### 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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tification Number 626422
phone number 36-3541
(see instructions)
EIN
telephone number
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X Yes No X Yes No
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X Yes No X Yes No
X Yes No X Yes No Not determined
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X Yes No X Yes No Not determined  Cable, a Schedule y knowledge and  ministrator  er or plan sponsor
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X Yes No X Yes No Not determined  Cable, a Schedule y knowledge and  ministrator  er or plan sponsor
n:

Form 5500-SF 2013 Page **2** 

Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of Year
	Total plan assets	7a	96931				1139001
<u>u</u>	Total plan liabilities	7b	140	1			0
	Net plan assets (subtract line 7b from line 7a)	7c	96790				1139001
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) Total
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	7738	8			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	9370	4			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					171092
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
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					0
i_	Net income (loss) (subtract line 8h from line 8c)	8i					171092
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for the plan provides pension benefits, enter the applicable pension for the plan provides pension for the plan pension for the	feature co	des from the List of Plan Chara	acteris	tic 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	cteristi	c Coc	les in t	he instructions:
Par	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X	
С				10c	Χ		120000
d						X	120000
	or dishonesty?			10d		Λ	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all contractions.	of the ben	efits under the plan? (See	10e	X		238
f	instructions.)					X	200
				10f		X	
<u>g</u>				10g		^	
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 2520.101	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	•					·
11a	Enter the unpaid minimum required contribution for current year from					11a	0
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? 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 bein granting the waiver.	ıg amortiz	ed in this plan year, see instruc		and e	enter the Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					_ ~ J	
	Enter the minimum required contribution for this plan year	•				12b	

Page	3 -	1
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.)				
<b>3c(1)</b> Name of plan(s): 13c	(2) EII	N(s)	13c(3)	PN(s)
VIII Trust Information (optional)				
Name of trust	<b>4b</b> Tru	ust'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?

## **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

2013

This Form is Open to Public Inspection

For	calendar plan year 2013 or fiscal plan year beginning 06/01/2013			and endir	ng 05/31/2	2014		
<b>▶</b> F	Round off amounts to nearest dollar.							
<b>)</b> (	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable cau	use is establishe	ed.			
	ame of plan			<b>B</b> Three-dig	it		001	
GRA	AYS WHOLESALE, INC. EMPLOYEES RETIREMENT PLAN			plan numl	oer (PN)	•	001	
C P	lan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer I	dentification	Number (El	INI)	
	YS WHOLESALE, INC.			Linployer		,	114)	
	,				15-062642	22		
ΕT	ype of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: X	100 or fewer	101-500	More tha	an 500	
		o. you. p	a 6.26. /					
Pa			0040					
1	Enter the valuation date: Month 06 Day 01	Year _	2013	-				
2	Assets:				20			007000
	a Market value				2a			967909
	<b>b</b> Actuarial value				2b			967909
3	Funding target/participant count breakdown:	0-	<b>(1)</b> Nu	umber of particip		<b>(2)</b> Fu	unding Targe	
	<b>a</b> For retired participants and beneficiaries receiving payment				2			245971
	<b>b</b> For terminated vested participants	3b			3			222329
	<b>C</b> For active participants:	2 (1)						
	(1) Non-vested benefits	. ,						1787
	(2) Vested benefits							445559
	(3) Total active	_ ` _			15			447346
	<b>d</b> Total		<u> </u>		20			915646
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)						
	<b>a</b> Funding target disregarding prescribed at-risk assumptions				. 4a			
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transit				4b			
	at-risk status for fewer than five consecutive years and disregarding	<u> </u>						0/
5	Effective interest rate				. 5			6.44 %
6	Target normal cost				6			27210
	ement by Enrolled Actuary to the best of my knowledge, the information supplied in this schedule and accompanying schedu	iles statements	and attachme	ents if any is comple	te and accurate	Each prescribe	d assumption wa	s applied in
а	ccordance with applicable law and regulations. In my opinion, each other assumption is reasonal ombination, offer my best estimate of anticipated experience under the plan.							
	IGN					40/00/00		
П	ERE			<del></del>		12/30/20	14	
	Signature of actuary					Date		
ALFF	REDO G. SALGADO			<del></del>	•••	14-0095		
	Type or print name of actuary				Most rece	ent enrollmer	nt number	
LEBE	ENSON ACTUARIAL SERVICES, INC.			<u> </u>		914-747		
500	Firm name SUMMIT LAKE DRIVE - SUITE 180			Te	lephone nu	mber (includ	ing area code	e)
	HALLA, NY 10595-1340							
	Address of the firm			<u>-</u>				
	actuary has not fully reflected any regulation or ruling promulgated unde ctions	r the statute	in complet	ting this schedu	le, check th	e box and se	ee	
เมอแน	CHOTIO							

