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 accorda 	ance with the instruc	ctions to the Form 550	0-SF.		•
Part I		dentification Information					
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This ret	urn/report is:	the first return/report	he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mg	onths)		
C Check I	box if filing under:	片	automatic extension			DFVC progra	am
		special extension (enter description	,				
Part II	Basic Plan Infor	mation—enter all requested informat	ion				
1a Name	of plan				1b	Three-digit	
BLACKMAN	PLUMBING SUPPLY (CO., INC. EMPLOYEES PENSION PLA	N			plan number	
						(PN) •	001
					1c	Effective date o	
						01/01	/1990
	ponsor's name and add PLUMBING SUPPLY	dress; include room or suite number (em CO., INC.	ployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 11-19	fication Number 98427
000 004 044	J. AVENUE				2c	Sponsor's telep	
900 SYLVAN BAYPORT, I					2d		(see instructions)
						42370	
3a Plan a	dministrator's name and	d address 🗵 Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
							·
		plan sponsor has changed since the last	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	plan sponsor has changed since the last plan from the last return/report.	st return/report filed fo	or this plan, enter the			
name	, EIN, and the plan num or's name	nber from the last return/report.	· 	·	4c		61
a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	at the beginning of the plan year			4c 5a		61
a Spons 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b		61 58
name, a Spons 5a Total r b Total r c Numb	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	fit plans do not	4c 5a 5b 5c	PN	58
name, a Spons 5a Total r b Total r C Numb compl 6a Were	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene anssets? (See instruc	fit plans do not	4c 5a 5b 5c	PN	
name, a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene an year (See instruc a independent qualifie	efit plans do not tions.)	4c 5a 5b 5c	PN	58
name, a Spons 5a Total r b Total r C Numb compl 6a Were b Are younder	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc n independent qualifie nd conditions.)	efit plans do not tions.)d public accountant (IQI	4c 5a 5b 5c	PN	X Yes No
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruc independent qualifie d conditions.)t	tions.)d public accountant (IQ	4c 5a 5b 5c PA)	PN	X Yes No Yes No
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name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p	EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct in independent qualifier and conditions.)t t use Form 5500-SF urance program (see	tions.)d public accountant (IQI and must instead use ERISA section 4021)?.	4c 5a 5b 5c PA)	PN 5500. Yes No established.	X Yes No X Yes No Not determined
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified do conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Icluding, if applic	X Yes No X Yes No Not determined Able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified do conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Icluding, if applic	X Yes No X Yes No Not determined Able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche	EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified do conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Icluding, if applic	X Yes No X Yes No Not determined Able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined bene assets? (See instruct independent qualified do conditions.)t tuse Form 5500-SF urance program (see ort will be assessed	tions.)d public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep	4c 5a 5b 5c PA) Form	PN 5500. Yes No established. Icluding, if applic	X Yes No X Yes No Not determined Able, a Schedule
name. a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is for	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	an year (defined beneficially assets? (See instruct independent qualified conditions.)	efit plans do not tions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. cluding, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Spons 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is i	EIN, and the plan numor's name number of participants a number of participants are of participants with a lete this item)	at the beginning of the plan year	assets? (See instruct in independent qualifier ind conditions.)	tions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. cluding, if applic to the best of my	X Yes No X Yes No Not determined able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined beneficially assets? (See instruct in independent qualifier and conditions.)	tions.)	4c 5a 5b 5c Form X use is port, in the talk and the talk	5500. Yes No established. Cluding, if applic to the best of my	X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined beneficially assets? (See instruct in independent qualifier and conditions.)	tions.)	4c 5a 5b 5c Form X use is port, in the talk and the talk	5500. Yes No established. Cluding, if applic to the best of my	X Yes No Yes No Not determined Able, a Schedule knowledge and
name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined beneficially assets? (See instruct in independent qualifier and conditions.)	tions.)	4c 5a 5b 5c Form Form x use is cort, in the cort, and the cort in the cort in the cort in the cort is a sign unal si	5500. Yes No established. Cluding, if applic to the best of my	X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator
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name, a Sponsi 5a Total i b Total i c Numb compl 6a Were b Are younder if you c If the p Caution: A Under pena SB or Sche belief, it is to SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected participants with a lete this item)	at the beginning of the plan year	an year (defined beneficially assets? (See instruct in independent qualifier and conditions.)	tions.)	4c 5a 5b 5c Form Form x use is cort, in the cort, and the cort in the cort in the cort in the cort is a sign unal si	5500. Yes No established. Cluding, if applic to the best of my	X Yes No X Yes No Not determined Able, a Schedule knowledge and ministrator

