar plan year 2012 or fiscal plan year beginning 05/2	28/2012	and ending		05/27/2013
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasc	nable cause is established		
A Name of plan		B Three-digit		
		plan numbe	er (PN)	001
OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN &	יייפווקיי	。 第二章		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	K TWOOT	D Employer Ide	entification Nu	umbor /EIN\
C Plan sponsor's hame as shown on line 2a of Form 5500 of 5500-51		D Zimpioyei idi	SHUIR-CHOIL 140	iniber (Lin)
OAKLAND SUPPLY CORP.		11-17346	13	
E Type of plan: X Single Multiple-A Multiple-B	Prior year pla	ın size: 🛚 100 or fewer	101-500	More than 500
Partil Basic Information				
1 Enter the valuation date: Month 5 Day 28	Year_	2012		
2 Assets:	, .			
a Market value			2a	67,673
b Actuarial value			2b	67,673
3 Funding target/participant count breakdown:		(1) Number of participa	ınts	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a		0	0
b For terminated vested participants	3b		0	0
C For active participants:			ar	
(1) Non-vested benefits	3c(1)			0
(2) Vested benefits	3c(2)	10 m		78,416
(3) Total active	3c(3)		2	78,416
d Total	3d		2	78,416
4 If the plan is in at-risk status, check the box and complete lines (a) and	(b)			
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transi	tion rule for p	lans that have been in	4b	
at-risk status for fewer than five consecutive years and disregardi		····	5	4.26
6 Target normal cost			6	. 1,269
Statement by Enrolled Actuary			·	
To the best of my knowledge, the information supplied in this schedule and accompanying sched accordance with applicable law and regulations. In my opinion, each other assumption is reasons combination, offer my best estimate of anticipated experience under the plan.				
SIGN DOWNELLE & D'Aline			03/	11/2014
Signature of actuary	. •.			Date
Domenic P. D'Alise			11	-02297
Type or print name of actuary			Most recent	enrollment number
Schweitzer & Company, LLC			. (631)	969-2200
160 Howells Rd.		Tele		er (including area code)
Suite 4		4	1	•
	706	Maria Caraller		•
Address of the firm				•
If the actuary has not fully reflected any regulation or ruling promulgated under	or the statute	in completing this echadule	chark the h	ox and see
n me actuary has not runy renected any regulation of runing promulgated units	ວາ ນເຮ ອເຜເບເຮ	in completing this schedule	, OROCK HIE D	OV 0110 266

Schedule SB	(Form 5500)	2012
	(, 4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, = =

 $(\mathbf{w}_{t}) = (\underline{x}_{t_{\mathbf{q}},\mathbf{r}_{t}}^{T}, \mathbf{w}_{t}^{T}, \mathbf{w}_{t}^{T}, \mathbf{w}_{t}^{T}, \mathbf{w}_{t}^{T}, \mathbf{w}_{t_{\mathbf{q}}}^{T}, \mathbf{w}_{t_{\mathbf{q$

