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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 04/30/2015 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit BLACKMAN PLUMBING SUPPLY CO., INC. EMPLOYEES PENSION PLAN plan number (PN) ▶ 001 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 Sponsor's telephone number 631-823-4300 900 SYLVAN AVENUE BAYPORT, NY 11705 Business code (see instructions) 423700 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	08/18/2015	JOHN O'BRIEN				
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	08/18/2015	JOHN O'BRIEN				
HERE	Signature of employer/plan sponsor	Date		ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite numbe	r) (optional)	Preparer's telephone number (optional)			

	Form 5500-SF 2014		Page 2									
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independand condition	ent qualified public accountans.)	nt (IQ	PA)				ш П	es [No	
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .	X	Yes	No	_ N	lot de	termi	ned	
Par	t III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of	Year			_
a	Total plan assets	. 7a	3477	'85						0)	_
<u>b</u>	Total plan liabilities	. 7b	0.477	10.5	-							_
	Net plan assets (subtract line 7b from line 7a)	. 7c	3477	85						0)	_
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)) Tot	al			
	(1) Employers	. 8a(1)		0								
	(2) Participants	. 8a(2)		0								
	(3) Others (including rollovers)	. 8a(3)		0								
b	Other income (loss)	. 8b	-29	35								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							-	2935	,	_
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	223	885								
	Certain deemed and/or corrective distributions (see instructions)	. 8e										Ī
f	Administrative service providers (salaries, fees, commissions)	. 8f										
g	Other expenses	. 8g										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							2	2385	;	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							-2	5320)	_
j	Transfers to (from) the plan (see instructions)	· 8j	-3224	65								
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ction	s:			_
10	During the plan year:				Yes	No		Α	moun	t		_
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		X						
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not inc	clude transactions reported			X						_
	on line 10a.)			10b		^					—	_
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X					100	0000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X						
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	d.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required r	notice or one of the	10i								
Part	VI Pension Funding Compliance											_
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Υ	es >	× N	0
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a						
12	Is this a defined contribution plan subject to the minimum funding	g requirement	s of section 412 of the Code	or se	ction	302 of	ERISA?		Υ	es >	X No	0
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u> </u>					_
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and 6	enter tl Day			letter ear _	rulin	g 	