Schedule SB (Form 5500) 2013

Pa	art II	Begin	ning of Year (	Carryov	er and Prefunding Ba	lances						
							(a) (	Carryover balance		(b) [	Prefundi	ng balance
7		_	•		cable adjustments (line 13 fro				0			68917
8					unding requirement (line 35 f				0			0
9	Amount	t remainii	ng (line 7 minus lin	ne 8)					0			68917
10 Interest on line 9 using prior year's actual return of11.98 %0										8256		
11	Prior ye	ear's exce	ess contributions to	be added	to prefunding balance:							
a Present value of excess contributions (line 38a from prior year)												8686
					nterest rate of6.84 %							594
	<b>C</b> Total	available	at beginning of curr	rent plan ye	ear to add to prefunding balanc	e						9280
	<b>d</b> Portion	on of (c)	to be added to pre	funding ba	ılance							9280
12	Other re	eductions	s in balances due t	to elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12)				0			86453
P	art III	Fun	ding Percenta	iges								
14	Funding	g target a	ttainment percenta	age							14	96.27 %
15	Adjuste	d funding	g target attainment	percentag	je						15	104.86 %
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	93.42 %		
17	If the cu	urrent val	ue of the assets of	f the plan i	s less than 70 percent of the	funding tar	get, enter s	such percentage			17	%
P	Part IV Contributions and Liquidity Shortfalls											
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and empl	oyees:						
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> D (MM-DD-		<b>(b)</b> Amount pa employer(		(0		nt paid by oyees
07	7/17/2013	3		8697								
12	2/03/2013	3		7369								
07	7/08/2014	1		9184								
09	9/17/2014	1		52138								
						Totals ►	18(b)		77388	18(c)		0
19			•		tructions for small plan with a			, j				
	<b>a</b> Conti	ributions	allocated toward u	ınpaid min	imum required contributions	from prior y	ears		19a			
	<b>b</b> Contr	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b			
	<b>C</b> Contr	ributions a	allocated toward min	nimum requ	uired contribution for current ye	ar adjusted	to valuation	date	19c			71706
20		-	outions and liquidity									, <u> </u>
		•	_		he prior year?						<u>×</u>	Yes No
	<b>b</b> If line	e 20a is "	Yes," were require	d quarterly	installments for the current	year made	in a timely	manner?				Yes X No
	<b>C</b> If line	20a is "	Yes," see instruction	ons and co	emplete the following table as							
		(1) 1s	et I		Liquidity shortfall as of en (2) 2nd	d of quarte	r of this pla (3)	n year 3rd			(4) 4th	1
		(1) 18	,,		(E) ZIIU		(3)	oi u			<u>√¬/ +u</u>	1
						1						

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou	nt rate:										
	<b>a</b> Segi	ment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment 7.16 %		N/A, fu	ıll yield	curv	e used		
	<b>b</b> Appl	icable month (	enter code)			21b				1		
22	Weight	ed average ret	irement age			22				65		
23	Mortalit	ty table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitut	łe					
Pa	rt VI	Miscellane	ous Items									
24		_		uarial assumptions for the current					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	olan 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						
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpaid		<del>-</del>	years		28				0		
29				unpaid minimum required contrib		29						
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30				0		
Pa	Part VIII Minimum Required Contribution For Current Year											
31	Target	normal cost a	nd excess assets (see instruct	ions):								
	<b>a</b> Targe	et normal cost	(line 6)			31a				27210		
	<b>b</b> Exce	ss assets, if ap	oplicable, but not greater than	line 31a		31b	C					
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	II	nstallm	ent			
	a Net s	shortfall amortiz	zation installment			142739				31530		
	<b>b</b> Waiv	er amortization	n installment			0				0		
33				ter the date of the ruling letter gran		33						
34	Total fu	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				58740		
-				Carryover balance	Prefunding bala	nce	Tc	otal bala	ance			
35			use to offset funding	C		0				0		
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				58740		
37	Contrib (line 19	outions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37				71706		
38	Presen	t value of exce	ess contributions for current ye	ar (see instructions)		'						
	<b>a</b> Total	(excess, if any	y, of line 37 over line 36)			38a				12966		
	<b>b</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	)		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:								
							2 plus 7 yea	ars	15	years		
	<b>b</b> Eligib	ole plan year(s	) for which the election in line	41a was made				2010	_	2011		
42			•			42			<u> </u>			
				d over to future plan years		43						