Page	2 -	
raue		

		er Prefunding Balanc	es					
•				(a) Carryover balance		(b) Prefunding balance		
		r after applicable adjustments (line 13 from prior						
year)	***************************************			0		0		
	d for use to offset prior year's			0		0		
	ning (line 7 minus line 8)		. 0		0			
4.4				<u> </u>				
-	e 9 using prior year's actual re				10 mg			
	cess contributions to be adde		on the species					
	ue of excess contributions (line			- 75		32		
D Interest on (as otherwi	(a) using prior year's effective se provided (see instructions)	interest rate of%	except			1		
C Total availab	le at beginning of current plan y	ear to add to prefunding balan	ce	140		33		
d Portion of (c	c) to be added to prefunding b	alance				0		
12 Other reduction	ons in balances due to election	s or deemed elections		0		. 0		
13 Balance at beg	ginning of current year (line 9	+ line 10 + line 11d - line 12)	0		. 0		
Part III Fu	Inding Percentages					······································		
14 Funding target	t attainment percentage				14	86.29 %		
	ing target attainment percenta		_	, , , , , , , , , , , , , , , , , , , ,	4-	86.29 %		
16 Prior year's fui	Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement					87.57 %		
	alue of the assets of the plan							
K T C			tangung tangung tangung tangung	worr por cornage		<u>%</u>		
**************************************	ontributions and Liquid made to the plan for the plan		Januara.		#			
	made to the plan for the plan	year by employer(s) and emp	лоуееs:					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(h) Amount paid by	(c) Amou	int pold by		
(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)		unt paid by loyees		
(MM-DD-YYYY)	employer(s)	employees						
(MM-DD-YYYY) 07/31/2013	employer(s)	employees 0						
(MM-DD-YYYY) 07/31/2013	employer(s)	employees 0						
(MM-DD-YYYY) 07/31/2013	employer(s)	employees 0						
(MM-DD-YYYY) 07/31/2013	employer(s) 2,477 1,229	employees 0						
(MM-DD-YYYY) 07/31/2013	employer(s)	employees 0			emp			
(MM-DD-YYYY) 07/31/2013 08/02/2012	employer(s) 2,477 1,229	employees 0 0	(MM-DD-YYYY) Totals ▶ 18(b)	employer(s)	emp			
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em	employer(s) 2,477 1,229	employees 0 0 tructions for small plan with a	(MM-DD-YYYY) Totals ▶ 18(b) a valuation date after the	employer(s) 3,706 e beginning of the year:	emp			
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted ema Contribution	employer(s) 2,477 1,229 nployer contributions – see ins	employees 0 0 tructions for small plan with a simum required contributions	(MM-DD-YYYY) Totals ▶ 18(b) a valuation date after the from prior years	employer(s) 3,706 e beginning of the year:	emp	loyees 0		
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em a Contribution b Contribution	employer(s) 2,477 1,229 Inployer contributions – see insus allocated toward unpaid mir	employees 0 0 tructions for small plan with a simum required contributions djusted to valuation date	(MM-DD-YYYY) Totals ▶ 18(b) a valuation date after the from prior years	employer(s) 3,706 e beginning of the year: 19a 19b	emp	O O		
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em a Contribution b Contributions c Contributions	employer(s) 2,477 1,229 1,229 ployer contributions – see insis allocated toward unpaid mires made to avoid restrictions as	employees 0 0 tructions for small plan with a simum required contributions djusted to valuation date	(MM-DD-YYYY) Totals ▶ 18(b) a valuation date after the from prior years	employer(s) 3,706 e beginning of the year: 19a 19b	emp	loyees 0		
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted err a Contribution b Contributions c Contributions Quarterly contr	employer(s) 2,477 1,229 apployer contributions – see insues allocated toward unpaid mires made to avoid restrictions as allocated toward minimum requiributions and liquidity shortfalls	employees 0 0 tructions for small plan with a simum required contributions diusted to valuation dateuired contribution for current years.	Totals ► 18(b) a valuation date after the from prior years.	3,706 e beginning of the year: 19a 19b date	emp	0 0 0 3,588		
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(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em a Contribution b Contributions c Contributions 20 Quarterly contri a Did the plan b If line 20a is	employer(s) 2,477 1,229 nployer contributions—see insus allocated toward unpaid mires made to avoid restrictions as allocated toward minimum requibilities and liquidity shortfalls have a "funding shortfall" for "Yes," were required quarter!	employees 0 0 tructions for small plan with a simum required contributions diusted to valuation dateuired contribution for current yes; the prior year?	Totals ► 18(b) a valuation date after the from prior years	employer(s) 3,706 e beginning of the year: 19a 19b date	emp	0 0 0 3,588		
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em a Contribution b Contribution c Contributions c Contributions d Did the plan b If line 20a is c If line 20a is	employer(s) 2,477 1,229 1,229 apployer contributions – see insues allocated toward unpaid mires made to avoid restrictions are allocated toward minimum requiributions and liquidity shortfalls have a "funding shortfall" for	employees 0 0 tructions for small plan with a simum required contributions diusted to valuation dateuired contribution for current yes; the prior year?	Totals > 18(b) a valuation date after the from prior years	employer(s) 3,706 e beginning of the year: 19a 19b date	emp	0 0 0 3,588		
(MM-DD-YYYY) 07/31/2013 08/02/2012 19 Discounted em a Contribution b Contribution c Contributions c Contributions d Quarterly contributions b If line 20a is c If line 20a is	employer(s) 2,477 1,229 1,2	employees 0 0 tructions for small plan with a simum required contributions dijusted to valuation dateuired contribution for current yes: the prior year?	(MM-DD-YYYY) Totals ▶ 18(b) a valuation date after the from prior years. ear adjusted to valuation year made in a timely respectively applicable: ad of quarter of this plant.	employer(s) 3,706 e beginning of the year: 19a 19b date	emp	O O 3,588 IYes X INo IYes INo		