Form 5500-SF 2013 Page **2**

Day	t III Financial Information								
7 Tal			(a) Denimina of Ven				(h) Find of Voor		
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) End of Year 2145078		
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	102010				2140070		
	Net plan assets (subtract line 7b from line 7a)	7c	192340	5			2145078		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount						
	Contributions received or receivable from:		(a) Amount		(b) Total				
	(1) Employers	8a(1)	15000	0					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	33982	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					489823		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24634	9					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	2180	1					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					268150		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					221673		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	the instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ		1000000		
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X	1000000		
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100					
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X			
	instructions.)			10e					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	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)								
11a	Enter the unpaid minimum required contribution for current year for					11a	0		
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 0. 00					
а	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 Scheduk					u y	. 0		
	Enter the minimum required contribution for this plan year	•				12b			

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raye	J	

Enter the amount contributed by the employer to the plan for this plan year	12c					
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					
Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	No	N/A		
VII Plan Terminations and Transfers of Assets						
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		
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ntrol		Yes	X No		
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.)						
3c(1) Name of plan(s): 13c	(2) EII	N(s)	13c(3)	PN(s)		
VIII Trust Information (optional)						
Name of trust	14b Trust's EIN					
1 1	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)	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)	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)	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). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3)		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013	3 or fiscal plan year beginning	01/01/2013			and endir	ng 12/31/2	013		
Round off amounts to	nearest dollar.								
Caution: A penalty of \$1	1,000 will be assessed for late fili	ing of this report	unless reasc	nable cau	use is establishe	ed.			
A Name of plan					B Three-dig	it		201	
BLACKMAN PLUMBING SU	JPPLY CO., INC. EMPLOYEES	PENSION PLAN			plan numl	oer (PN)	•	001	
				Ī					
C Plan sponsor's name as s	shown on line 2a of Form 5500 c	or 5500-SF			D Employer I	dentification	Number (E	IN)	
BLACKMAN PLUMBING SU	JPPLY CO., INC.					11-199842	7		
.						7			
E Type of plan: X Single	Multiple-A Multiple-B	F	Prior year pla	ın sıze: X	100 or fewer	101-500	More th	an 500	
Part I Basic Inform		Davis	V						
1 Enter the valuation date 2 Assets:	e: Month	Day	Year _		-				
						. 2a			1022405
-						2a			1923405
							(a) =		1923405
3 Funding target/participa			. 3a	(1) NU	umber of particip		(2) F	unding Targe	
	nts and beneficiaries receiving pa	-	-			3			265112
	ed participants		. 30			10			147343
C For active participant			20/1)			_			
()	benefits					_			1000016
` '	fits		_ ` '			40			1066310
. ` `			- : -			48			1066310
				Г	<u> </u>	61			1478765
·	status, check the box and comple	. ,	,	L					
	garding prescribed at-risk assum	•				4a			
	cting at-risk assumptions, but dis ewer than five consecutive years					4b			
_			0 0			5			6.40 %
6 Target normal cost						6			19234
Statement by Enrolled Actu	uary					l l			
	e information supplied in this schedule and and regulations. In my opinion, each other a								
	ate of anticipated experience under the plan		(
SIGN									
HERE					<u> </u>		09/29/20	14	
	Signature of actuary						Date		
DAVID M. GELMAN							14-0377	73	
	Type or print name of actua	ary				Most rece	nt enrollme	nt number	
GELMAN PENSION CONSU	JLTING, INC.				<u> </u>		212-889)-1200	
70 WEST 40TH STREET, 8	Firm name				Te	lephone nun	nber (includ	ling area code	e)
NEW YORK, NY 10018-2623									
	Address of the firm				-				
If the actuary has not fully reflinstructions	lected any regulation or ruling pr	romulgated under	the statute i	in complet	ting this schedu	le, check the	box and se	ee	
iiioti dotiorio									

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Schedule SB (Form 5500) 2013