### Attachment to 2013 Form 5500 Schedule SB, line 36 - Schedule of Active Participant Data

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

EIN: 15-0626422

PN: 001

and the state of t	-		CONTRACTOR		Credited Se		1	elano Colondo en describero de en Conseil (200) e en do escono en	
Attained	Under 1			Under 1 1 to 4	5 to 9				
Age			Average		Average				\verage
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.
Under 25				nionis addigos de plansia de la menimenta.					
25 to 29									
30 to 34	1								
35 to 39	ı								
40 to 44									
45 to 49									
50 to 54					1		l	2	
55 to 59							l		
60 to 64									
65 to 69								1	
70 & up	1								

	Years of Credited Service													
Attained 10 to 14					15 to	19		20 to	24					
Áge		•	Average		A	verage		A	\verage					
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.					
Under 25	1													
25 to 29														
30 to 34							l							
35 to 39														
40 to 44														
45 to 49					2									
50 to 54	l				2									
55 to 59				1	4		l							
60 to 64		1		ľ	2									
65 to 69							l							
70 & up					2									

	Years of Credited Service												
Attained		25 to	29		30 to 3	34		35 to	39		40 and	up	
Age		Average			Average			Average		.li	P	verage	
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	
Under 25 25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 to 69 70 & up													

### Attachment to 2013 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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

EIN:15-0626422

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

PN: 001

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

Lump Sum Election%:

100%

Pre-retirement Mortality Table:

None

Post-retirement Mortality Table:

Static/Combined

Withdrawal rate%:

None None

Expected % increase in compensation:

Fair Market Value

Actuarial Value of Assets:

### 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).

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.

Part I Annual Report Identification Information						
For calendar plan year 2013 or fiscal plan year beginning 06/01/2	.013	and ending (	)5/31/:	2014		
A This return/report is for: X a single-employer plan	a multiple-employer pi	lan (not multiemployer)		a one-partici	oant plan	
B This return/report is:	the final return/report			harmi		
an amended return/report	a short plan year return	n/report (less than 12 m	onths)	)		
C Check box if filling under: X Form 5558	automatic extension	. ,	•	DFVC progra	ım	
special extension (enter descrip				☐ 2. 10 b. og.c		
Part II Basic Plan Information—enter all requested information	, , , , , , , , , , , , , , , , , , ,				is the families while the same and the same	
1a Name of plan	imation		1b	Three-digit		
Grays Wholesale, Inc. Employees Retirement Plan			110	plan number		
				(PN) Þ	001	
		1c	Effective date of 06/01/1			
2a Plan sponsor's name and address; include room or suite number Grays Wholesale, Inc.	employer plan)	2b	Employer Identi (EIN) 15-062			
			2c	Sponsor's telep (315) 68		
153 State Street Clayton, NY 13624		2d	Business code (	see instructions)		
3a Plan administrator's name and address Same as Plan Sponso	Sponsor Address	3b	Administrator's			
			3с	Administrator's t	elephone number	
A Isu II CIN sub-ul-ul-ul-ul-ul-ul-ul-ul-ul-ul-ul-ul-ul-	_ 144;;;;; lu_u_u_u_t file d fo	uthin plan antartha	Ala	FINI	manus de la constante de la co	
4 If the name and/or EIN of the plan sponsor has changed since th name, EIN, and the plan number from the last return/report.	e iast return/report filed ic	or this plan, enter the	40	EIN		
a Sponsor's name			4c PN			
5a Total number of participants at the beginning of the plan year			- <b>5a</b> 20			
b Total number of participants at the end of the plan year			5b		20	
C Number of participants with account balances as of the end of th complete this item)			5c			
6a Were all of the plan's assets during the plan year invested in elig					X Yes No	
b Are you claiming a waiver of the annual examination and report	of an independent qualifie	d public accountant (IQ	PA)			
under 29 CFR 2520.104-46? (See instructions on waiver eligibili	ty and conditions.)				ĭ Yes ∐ No	
If you answered "No" to either line 6a or line 6b, the plan ca					1	
c If the plan is a defined benefit plan, is it covered under the PBGC	C insurance program (see	ERISA section 4021)?	X	Yes No	Not determined	
Caution: A penalty for the late or incomplete filing of this return/i	report will be assessed	uniess reasonable caเ	ıse İs	established.		
Under penalties of periury and other penalties set forth in the instructi	ons. I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	able, a Schedule	
SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct, and complete.	well as the electronic ver	sion of this return/report	, and	to the best of my	knowledge and	
SIGN Francis Fr. Gray	12/3/14	Francis Gray				
HERE Signature of plan administrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator	
SIGN & Francis R. Gray	12/31/14					
HERE Signature of employer/plan sponsor	Date	Enter name of individ				
Preparer's name (including firm name, if applicable) and address; incl	lude room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)	
			99 1	garaga — ngaragara		