Pa	irt V Assumptio	ns Used to Determine	Funding Target and T	arget Norn	nal Cost			**	
21	Discount rate:			-					
	a Segment rates:	1st segment: 1.98 !%	2nd segment: 5.07 !%		3rd segment: 6.19 %		☐!N/A, full yield	curve	used
	b Applicable month (enter code)				21b			3
22	Weighted average rel	tirement age		*****************		22			74
23	Mortality table(s) (see	e instructions) 🛚 🗓 !Pre	escribed - combined	!Prescribed -	separate	Substitute	е		
Pa	rt VI Miscellane	ous Items							•
24	Has a change been nattachment	nade in the non-prescribed act	uarial assumptions for the co	ırrent plan yea	r? If "Yes," see	instructions	regarding required	 Yes	X !No
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ctions regardin	g required attac	hment		!Yes	X !No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructions reg	arding required	attachment.		!Yes	X !No
27	If the plan is subject t attachment	o alternative funding rules, ent	er applicable code and see i	nstructions reg	arding	27			
Pa	rt VII Reconcilia	ation of Unpaid Minimu	ım Required Contribu	itions For F	rior Years				
28		uired contributions for all prior				28			0
29	Discounted employer (line 19a)	contributions allocated toward	unpaid minimum required o	ontributions fro	m prior years	29			0
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line			30	e get ein het		0
Pa	rt VIII. Minimum	Required Contribution	For Current Year	to the will be					
31	Target normal cost a	nd excess assets (see instruct	ions):						
		(line 6)				31a			1,269
		oplicable, but not greater than	line 31a	***************************************	****************	31b	** .		0
32	Amortization installment	and the second section of the second			utstanding Bala	nce	installm	ent .	
		zation installment				10,743			1 , 733
^^		n installment		. <u>'</u>		q	<u> </u>	operation of	0
	(Month	approved for this plan year, en Day Year) and the waived amou	ınt		33			
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines	31a - 31b + 32	2a + 32b - 33)	34			3,002
			Carryover balance	F	Prefunding balar	nce	Total bal	ance	
35	Balances elected for a requirement	use to offset funding	***	0		o	** *		
36	Additional cash requir	rement (line 34 minus line 35) .	*******************************			36			3,002
	Contributions allocate	d toward minimum required co	ntribution for current year a	fjusted to valua		37	ey the second	** : - j ;	3,588
38	Present value of exce	ss contributions for current yea	ar (see instructions)	in the transfer was	· · · · .				
	a Total (excess, if any	, of line 37 over line 36)				38a			586
		ine 38a attributable to use of p				38b			0
39		ired contribution for current ye		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		39	eting .		. 0
40		ired contributions for all years				40			
Pa	rt IX Pension F	unding Relief Under P	ension Relief Act of 2	2010 (See Ir	nstructions)				
41	If an election was mad	le to use PRA 2010 funding re	lief for this plan:		1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		and the second second	witter	
	a Schedule elected	***************************************		் முல்ல செல்லர் சாழ்சாச மதுகதில் நடிபடு	***************************************		2 plus 7 years	!15 ye	ars
		for which the election in line 4					2009 12010	120	
42	Amount of acceleration	n adjustment				42		^	
		celeration amount to be carried				43	Page		

Attachment to 2012 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name OAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUST	EIN: 11-1734613
Plan Sponsor's Name OAKLAND SUPPLY CORP.	PN: 001
The weighted average retirement age is equal to the normal retirement age of74	<u>-</u> ·
List the rate of retirement at each age and describe the methodology used to compute retirement age, including a description of the weight applied at each potential retirement	
1 Participant's NRA=83	
1 Participant's NRA=65	
Simple Avg. NRA=74.	

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

Plan NameOAKLAND SUPPLY CORP. EMPLOYEES PENSION PLAN & TRUSTEIN: 11-1734613Plan Sponsor's NameOAKLAND SUPPLY CORP.PN: 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL	10,743	05/28/2012	7	1,733
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