Pa	art II	Begin	ning of Year	Carryov	er and Prefunding Ba	alances								
							(a) (Carryover balance		(b) F	Prefundi	ng balaı	nce	
7		•			cable adjustments (line 13 f	·			0				0	
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)												0	
9	Amoun	nt remainin	ng (line 7 minus lir	ne 8)					0				0	
10	Interes	t on line 9	using prior year's	actual ret	urn of <u>13.74</u> %									
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:									
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)								85300	
					nterest rate of6.52 %								5562	
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce							90862	
	d Porti	ion of (c)	to be added to pre	efunding ba	alance								0	
12	Other r	eductions	s in balances due	to elections	s or deemed elections				0				0	
13	Balanc	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0				0	
P	art III	Fun	ding Percenta	ages										
14	Fundin	g target a	ttainment percent	age							14	13	0.06 %	
15	 14 Funding target attainment percentage										15	13	0.06 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement										6	9.97 %			
17	If the c	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding ta	rget, enter s	such percentage			17		%	
P	art IV	Con	tributions and	d Liquid	ity Shortfalls									
18	Contrib	outions ma	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:								
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer(s		(0	(c) Amount paid by employees			
04	/22/2013	3		75000	0									
06	5/24/2013	3		75000	0									
							1.50				1			
						Totals ▶	18(b)		150000	18(c)			0	
19			•		tructions for small plan with			ı ı						
	_				imum required contributions			l -	19a				0	
					djusted to valuation date				19b				0	
					uired contribution for current y	ear adjusted	to valuation	date	19c				146412	
20		-	outions and liquidit	-							<u> </u>	1 ٧	Пи	
			-		he prior year?						<u>/</u>	Yes	∐ No	
			·		/ installments for the curren	•	•	manner?			<u>></u>	Yes	No	
	C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year													
		(1) 1s	st		(2) 2nd	na or quarte	(3)	3rd			(4) 4tl	1		
							, ,				-			

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost									
21	Discou	nt rate:												
	a Segi	ment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment 6.76 %		N/A, fu	ıll yield	curve	e used				
	b Appl	icable month (enter code)			21b				0				
22	Weight	ed average ret	irement age			22				65				
23	23 Mortality table(s) (see instructions)													
Pa	rt VI	Miscellane	ous Items											
24				cuarial assumptions for the current	plan year? If "Yes," see	instructions	regarding re	equired						
		-							Yes	X No				
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No				
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No				
27		•	o alternative funding rules, ent	ter applicable code and see instruc	ctions regarding	27								
Da	rt VII			ım Required Contribution	e For Prior Vears	11								
28			-	years		28				0				
29			•	I unpaid minimum required contrib						0				
				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 a	nd excess assets (see instruct	ions):										
	a Targe	et normal cost	(line 6)			31a				19234				
	b Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b				19234				
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	I	nstallm	ent					
	a Net s	hortfall amortiz	zation installment			0				0				
	b Waiv	er amortization	n installment			0				0				
33				ter the date of the ruling letter grar) and the waived amount		33								
34	Total fu	ınding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				0				
				Carryover balance	Prefunding bala	nce	To	otal bala	ance					
35			use to offset funding	0		0				0				
						20								
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			36				0				
37	Contrib (line 19	utions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				146412				
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)										
	a Total	(excess, if any	y, of line 37 over line 36)			38a				146412				
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0				
39	Unpaid	minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0				
40	Unpaid	minimum requ	uired contributions for all years	S		40				0				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)								
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:										
_	a Sche	dule elected					2 plus 7 yea	ars	15	years				
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010		2011				
42	Amount	t of acceleratio	n adjustment			42								
				d over to future plan years		43								

Schedule SB, line 19 - Discounted Employer Contributions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Date of Contribution	Amount of Contribution	Contribution Applied to Plan Year Ending	Applicable Effective Interest Rate	Interest-adjusted Contribution
04/22/2013	75,000	12/31/2013	6.40%	73,598
06/24/2013	75,000	12/31/2013	6.40%	72,814

Notes:

^{1.} The applicable effective interest rate was increased by 5% for the portion of the unpaid minimum required contribution that represents a late quarterly installment, for the period between the due date for the installment and the date of payment.

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Weighted average retirement age: 65

Methodology: All participants are assumed to retire at age 65. Participants who work past age 65 are assumed to retire on the valuation date.

Schedule SB, Part V - Statement of Actuarial Assumptions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Valuation Method

The Unit Credit Actuarial Cost Method was used as prescribed under the Pension Protection Act of 2006.

Under this method, an annual target normal cost is computed for each employee which is required to provide the increase in his plan benefits for the year. In addition, a funding target liability is computed for each employee which is equal to the present value of accrued benefits as of the current valuation date.

The total funding target liability for all employees is then offset by total plan assets to determine the funding shortfall.

In general, the annual contribution to the plan is the total target normal cost for all employees plus an amount to pay interest on and amortize the funding shortfall.

Actuarial Gains (Losses) as they occur, reduce (increase) the funding shortfall.

Asset Valuation Method

Market Value of Assets plus discounted contributions receivable.

Actuarial Assumptions

Discount Rates for Funding

Segment 1: 4.94% (less than 5 years)

Segment 2: 6.15% (more than 5 years, up to 20 years)

Segment 3: 6.76% (more than 20 years)

Look Back Month January

° Mortality

2013 Static Mortality Table (Annuitant and Non-Annuitant)

Schedule SB, Part V – Statement of Actuarial Assumptions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Salary Scale

Not applicable. The plan's benefit accruals were frozen as of December 31, 1997.

Termination Rates (sample rates)

Termi	nation
Male &	. Female
25	5.27%
30	4.83%
35	4.47%
40	3.84%
45	3.21%
50	1.52%
55	0.33%

° Retirement Assumption

Age 65 or age at valuation date if greater.

Loading for Administration Expenses

Administration expense load of 1.00% of market value of plan assets assumed.

Form of Payment

Lump sum payments were determined based on the 3-segment discount rates for funding and the IRS 2013 Applicable Mortality Table under IRC 417(e)(3)(B). We have assumed that 80 percent of participants will elect a lump sum payment.

Schedule SB, line 26 - Schedule of Active Participant Data

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

YEARS OF CREDITED SERVICE

		-1	0	Т	0	Т	0	Т	ा	ा	Т	0	Т	ा	0	Т	ा	Т	0	<u></u>
40 & Up	Avg. Comp																			
- 40	No.		0		0		0			0		0		0	0		1		1	0
35 To 39	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
35	No.		0		0		0		0	0		0		-	0		0		0	0
30 To 34	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
30	No.		0		0		0		0	0		0			Т		2		0	0
25 To 29	Avg.		0		0		0		0	0		0		0	0		0		0	0
25.7	No.		0		0	1	0		0	1		7		8	4		1		1	0
20 To 24	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
20 T	No.		0		0	1	0		0	2		5		9	9		0		0	0
			0		0	\exists	0		0	0	-	0		0	0		0		0	0
15 To 19	Avg. Comp																			
15	No.		0	Ц	0		0	_	0	1		0		3	3		1		0	1
10 To 14	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
10.1	No.		0		0		0		0	0		0		1	0		0		0	0
5 To 9	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
5.7	No.		0		0		0		0	0		0		0	0		0		0	0
1 To 4	Avg. Comp		0		0		0		0	0		0		0	0		0		0	0
11	No.		0		0		0		0	0		0		0	0		0		0	0
Under 1	Avg. No. Comp		0		0		0		0	0		0		0	0		0		0	0
Un	No.		0		0		0		0	0		0		0	0		0		0	0
	Attained Age	ó	Under 25		25 to 29		30 to 34		35 to 39	40 to 44		45 to 49		50 to 54	55 to 59		60 to 64		65 to 69	70 & Up

Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Effective Date

January 1, 1990. Most recently, the plan was restated effective January 1, 2012 in order to comply with the requirements of "EGTRRA".

Eligibility for Participation

Each employee is eligible on the January 1st or July 1st following attainment of age 21 and the completion of one year of service.

Retirement

° Normal:

First day of the month coinciding with or next following the

attainment of Age 65 or the fifth anniversary of joining the plan, if

later.

° Early:

Not Permitted.

° Late:

First day of the month coinciding with or next following a

participant's actual retirement date after having reach normal

retirement date.

° Disability:

Physical or mental condition of a participant which renders such participant incapable of continuing usual and customary employment with the employer. An active participant who becomes totally and permanently disabled prior to retirement or separation from service and such condition continues for a period of six consecutive months.

Monthly Retirement Benefits

° Benefit:

Accrued Benefit equal to 1% of average monthly compensation

multiplied by years of service.

Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Average monthly compensation means the monthly compensation of a participant averaged over the 5 consecutive plan years from date of employment, including periods prior to the effective date of the plan, which produce the highest monthly average. Compensation for periods after December 31, 1997 shall not be taken into account in determining average monthly compensation.

Years of service mean the plan year during which a participant has at least 1,000 hours of service. Periods of employment after December 31, 1997 shall not be taken into account in determining years of service for purposes of determining a participant's accrued benefit.

° Normal Accrued benefit.

° Early Not permitted.

° Late Greater of accrued benefit at actual retirement date or actuarial

equivalent of accrued benefit payable at normal retirement.

° Disability Actuarial equivalent of accrued benefit.

Normal Form of Benefit

For an unmarried participant, a single life annuity payable monthly with payments ending on the death of the participant.

For a married participant, a reduced 50% joint and survivor annuity payable monthly.

Schedule SB, Part V - Summary of Plan Provisions

Blackman Plumbing Supply Co., Inc. Employees Pension Plan

Blackman Plumbing Supply Co., Inc.

EIN/PN: 11-1998427 / 001

Plan Year: January 1, 2013 to December 31, 2013

Optional Forms of Benefit

° Single Lump Sum Payment

- ° Period Certain in monthly, quarterly, semiannual, or annual cash installments not to extend beyond the life expectancy of the participant and his designated beneficiary
- ° Single Life Annuity
- ° Reduced 10-Year Period Certain Annuity
- Reduced 50% Joint and Survivor Annuity
- ° Reduced 75% Joint and Survivor Annuity

Death Benefit

° Eligibility: A designated beneficiary of an active employee or a designated

beneficiary of a terminated employee who was vested at death.

° Benefit: Actuarial equivalent of accrued benefit.

Vesting

Years of Service	Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

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

2013

This Form is Open to Public Inspection

	▶ File as an a	ttachment to	Form 5500 o	or 5500-SF.			
For calendar plan year 2013 or fiscal p	lan year beginning	01/01/20	13	and endir	ng	12/31/2	013
► Round off amounts to nearest de	ollar.						
► Caution: A penalty of \$1,000 will b	e assessed for late filing of this	report unless	reasonable ca	ause is establishe	ed.		
A Name of plan				B Three-dig	it		
				plan num	ber (PN)		001
Blackman Plumbing Supp	ly Co., Inc. Employ	ees Pens	ion Plan				
C Plan sponsor's name as shown on I					dentificatio	n Number (EIN)	
Train sponsor a flame as shown on t	110 24 011 0111 0000 01 0000 01				do minoculo		
Blackman Plumbing Supp	ly Co., Inc.			11-1998	427		
E Type of plan: X Single Multipl	e-A Multiple-B	F Prior ye	ear plan size:	X 100 or fewer	101-500	More than 5	00
Part I Basic Information							
1 Enter the valuation date:	Month 1 Day	1 y	ear 2013				
2 Assets:	World'Duy			_			
a Market value					. 2a		1,923,405
b Actuarial value					2b		1,923,405
3 Funding target/participant count to				Number of particip		(2) Fundi	ng Target
a For retired participants and ber		3			3		265,112
b For terminated vested participation	. .				10		147,343
c For active participants:	56-3000-0271020						
•	***************************************	3с	(1)				0
• •							1,066,310
1002000000		recentation to a			48		1,066,310
d Total					61		1,478,765
4 If the plan is in at-risk status, che	ck the box and complete lines (a	a) and (b)					
a Funding target disregarding pre					4a		
b Funding target reflecting at-risk	•				4b		
	five consecutive years and disre						
5 Effective interest rate					5		6.40 %
6 Target normal cost					6		19,234
Statement by Enrolled Actuary							
To the best of my knowledge, the information s accordance with applicable law and regulations	s. In my opinion, each other assumption is	g schedules, state reasonable (takin	ements and attachr g into account the	ments, if any, is comple experience of the plan	te and accurated and reasonable and	te. Each prescribed ass e expectations) and su	umption was applied in ch other assumptions, in
combination, offer my best estimate of anticipa							
SIGN							
HERE				_		09/29/2014	
	Signature of actuary					Date	
David M. Gelman				-		14-03773	
Туре	or print name of actuary					cent enrollment n	
Gelman Pension Consulti	ng, Inc.				(2	12) 889-12	00
	Firm name			Te	elephone n	umber (including	area code)
70 West 40th Street, 8t	n Floor						
New York	NY	10018-	2623				
	Address of the firm						
If the actuary has not fully reflected any	regulation or ruling promulgated	d under the st	atute in compl	leting this schedu	le, check t	he box and see	П
instructions							
For Paperwork Reduction Act Notice	and OMB Control Numbers. s	ee the instru	ections for Fo	rm 5500 or 5500	-SF.	Schedule SE	3 (Form 5500) 2013

Page	2	-	ſ

Pa	ırt II	Begin	ning of Year	Carryov	er and Prefunding	Ва	lances							
								(a) C	arryover balance		(b)	Prefund	ing baland	ce
7	12	_	•		cable adjustments (line 1		I			0				0
8					unding requirement (line					0				0
9										0				0
10	Interest	on line 9	using prior year's	actual ret	urn of 13 . 74 %									
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:									
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								85	5,300
					nterest rate of6.52								į	5,562
	c Total	available	at beginning of cur	rent plan ye	ear to add to prefunding ba	lan	ce						9(0,862
	d Portio	on of (c)	to be added to pre	funding ba	alance									0
12	Other re	eductions	in balances due	to elections	s or deemed elections					0				0
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	12)				0				0
Pá	art III	Fun	ding Percenta	ages										
14	Funding	target a	ttainment percent	age								14	130.	06 %
15	Adjuste	d funding	target attainmen	t percentag	ge							15	130.	J6 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.)	16	69.	97 %			
17					s less than 70 percent of							17		%
Pa	art IV	Con	tributions an	d Liquid	ity Shortfalls									
		-		-	ear by employer(s) and e	emp	oloyees:		.,					
	(a) Dat	е	(b) Amount p employer	aid by	(c) Amount paid by employees		(a) Da (MM-DD-)		(b) Amount pa employer((unt paid b loyees	у
04	/22/2	013	1	75,000	· · · · · · · · · · · · · · · · · · ·	0								
06	724/2	013		75,000		0								
							Totals ▶	18(b)	15	50,000	18(c)			0
19	Discour	nted emp	loyer contribution	s – see ins	tructions for small plan w	ith	a valuation da	ate after th	ne beginning of the	year:				
	a Cont	ributions	allocated toward	unpaid min	imum required contribution	ons	from prior ye	ars		19a				0
	b Contr	ributions	made to avoid res	strictions a	djusted to valuation date.					19b				0
	C Conti	ibutions a	allocated toward m	nimum req	uired contribution for curre	nt y	ear adjusted t	o valuation	date	19c			14	6,412
20			outions and liquidi							L				
					the prior year?								X Yes	No
	b If line	20a is "	Yes," were require	ed quarterl	y installments for the curr	ent	t year made ir	n a timely	manner?				X Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following tabl									
		224			Liquidity shortfall as o	of e	nd of quarter					(4) 4	th.	
		(1) 1:	st		(2) 2nd			(3)	3rd			(4) 4	111	
				I										

Da	rt V	Assumption	ne Used to Determine	Funding Target and Targe	t Normal Cost			
21		unt rate:	nis Osea to Determine	diding ranger and range	t Hormai Goot			
~'		gment rates:	1st segment: 4 . 94 %	3rd segment: 6.76 %		N/A, full yield curve u	ısed	
	b App	plicable month (enter code)			21b		0
22	Weigh	nted average ret	irement age			22		65
23	Morta	lity table(s) (see	e instructions) Pre	escribed - combined Pres	scribed - separate	Substitu	te	
Pa	rt VI	Miscellane	ous Items					
24				uarial assumptions for the current				No No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attacl	nment	Yes	No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	Yes	No
27				er applicable code and see instruc		27		
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years			
28	Unpai	id minimum requ	uired contributions for all prior	years		28		0
29	(line 1	19a)		I unpaid minimum required contribu		29		0
30	Rema	aining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30		0
Pa	rt VIII	Minimum	Required Contribution	For Current Year				
31	Targe	et normal cost ar	nd excess assets (see instruct	ions):				
	a Targ	get normal cost ((line 6)			31a		9,234
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b	1:	9,234
32	Amor	tization installme	ents:		Outstanding Bala	nce	Installment	
					Outstanding Bala			
	a Net	shortfall amorti			Odiotaliding Data	d		0
			zation installment		Outstanding Bala	Q Q		0
33	b Wa	iver amortization	zation installmentn installment		nting the approval	33		
	b Wa	iver amortization aiver has been a th	zation installment n installment approved for this plan year, en Day Year	ter the date of the ruling letter gran	ating the approval	33 34		
	b Wa	iver amortization aiver has been a th	zation installment n installment approved for this plan year, en Day Year	ter the date of the ruling letter grar) and the waived amount	ating the approval	34	Total balance	0
34	b Wa If a wa (Mont	iver amortization aiver has been a th funding requirer	zation installment n installment approved for this plan year, en Day Year	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a -	ating the approval 31b + 32a + 32b - 33) Prefunding balar	34	Total balance	0
34	b Wa If a wa (Mont	aiver amortization aiver has been a th funding requirer aces elected for a rement	zation installment n installment approved for this plan year, en Day Year ment before reflecting carryove use to offset funding	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding balar	34	Total balance	0
34	b Wa If a wa (Mont Total Balan requir Additi Contr	aiver amortization aiver has been a th funding requirer aces elected for a rement	rement (line 34 minus line 35)	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding balar	34 nce		0
34 35 36 37	b Wa If a w (Mont Total Balan requir Additi Contr (line 1	aiver amortization aiver has been a th funding requirer aces elected for a rement ional cash require ributions allocate	rement (line 34 minus line 35)	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance 0 ontribution for current year adjuste	31b + 32a + 32b - 33) Prefunding balar	34 nce 0	14	0 0 0 0 6,412
34 35 36 37	b Wa If a wa (Monte Total Balan requir Additi Contr (line 1	aiver amortization aiver has been a th funding requirer aces elected for a rement	rement (line 34 minus line 35) ad toward minimum required costs contributions for current years	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance 0 ontribution for current year adjuste	31b + 32a + 32b - 33) Prefunding balar d to valuation date	34 nce 0	14	0 0 0
34 35 36 37	b Wa If a wa (Monte Total Balan requir Additi Contr (line 1 Presse a Total	aiver amortization aiver has been a th funding requirer aces elected for rement ional cash require butions allocate 19c) ent value of exceal (excess, if any	rement (line 34 minus line 35) ad toward minimum required cores contributions for current year, of line 37 over line 36)	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance 0 contribution for current year adjuster	ating the approval 31b + 32a + 32b - 33) Prefunding balar d to valuation date	34 oce 0 36 37	14	0 0 0 0 6,412
34 35 36 37	b Wa If a wa (Monte Total Balan requir Additi Contr (line 1 Prese a Total	aiver amortization aiver has been a th funding requirer aces elected for a rement ional cash requir ibutions allocate 19c) ent value of exce al (excess, if any tion included in	rement (line 34 minus line 35) ed toward minimum required company of line 37 over line 38a attributable to use of	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance 0 contribution for current year adjuster	31b + 32a + 32b - 33) Prefunding balar d to valuation date arryover balances	34 oce 36 37	14	0 0 0 0 0 6,412
34 35 36 37 38	b Wa If a wa (Monte Total Balan requir Additi Contr (line 1 Presse a Total	aiver amortization aiver has been a th funding requirer aces elected for a rement ional cash require butions allocate 19c) ent value of exce al (excess, if any tion included in id minimum require	rement (line 34 minus line 35) ad toward minimum required contributions for current year, of line 38a attributable to use of uired contribution for current year.	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance O contribution for current year adjuster ear (see instructions)	arryover balances	34 oce 36 37 38a 38b	14	0 0 0 0 6,412 6,412
34 35 36 37 38 39 40	b Wa If a wa (Monte Total Balan requir Additi Contr (line 1 Presse a Total	aiver amortization aiver has been a th funding requirer aces elected for rement ional cash require ibutions allocate 19c) ent value of excee al (excess, if any rtion included in iid minimum required	rement (line 34 minus line 35) ad toward minimum required contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for all years.	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance ontribution for current year adjuster ear (see instructions) prefunding and funding standard clear (excess, if any, of line 36 over seconds.	arryover balances	34 oce 36 37 38a 38b 39 40	14	0 0 0 0 6,412 6,412
34 35 36 37 38 39 40 Pa	b Wa If a wa (Mont Total Balan requir Additi Contr (line 1 Prese a Tota b Por Unpa Unpa rt IX	iver amortization aiver has been a th funding requirer aces elected for rement ional cash require ibutions allocate 19c) ent value of exces al (excess, if any rtion included in id minimum required id minimum required Pension I	rement (line 34 minus line 35) ad toward minimum required contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for current year, or line 38a attributable to use of uired contributions for all years.	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance ontribution for current year adjuster ear (see instructions) prefunding and funding standard clear (excess, if any, of line 36 over seconds.	arryover balances	34 oce 36 37 38a 38b 39 40	14	0 0 0 0 6,412 6,412
34 35 36 37 38 39 40 Pa	b Wa If a wa (Mont Total Balan requir Additi Contr (line 1 Prese a Tota b Por Unpa Unpa rt IX	iver amortization aiver has been a th funding requirer aces elected for a rement	rement (line 34 minus line 35) ad toward minimum required contributions for current year, of line 38a attributable to use of uired contributions for all years Funding Relief Under I de to use PRA 2010 funding remains a property of the service o	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance ontribution for current year adjuster ear (see instructions) prefunding and funding standard compared ear (excess, if any, of line 36 over sections) Pension Relief Act of 2010 elief for this plan:	arryover balances	34 nce 36 37 38a 38b 39 40	14	0 0 0 0 6,412 0 0
34 35 36 37 38 39 40 Pa	b Wa If a wa (Mont) Total Balan requir Additi Contr (line 1 Prese a Tota b Por Unpa Unpa rt IX If an e a Sch	iver amortization aiver has been a th funding requirer aces elected for rement ional cash require ibutions allocate 19c) ent value of exces al (excess, if any tion included in id minimum require id minimum require Pension I election was manedule elected	rement (line 34 minus line 35) ad toward minimum required contributions for current year, of line 38a attributable to use of uired contributions for all years Funding Relief Under Index of the state	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	arryover balances (See Instructions)	34 nce 36 37 38a 38b 39 40	14 14 2 plus 7 years 15 ye	0 0 0 0 6,412 0 0
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Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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).

2013

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 2013 or fiscal plan year beginning and ending 12/31/2013 01/01/2013 a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report automatic extension DFVC program Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number Blackman Plumbing Supply Co., Inc. Employees (PN) 🕨 001 Pension Plan 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Blackman Plumbing Supply Co., Inc. (EIN) 11-1998427 2c Sponsor's telephone number (631) 823-4300 900 Sylvan Avenue 2d Business code (see instructions) NY 11705 423700 Bayport 3a Plan administrator's name and address XSame as Plan Sponsor Name 3b Administrator's EIN Same as Plan Sponsor 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, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year...... 5a 61 b Total number of participants at the end of the plan year 5b 58 C. Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No 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. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🔀 Yes 🗍 No 🗍 Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of periury 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. ٨ SIGN John O'Brien HERE plan administrator Signature of Enter name of individual signing as plan administrator Date SIGN John O'Brien 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)

Part II	Financial Information							
7 Pła	n Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Year
a Tot	al plan assets	7a	1,923	3,40	5			2,145,078
b Tot	al plan liabilities	7b						
C Net	plan assets (subtract line 7b from line 7a)	7c	1,923	3,40	5			2,145,078
8 Inc	ome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
	ntributions received or receivable from:		1.00			1: .		
(1)	Employers	8a(1)	150	0,00	<u> </u>			<u></u>
	Participants	8a(2)				·		<u></u>
(3)	Others (including rollovers)	8a(3)	226			<u> </u>		
	er income (loss)	8b	335	82	3	. :		489,823
	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						489,823
	nefits paid (including direct rollovers and insurance premiums provide benefits)	8d	246	5,34	9	· · ·		
e Ce	rtain deemed and/or corrective distributions (see instructions)	8e				<u> </u>		
f Ada	ministrative service providers (salaries, fees, commissions)	8f	2.	1,80	1	<u> </u>		
g Oth	ner expenses	8g			-	 	<u> </u>	
h Tot	al expenses (add lines 8d, 8e, 8f, and 8g)	8h						268,150
i Ne	t income (loss) (subtract line 8h from line 8c)	8i						221,673
j Tra	insfers to (from) the plan (see instructions)	8j						
Part I	V Plan Characteristics							
b If t	1A 11 3D he plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature coo	ies from the List of Plan Chara	cteristi	ic Cod	les in t	he instructio	ons:
	<u> </u>							
	uring the plan year:				Yes	No		Amount
a v	uring the plan year: Vas there a failure to transmit to the plan any participant contribu 29 CER 2510 3-1022 (See instructions and DOI 's Voluntary Fidi			10a	Yes	No X	·	Amount
a w	Vas there a failure to transmit to the plan any participant contribute OFR 2510.3-102? (See instructions and DOL's Voluntary Fiduvere there any nonexempt transactions with any party-in-interest	uciary Cor ? (Do not	rection Program)include transactions reported	10a	Yes			Amount
a w 2 b w	Vas there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Vere there any nonexempt transactions with any party-in-interest in line 10a.)	uciary Cor ? (Do not	include transactions reported	10b		Х		
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a w	Vas there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fidurer there any nonexempt transactions with any party-in-interest in line 10a.)	fidelity bo	include transactions reported and, that was caused by fraud as by an insurance carrier, efits under the plan? (See	10b 10c		х		
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a w 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Vas there a failure to transmit to the plan any participant contributed CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure there any nonexempt transactions with any party-in-interest in line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's ridishonesty? Were any fees or commissions paid to any brokers, agents, or other transactions of the plan failed to provide any benefit when due under the plantid the plan have any participant loans? (If "Yes," enter amount a this is an individual account plan, was there a blackout period? 100 was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity both fi	include transactions reported include transactions reported and, that was caused by fraud ins by an insurance carrier, efits under the plan? (See end.)	10b 10c 10d 10e 10f 10g		X X X		
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	Form 5500-SF 2013 130118 Page 3 -			
C	Enter the amount contributed by the employer to the plan for this plan year	12c	<u> </u>	
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?		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 Y	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 of the PBGC?	control		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 which assets or liabilities were transferred. (See instructions.)	to		
	3c(1) Name of plan(s):	13c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tr	ust's EIN	

EFAST2 Filing Authorization for the 2013 Form 5500

Blackman Plumbing Supply Co., Inc. Employees Pension

EIN / PN: 11-1998427 / 001

Plan Year Ending: 12/31/2013

Authorization of Practitioner to Electronically Sign and File

1 hereby authorize Chernoff Diamond & Co., LLC to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide a scanned copy of that signature page to Chernoff Diamond & Co., LLC before the electronic filing can be initiated;
- Chernoff Diamond & Co., LLC will retain a copy of this written authorization in its records;
- Chernoff Diamond & Co., LLC will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Chernoff Diamond & Co., LLC shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

John Φ'Brien (Employer / Plan Sponsor)

10/1/14 Date