	Form 5500-SF 2014 Page 3 - 1				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	1 ON	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	Yes N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)				
	13c(1) Name of plan(s):	3 c(2) E	IN(s)	13c(3) PN	1 (s)
BLA	CKMAN PLUMBING SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN 11-199	8427		002	
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information	n						
For calenda	ar plan year 2014 or f	fiscal plan year beginning	01/01/2015	and ending	04/30/2	2015			
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) oyer information in acco		s box must attach a list instructions)			
		a one-participant plan	a foreign plan			0000000000000000000000000000000000000			
B This retu	urn/report is	the first return/report	the final return/report						
		an amended return/report	X a short plan year retu	rn/report (less than 12)	months)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
		special extension (enter des	cription)						
Part II	Basic Plan Info	ormation—enter all requested i	information	MANAGEMENT THE TAXABLE PROPERTY.					
1a Name					1b Three-digit				
					plan number	r			
		Supply Co., Inc. Empl	loyees		(PN) •	001			
Pensio	n Plan				1c Effective dat	te of plan			
					01/01/19	90			
		ddress; include room or suite num	ber (employer, if for a single	-employer plan)	2b Employer Ide	entification Number			
Blackm	an Plumbing S	Supply Co., Inc.			(EIN) 11-1	998427			
					2c Sponsor's te	elephone number			
					(631) 82	23-4300			
900 Sy	lvan Avenue				2d Business code (see instructions)				
Bavpor	t		NY	11705	423700				
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato	r's EIN			
					1				
4 If the r	name and/or EIN of th	ne plan sponsor has changed sinc	e the last return/report filed f	or this plan, enter the	4b EIN				
name	, EIN, and the plan nι	ne plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed f	or this plan, enter the					
name a Spon	, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN				
a Spon	, EIN, and the plan nunsor's name number of participants	umber from the last return/report. s at the beginning of the plan year	·		4c PN 5a	2			
a Spon 5a Total r b Total r	, EIN, and the plan nunsor's name number of participants number of participants	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year			4c PN 5a	2 0			
a Spon 5a Total r b Total r c Numb	, EIN, and the plan nunsor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year account balances as of the end of	of the plan year (defined ben	efit plans do not	4c PN 5a 5b	2			
a Spon 5a Total r b Total r c Numb	, EIN, and the plan nunsor's name number of participants number of participants er of participants with ete this item)	umber from the last return/report. s at the beginning of the plan year s at the end of the plan year	of the plan year (defined ben	efit plans do not	4c PN 5a 5b				
b Total r c Numb comple d(1) Total	, EIN, and the plan nunsor's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	of the plan year (defined ben plan year	efit plans do not	4c PN 5a 5b 5c	0 0			
b Total n c Numbe completed(1) Total d(2) Total e Numbe	, EIN, and the plan nunsor's name number of participants number of participants er of participants with ete this item) al number of active pa er of participants that the	s at the beginning of the plan year s at the end of the plan year	of the plan year (defined ben plan year earear with accrued ben	efit plans do not	4c PN 5a 5b 5c 5d(1)	0			
b Total r c Numbe completed (1) Total completed (2) Total completed (2) Total completed (2) Total completed (3) Total completed (4) Total complete	EIN, and the plan nunsor's name number of participants er of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that the an 100% vested	s at the beginning of the plan year is at the end of the plan year	of the plan year (defined ben plan year eareplan year with accrued ben	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	0 0			
b Total r c Numbe completed (1) Total r d (2) Total r e Numbe less the Caution: A Under penass or Schell	EIN, and the plan number of participants or participants that the participants of participants that the participants of participants or partic	s at the beginning of the plan year is at the end of the plan year	plan year (defined ben plan yeareareplan year with accrued ben plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established.	0 0 0 plicable, a Schedule			
b Total r b Total r c Numb comple d(1) Total d(2) Total e Numbe less the Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants or participants or participants or participants or participants with the et this item)	s at the beginning of the plan year is at the end of the plan year	plan year (defined ben plan yeareareplan year with accrued ben plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established.	0 0 0 plicable, a Schedule			
b Total r b Total r c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is t	p. EIN, and the plan number of participants or participants or participants or participants or participants with the et this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year incomplete filing of this returned signed by an enrolled actuary, applete	plan year (defined ben plan yeareareplan year with accrued ben plan year will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established.	0 0 plicable, a Schedule my knowledge and			
b Total r b Total r c Numb comple d(1) Total d(2) Total e Numbe less th Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year incomplete filing of this returned signed by an enrolled actuary, applete	plan year (defined bender) plan year ear e plan year with accrued bendering bender will be assessed uctions, I declare that I have as well as the electronic verification.	efit plans do not efits that were unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e susse is established. eport, including, if aport, and to the best of	0 0 plicable, a Schedule my knowledge and			
b Total r b Total r C Numb comple d(1) Tota e Numbe less th Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the articipants at the end of the plan year articipants at the end of the plan year incomplete filing of this returned signed by an enrolled actuary, polete.	plan year (defined ben- plan year ear e plan year with accrued ben- plan year with accrued ben- plan year will be assessed uctions, I declare that I have as well as the electronic ver plate	efit plans do not efits that were unless reasonable ca examined this return/re rsion of this return/repo John O'Brien Enter name of individual	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. aport, including, if aport, and to the best of dual signing as plan dual signing as empl	0 0 plicable, a Schedule my knowledge and administrator over or plan sponsor			
b Total r b Total r C Numb comple d(1) Tota e Numbe less th Caution: A Under pens SB or Sche belief, it is t SIGN HERE	EIN, and the plan number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year incomplete filing of this returned signed by an enrolled actuary, applete	plan year (defined ben- plan year ear e plan year with accrued ben- plan year with accrued ben- plan year will be assessed uctions, I declare that I have as well as the electronic ver plate	efit plans do not efits that were unless reasonable ca examined this return/re rsion of this return/repo John O'Brien Enter name of individual	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established. aport, including, if aport, and to the best of dual signing as plan dual signing as empl	0 0 plicable, a Schedule my knowledge and administrator			

