## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in accord	ance with the instruc	tions to the Form 5500	0-SF.		
Part I	Annual Report lo	dentification Information					
For calend	ar plan year 2013 or fisc	al plan year beginning 05/20/2013		and ending 0	5/19/2	2014	
A This ref	turn/report is for:		a multiple-employer pl the final return/report	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ref	turn/report is:						
an amended return/report a short plan year return/report (less than 12 m							
C Check box if filing under: Form 5558 automatic extension DFVC pro							am
Dort II	Basia Dian Infar	special extension (enter description	,				
Part II		mation—enter all requested informa	tion		46		1
<b>1a</b> Name JAY ESS PL	of plan UMBING SUPPLY CO.,	INC. PENSION PLAN			1D	Three-digit plan number	
					4-	(PN) •	001
					10	Effective date o 05/20	
	ponsor's name and addr LUMBING SUPPLY CO.	ress; include room or suite number (en , INC.	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-24	fication Number 85836
P.O. BOX 59	93				2c	Sponsor's telep	
	SQUARE, NY 10101				2d	(see instructions)	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 If the r	name and/or FIN of the r	olan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4h	EIN	
		ber from the last return/report.		р, с			
<b>a</b> Spons	or's name				4c	PN	
5a Total	number of participants a	t the beginning of the plan year			5a		2
		t the end of the plan year			5b		0
comp	lete this item)	count balances as of the end of the pl			5с		0
_		during the plan year invested in eligible					X Yes No
		he annual examination and report of a (See instructions on waiver eligibility a					X Yes No
		ner line 6a or line 6b, the plan canno					
C If the	olan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	penalty for the late or	incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	se is	established.	
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructions I signed by an enrolled actuary, as wel	, I declare that I have	examined this return/rep	ort, in	ncluding, if applic	
SIGN	Filed with authorized/va	alid electronic signature.	05/28/2014	JASON EVERT			
HERE	Signature of plan add	ministrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sio	ning as employe	er or plan sponsor
Preparer's		me, if applicable) and address; include					number (optional)

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Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Denimina of Vec				(h) F.	-1 -6 V		
		(1) = 3			(b) End of Year					)
	Total plan assets  Total plan liabilities	14			+					)
	Net plan assets (subtract line 7b from line 7a)	76 7c	25463	1					)	
	Income, Expenses, and Transfers for this Plan Year									
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	272	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2725	j
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	25322	3						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	413	3						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							257356	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1	25463′	1
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a										
b	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		Am	ount	
а	<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				20000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
Ū	insurance service, or other organization that provides some or all	•	•			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									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
11a	5500) and line 11a below)									
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	Tr	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. O. GC	JUI 011	50 <u>2</u> 01	LINOA	··   <u></u>		
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day			~-	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	. 1	
raye	J		

С	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?	X	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the country of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	:0					
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a Name of trust				14b Trust's EIN			

## Form 5500-SF

Department of the Tressury Harris I Ravenus Salvica

Deceitment of Labor

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

This form is required to be filed under sections 104 and 4085 of the Employee Refirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(e) of 2013

OMB Nos. 1210-0110

1210,0000

This Form is Open to Public the Internal Revenue Code (the Code) Employee Becedia Security Apprintstration nsosetion Person Banafa Guaranty Corporation Complete all entries in accordance with the instructions to the Form 6500-8F. Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 05/20/2013 05/19/2014 and ending R single-employer plan revolgmeitlum ton) nelg revolgme-elgitium e a one-perticipant plan A This return/report is for: the final return/report M This return/itsoort is: the first return/report a short plan year return/report (leas than 12 months) an amended return/report C Check box if filing under: Form 5558 DFVC program apacial existaion (enter description) Basic Plan Information --- enter all requested information 1b Three-digit Name of plan olan numbar 100 PN) 🌬 Jay Ess Plumbing Supply Co., Inc. Pansion Plan 10 Effective date of plan 05/20/1980 Plan aponacifa name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Jay Ess Plumbing Supply Co., Inc. (EIN) 11-2483835 2¢ Sponsor's telephone number (718) 382-2140 P.O. Box 593 Business code (see instructions) 423700 US Franklin Square 10201 X Same as Plan Sponsor Name Seme as Plan Sponsor Address 3b Administrator's EIN 3a Plan administrator's name and address 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, EtN, and the plan number from the last return/report a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a 5b D) Number of participants with account balances as of the end of the plan year (defined benefit plans to not n 5c 6a. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b. Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IDPA) under 29 CFR 2520.104-467 (See Instructions on waiver eligibility and conditions.) X Yes No If you arewered "No" to either line 6s or line 6b, the plan cannol use Form 5500-3F and must instead use Form 5500. Caution: A panalty for the late or incomplete filling 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 exemined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled sotuery, 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. Signature of plan administrator Date Enter name of inclvidual signing as plan administrator Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's talephone number (optional)

Pa	rt II Financial Information								
7	n Assets and Liabilities (a) Beginning of Year			r	(b) End of Year				
a	Total plan assets	7a	254,6	31					
b	Total plan liabilities	7b						0	
С	Net plan assets (subtract line 7b from line 7a)	7c	254,6	31					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) To			otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		term of the			64 6 3		
	(2) Participants	8a(2)		Substitution ( ) and Burgar designed in 1884 and					
	(3) Others (including rollovers)	8a(3)						GO CARLES	
b	Other income (loss)	8b	2,7	 25					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2,72				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	253,2	23					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	4,1	33					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						257,356	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	The state of the s					(254,631)	
į	Transfers to (from) the plan (see instructions)	8ĵ							
Ps	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Charact	eristic	Code	s in th	e instructio	ns:	
	2C 2G 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	ristic (	Codes	in the	instruction	s:	
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
а	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)								
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x			
С	Was the plan covered by a fidelity bond?			10b 10c	ж			25,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond	d, that was caused by fraud	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all o	r persons	by an insurance carrier,			·			
	instructions.)			10e		x			
f	Has the plan failed to provide any benefit when due under the plan	?	***************************************	10f		х_			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h	:	х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i					
Par	t VI Pension Funding Compliance						e, remendant de la companya de la c		
11	Is this a defined benefit plan subject to minimum funding requireme							☐ Yes ☒ No	
11:	10 Fates the second windows are sized as tell retire for second and for the control of the contr					11a	1914400000000000	163 [22] 140	
12	Is this a defined contribution plan subject to the minimum funding re		· · · · · · · · · · · · · · · · · · ·	r eact			DIGAO	Yes X No	
				SECL	IUIT 3U.	2 () E	NIOM!	LI TES IAI NO	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is being			Anc :	and a-	for H-	doto ef il-	a latter william	
_ u	granting the waiverg standard for a prior year is being	, amoruze	u in uiis pian year, see instructi ············ Mon	ons, a nth _	апо еп	.en une _ Dav		e letter ruling Year	
if	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			******		12b			
	120								

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	11-1111-1111-1111-1111-1111-1111-1111-1111						
c	Enter the amount contributed by the employer to the plan for this pla	n year	***********	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the	e 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	r?	*******	X Ye	es 🔲 N	0	-
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year		13a			C
b	Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?				į	X Yes	] No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):		13c	(2) EIN(	s)	13c(3) PI	V(s)
Part	VIII Trust Information (optional)						
14a I	lame of trust			14b T	rust's EIN		
		· ·					