Pai	t III Financial Information						Hillian III III III III III III III III III I	***************************************	***************************************
7	Plan Assets and Liabilities	MARK.	(a) Beginning of Yea	ar			(b) End	of Year	And an extended design
a	Total plan assets	7a	96931	0				1139001	
<u>b</u>	Total plan liabilities	7b	140	1		***************************************	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO	0	***************************************
С	Net plan assets (subtract line 7b from line 7a)	7c	96790	9				1139001	***************************************
. 8	Income, Expenses, and Transfers for this Plan Year	ote XVI	(a) Amount				(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)	7738	8					
	(2) Participants	8a(2)		0	180				
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	9370	4				HERM	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		THE				171092	***************************************
	Benefits paid (including direct rollovers and insurance premiums			_					
	to provide benefits)	8d		0	24.3				
	Certain deemed and/or corrective distributions (see instructions)	8e		0		district and account			
f	Administrative service providers (salaries, fees, commissions)	8f		0					
<u>g</u>	Other expenses	8g	Figure 1	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
	Net income (loss) (subtract line 8h from line 8c)	8i					<del> </del>	171092	<del></del>
j	Transfers to (from) the plan (see instructions)	8j		0		14 d total			
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension f 1A 3D 1I	eature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Charac	cterist	ic Cod	es in t	he instructi	ons:	
Part	V Compliance Questions								
10	During the plan year:	* * **			Yes	No		Amount	
а				10a		Х			MOOR TO SHARE
b	Were there any nonexempt transactions with any party-in-interest?	? (Do not	include transactions reported	10b		Х		Social Accessor and the second	
С	Was the plan covered by a fidelity bond?		***************************************	10c	Х			1200	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth	er person	s by an insurance carrier,				***************************************		
	insurance service, or other organization that provides some or all oinstructions.)	of the ben	efits under the plan? (See	10e	Х			2	238
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х			
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X			
_	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 2520.101	e required	d notice or one of the	10i					
Part					·				NACCH TREASON
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule Si	3 (Form	X Yes	No
11a	Enter the unpaid minimum required contribution for current year from					11a			0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X	No
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortiz	ed in this plan year, see instru	ctions th	, and e	nter tl Day	ne date of t	ne letter ruling Year	<del></del>
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
d	Enter the minimum required contribution for this plan year					12b			

F	CCOO	$\sim$ $\sim$	0046	
Form	つついに	~>>-	2011	1

Page 3	3 - 🗔
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****					
C	Enter the amount contributed by the employer to the plan for this plan year	12c		Control Control Control Control	
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		Control of the Contro	
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?	XY	res 📄 N	lo	
	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	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)				
14a i	Name of trust	<b>14b</b> Tr	rust'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).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

Pension Bi	enetit Guaranty Corporation	▶ File as an atta <del>c</del> hm	ent to Form	5500 or 5	500-SF.			
For calendar	plan year 2013 or fiscal p	lan year beginning 06/01/2013			and ending	05/3	31/2014	
Round o	ff amounts to nearest do	llar.						
Caution:	A penalty of \$1,000 will be	e assessed for late filing of this report	unless reaso	onable cau	ise is established			
A Name of p					B Three-digit			001
Grays Whole	sale, Inc. Employees Reti	rement Plan			plan numbe	er (PN)	•	
C Plan spon	sor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer Id	entificat	ion Number (E	IN)
Grays Whole					15-0626422			,
			****					
E Type of pla	n: 🛛 Single 🔲 Multiple	e-A Multiple-B	Prior year pla	an size: 🛛	100 or fewer	101-5	00 More tha	an 500
Part I	Basic Information							
	e valuation date:	Month 06 Day 01	Year_	2013				
2 Assets:					·			
a Marke	et value					2a		967909
<b>b</b> Actua	rial value					2b		967909
3 Funding	target/participant count b	reakdown:		(1) Nu	mber of participa	nts	<b>(2)</b> Ft	unding Target
<b>a</b> For re	etired participants and ben	eficiaries receiving payment	3a			2		245971
<b>b</b> For te	erminated vested participal	nts	3b			3		222329
<b>C</b> For a	ctive participants:							
(1)	Non-vested benefits		3c(1)					1787
(2)	Vested benefits							445559
(3)	Total active		3c(3)			15		447346
<b>d</b> Total			3d			20		915646
4 If the pl	an is in at-risk status, chec	k the box and complete lines (a) and	(b)					
<b>a</b> Fundi	ng target disregarding pre	scribed at-risk assumptions	***************************************			4a		
		assumptions, but disregarding transitive consecutive years and disregarding				4b		
5 Effective	e interest rate					5		6.44 %
6 Target i	normal cost		•••••		•••••	6		27210
To the best of accordance of	/ Enrolled Actuary  f my knowledge, the information suith applicable law and regulations, offer my best estimate of anticipate.	upplied in this schedule and accompanying sched In my opinion, each other assumption is reasona ad experience under the plan.	ules, statements ble (taking into a	and attachmer ccount the exp	nts, if any, is complete perience of the plan an	and accui d reasona	rate. Each prescribe ble expectations) ar	ed assumption was applied in nd such other assumptions, in
SIGN HERE	$\mathcal{C}$	May					12/30/20	14
	S	ignature of actuary					Date	
		Alfredo G. Salgado					14-0095	5
	Type	or print name of actuary				Most re	ecent enrollmer	nt number
PO0.4:	Lebens	son Actuarial Services, Inc.					(914) 747	<b>'-1980</b>
	500 Sur	Firm name nmit Lake Drive - Suite 180			Tele	phone	number (includ	ing area code)
		Ihalla. NY 10595-1340					•	
		Address of the firm						
f the actuary h	nas not fully reflected any r	egulation or ruling promulgated unde	r the statute	in completi	ing this schedule	, check	the box and se	ее

age	2	-	1	
age <sup>2</sup>	2	-	1	

Pa	ırt II   Begir	ining of Year	Carryove	er and Prefunding Ba	alances						
						(a) (	Carryover balance		(b)	Prefundir	ng balance
	. •			cable adjustments (line 13 f	•			0			68917
8		•	•	unding requirement (line 35				0			0
9	Amount remaini	ng (line 7 minus lir	ne 8)					0			68917
10	Interest on line 9	using prior year's	actual retu	urn of11.98.%				0			8256
11	Prior year's exce	ess contributions to	o be added	to prefunding balance:							
	a Present value	of excess contribu	utions (line	38a from prior year)							8686
	, ,			nterest rate of6.84 %							594
	<b>c</b> Total available	at beginning of cur	rent plan ye	ar to add to prefunding balan	ce						9280
	<b>d</b> Portion of (c)	to be added to pre	funding ba	lance							9280
12	Other reductions	s in balances due t	to elections	or deemed elections				0			.0
13	Balance at begit	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	)			0			86453
P	art III Fun	ding Percenta	ages			<u>'</u>					
						******************				14	96,27 %
		target attainment								15	104.86 %
	Prior year's fund	ing percentage for	r purposes	of determining whether can						16	93.42 %
17	If the current val	ue of the assets o	f the plan is	less than 70 percent of the	funding ta	rget, enter s	such percentage			17	%
P	art IV Con	tributions and	d Liquidi	ty Shortfalls				*****	·····		
10.101.0				ear by employer(s) and emp	lovees:		<del></del>				
	(a) Date IM-DD-YYYY)	(b) Amount pa employer(	aid by	(c) Amount paid by employees	(a) l	Date D-YYYY)	(b) Amount paid employer(s)	l by	(0	Amour emplo	nt paid by byees
07	7-17-2013		8697	•							
12	2-03-2013		7369								
07	7-08-2014		9184								
09	9-17-2014		52138								
					Totals ▶	18(b)		77388	18(c)		0
19	Discounted emp	loyer contributions	– see inst	ructions for small plan with	a valuation	date after th	ne beginning of the y	ear:			
	a Contributions	allocated toward u	ınpaid mini	mum required contributions	from prior	years	1	19a			
	<b>b</b> Contributions	made to avoid res	trictions ad	justed to valuation date			1	19b			, ,,,
	<b>c</b> Contributions a	illocated toward mi	nimum requ	ired contribution for current y	ear adjusted	d to valuation	date1	19c			71706
20	Quarterly contrib	utions and liquidit	y shortfalls:								
	a Did the plan h	ave a "funding sho	ortfall" for th	ne prior year?							Yes No
	<b>b</b> If line 20a is "	Yes," were require	d quarterly	installments for the current	year made	in a timely				12.3	Yes 😾 No
	C If line 20a is "	Yes," see instruction	ons and co	mplete the following table a							
	(1) 1s	st T		Liquidity shortfall as of er (2) 2nd	or quarte	er of this pla (3)	· ·			(4) 4th	
	(1) 10	-		(=/ =::-	1	(0)	w. w			117 -101	
					1						

b Waiver amortization installment	Pa	rt V Assumptions	Used to Determine I	Funding Target and Targe	t Normal Cost				
5.23%   6.51%   7.16 %   NA, hull yield curve used   D Applicable month (enter code)	21								
22		a Segment rates:					N/A, full yield curve used		
23   Mortality table(s) (see instructions)   Prescribed combined   Prescribed - separate   Substitute		<b>b</b> Applicable month (ent	ter code)			21b			
Part VII   Miscellaneous Items   24   Isas a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	22	Weighted average retire	ment age			22	6		
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	23	Mortality table(s) (see in	nstructions) X Pre	scribed - combined Pre	scribed - separate	Substitu	te		
See   No.	Pa	rt VI Miscellaneou	is Items						
Simple   Interplant   Experiment   Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	24			•	•				
If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding   27	25	Has a method change b	een made for the current pla	nn year? If "Yes," see instructions	regarding required attac	chment	Yes X No		
Part VII   Reconcilitation of Unpaid Minimum Required Contributions For Prior Years   28   28   28   28   29   28   29   28   29   29	26	Is the plan required to pr	rovide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	X Yes No		
28 Unpaid minimum required contributions for all prior years	27					27			
29 Discounted employer contributions allocated toward unpeld minimum required contributions from prior years (line 19a).       29         30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).       30       c         Part VIII Minimum Required Contribution For Current Year         31 Target normal cost and excess assets (see instructions):       31a       2721         a Target normal cost dine 6).       31a       2721         b Excess assets, if applicable, but not greater than line 31a       31b       0         32 Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment.       142739       31530         b Walver amortization installment.       0       0       0         33 If a waiver has been approved for this plan year, enter the date of the ruling later granting the approval (Month Day Year ) and the walved amount.       33       34       58740         34 Total funding requirement before reflecting carry-vertrefunding balances (lines 31a - 31b + 32a + 32b - 33).       34       58740         35 Balances elected for use to offset funding requirement (line 34 minus line 35).       Carryover balance       Prefunding balance       Total balance         36 Additional cash requirement (line 34 minus line 35).       36       58740         37 Contributions allocated toward minimum required contributions for current year	Pa	rt VII Reconciliati	on of Unpaid Minimu	m Required Contribution	s For Prior Years				
29 Discounted employer contributions allocated toward unpeld minimum required contributions from prior years (line 19a).       29         30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).       30       c         Part VIII Minimum Required Contribution For Current Year         31 Target normal cost and excess assets (see instructions):       31a       2721         a Target normal cost dine 6).       31a       2721         b Excess assets, if applicable, but not greater than line 31a       31b       0         32 Amortization installments:       Outstanding Balance       Installment         a Net shortfall amortization installment.       142739       31530         b Walver amortization installment.       0       0       0         33 If a waiver has been approved for this plan year, enter the date of the ruling later granting the approval (Month Day Year ) and the walved amount.       33       34       58740         34 Total funding requirement before reflecting carry-vertrefunding balances (lines 31a - 31b + 32a + 32b - 33).       34       58740         35 Balances elected for use to offset funding requirement (line 34 minus line 35).       Carryover balance       Prefunding balance       Total balance         36 Additional cash requirement (line 34 minus line 35).       36       58740         37 Contributions allocated toward minimum required contributions for current year	28	Unpaid minimum require	ed contributions for all prior y	/ears		28			
Part VIII		Discounted employer co	ntributions allocated toward	unpaid minimum required contrib	utions from prior years	29			
31   Target normal cost and excess assets (see instructions):   a Target normal cost (line 6)	30	Remaining amount of ur	npaid minimum required con	tributions (line 28 minus line 29)		30			
a Target normal cost (line 6)	Pai	t VIII   Minimum Re	equired Contribution	For Current Year					
b Excess assets, if applicable, but not greater than line 31a	31	Target normal cost and	excess assets (see instructi	ons):					
And trization installments:  a Net shortfall amortization installment		a Target normal cost (line	e 6)	***************************************	***************************************	31a	2721		
a Net shortfall amortization installment		<b>b</b> Excess assets, if appli	icable, but not greater than I	ine 31a		31b	. "		
b Waiver amortization installment	32	2 Amortization installments: Outstanding Bala					Installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month		a Net shortfall amortizati	ion installment			142739	31530		
Month   Day   Year   ) and the waived amount   33   34   58740		<b>b</b> Waiver amortization in	nstallment			0			
Salances elected for use to offset funding requirement	33					33			
35 Balances elected for use to offset funding requirement	34	Total funding requirement	nt before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	5874		
requirement		The second secon	TO THE RESIDENCE OF THE PARTY O	Carryover balance	Prefunding balar	nce	Total balance		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	35		9	. 0	Annual Control	0			
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	36	Additional cash requirem	nent (line 34 minus line 35)	***************************************		36	5874		
a Total (excess, if any, of line 37 over line 36)		Contributions allocated to	oward minimum required co	ntribution for current year adjusted	to valuation date	37	71706		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38	Present value of excess	contributions for current yea	r (see instructions)					
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		a Total (excess, if any, o	of line 37 over line 36)			38a	1296		
40 Unpaid minimum required contributions for all years 40  Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected 2010 great 15 years b Eligible plan year(s) for which the election in line 41a was made 2010 2010 2011  42 Amount of acceleration adjustment 42		<b>b</b> Portion included in line	e 38a attributable to use of p	refunding and funding standard ca	arryover balances	38b			
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)  41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected	39	Unpaid minimum require	d contribution for current ye	ar (excess, if any, of line 36 over l	ine 37)	39			
41 If an election was made to use PRA 2010 funding relief for this plan:  a Schedule elected	40	Unpaid minimum require	d contributions for all years			40			
a Schedule elected	Par	t IX Pension Fu	nding Relief Under P	ension Relief Act of 2010	(See Instructions)		1		
a Schedule elected	41						40 - 40 - 40 - 40 - 40 - 40 - 40 - 40 -		
b Eligible plan year(s) for which the election in line 41a was made							2 plus 7 years 15 years		
42 Amount of acceleration adjustment		_							
	<del></del>		***************************************	M					
				<del></del>		43			

## Attachment to 2013 Form 5500 Schedule SB, line 19 – Discounted Employer Contributions

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

PN:	001
$\mathbf{P} \times \mathbf{N}$	1 11 1 1
Y 7 4 *	$vv_1$

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
07/17/2013	8,697	2013	6.44	8,629
12/03/2013	4,520	2013	11.44	4,336
12/03/2013	2,849	2013	6.44	2,760
07/08/2014	9,184	2013	11.44	8,356
09/17/2014	27,618	2013	11.44	25,010
09/17/2014	24,520	2013	6.44	22,615
,			,	
<u> </u>				

### Attachment to 2013 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

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

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

#### Summary

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

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

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

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

Actuarial Equivalence: Pre and Post Retirement Interest; 5%

Pre and Post Retirement Mortality; UP '84

Significant events that occurred during the year

• The plan was terminated effective May 15, 2014.

Changes in eligibility and benefit provisions since last valuation

• The accruals were frozen effective August 30, 2013.

### Attachment to 2013 Form 5500 Schedule SB, line 32 – Schedule of Amortization Bases

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

EIN: 15-0626422

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

PN: 001

	·			
Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	142,739	6/1/2011	5	31,530
	112,735	0/1/2011	<u> </u>	21,000
				\$
,				
	•		•	