Form 5500-SF 2014	· · · · · · · · · · · · · · · · · · ·	Page 2					
 Were all of the plan's assets during the plan year investe Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver If you answered "No" to either line 6a or line 6b, the p 	report of an independe eligibility and condition lan cannot use Form	nt qualified public accounta s.)5500-SF and must instead	nt (IQ	PA) Form	5500.		′es ∏ No ′es ∏ No
C If the plan is a defined benefit plan, is it covered under the	PBGC insurance prog	ram (see ERISA section 40	021)?	X	Yes	☐ No ☐ Not de	termined
Part III Financial Information							
7 Plan Assets and Liabilities a Total plan assets	7a	(a) Beginning of Yea		_		(b) End of Year	
a Total plan assets b Total plan liabilities		34	7,78	- 1			
c Net plan assets (subtract line 7b from line 7a)		3/1	7,78	5			•
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		1		(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)	(w) 7 miles miles		0		(2) 1043	
(2) Participants	8a(2)	······································	······	0		······································	
(3) Others (including rollovers)				0			
b Other income (loss)			2,93	5			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							-2,93
d Benefits paid (including direct reflovers and insurance pre to provide benefits)		22	2,38	5			
e Certain deemed and/or corrective distributions (see instru						· · · · · · · · · · · · · · · · · · ·	
f Administrative service providers (salaries, fees, commissi	ons) 8f		***************************************				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						22,38
i Net income (loss) (subtract line 8h from line 8c)							-25,32
j Transfers to (from) the plan (see instructions)	8j	-324	2,46	5		·	
b If the plan provides welfare benefits, enter the applicable Part V Compliance Questions	Weijare reature codes	from the List of Plan Charac	cterist	ic Coc	ies in ti	ne instructions;	
10 During the plan year:			-	Yes	No	Атоці	<u></u>
a Was there a failure to transmit to the plan any participan	I contributions within th	e time period described in		7.40		Amou	ir.
b Were there any nonexempt transactions with any party-i	n-interest? (Do not incl	ude transactions reported	10a		Х		
on line 10a.)		•	10b		Х		·
C Was the plan covered by a fidelity bond?			10c	Χ		1,	000,00
d Did the plan have a loss, whether or not reimbursed by to dishonesty?			10d		Х		
 Were any fees or commissions paid to any brokers, age insurance service; or other organization that provides so instructions.) 	me or all of the benefit	s under the plan? (See	10e		Х		
f Has the plan failed to provide any benefit when due und			10f		Х		
g Did the plan have any participant loans? (If "Yes," enter	amount as of year end.)	10g		Х		
h If this is an individual account plan, was there a blackout 2520.101-3.)	period? (See instruction	ons and 29 CFR	10h		Х	· · · · · · · · · · · · · · · · · · ·	
i If 10h was answered "Yes," check the box if you either p exceptions to providing the notice applied under 29 CFR	rovided the required no	tice or one of the	10i				· .·
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding 5500 and line 11a below).	requirements? (If "Yes	" see instructions and com	plete :	Schedi	Je SB	(Form Y	es 🛭 No
11a Enter the unpaid minimum required contribution for curre	nt year from Schedule	SB (Form 5500) line 39	.,,,,,,,		11a		0
12 Is this a defined contribution plan subject to the minimum	n funding requirements	of section 412 of the Code	or se	ction (302 of I	ERISA? Y	es 🛭 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 1							
If a waiver of the minimum funding standard for a prior ye granting the waiver.	ear is being amortized i	n this plan year, see instruc Moni		and e	enter th Day		ruling

Form 5500-SF 2014	Page 3 - [
If you completed line 12a, complete lines 3, 9, and 10 of Sche	edule MB (Form 5500), and	skip to line 13.				
b Enter the minimum required contribution for this plan year	<u></u>		12b			
Enter the amount contributed by the employer to the plan for	this plan year		12c	1	· · · · · · · · · · · · · · · · · · ·	
d Subtract the amount in line 12c from the amount in line 12b. Enegative amount)	Enter the result (enter a minu	s sign to the left of a	12d		<u></u>	
e Will the minimum funding amount reported on line 12d be me	 			Yes	No	N/A
Part VII Plan Terminations and Transfers of Asse	ts					
13a Has a resolution to terminate the plan been adopted in any plan	year?		х	Yes 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 beneficial of the PBGC?	aries, transferred to another	plan, or brought under	the control		X Yes	∏ No
C If during this plan year, any assets or liabilities were transferre which assets or liabilities were transferred. (See instructions.)	ed from this plan to another p					
13c(1) Name of plan(s):			13c(2) E	IN(s)	13c(3)	PN(s)
Blackman Plumbing Supply Co., Inc. 401(k) Profit Sharing	Plan	14 100	0.407		
Part VIII Trust Information (optional)			11-199	842/	1. 00	12
14a Name of trust			14b 1	rust's EIN		
			1			

EFAST2 Filing Authorization for the 2015 Form 5500

Name of Plan: Blackman Plumbing Supply Co., Inc. Employees Pension Plan

EIN / PN: 11-1998427 / 001

Plan Year Ending: 04/30/2015

Authorization of Practitioner to Electronically Sign and File

I 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.

Plan Administrator: