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 05/31/2015 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 final return/report **B** This return/report is the first return/report 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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit GRAYS WHOLESALE, INC. EMPLOYEES RETIREMENT PLAN plan number (PN) ▶ 001 Effective date of plan 06/01/1970 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GRAYS WHOLESALE, INC. (EIN) 15-0626422 Sponsor's telephone number 315-686-3541 153 STATE STREET CLAYTON, NY 13624 Business code (see instructions) 424400 **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 20 5a 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) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 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

beliet, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
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 r	oom or suite number	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 eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot be a contracte	an indeper and condit ot use Fo	ndent qualified public accounta iions.) irm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?	X	Yes	No Not determined
Par	III Financial Information				1		
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End of Year
	Total plan assets	7a	11390				400314
	Total plan liabilities	7b	44000	0			0
	Net plan assets (subtract line 7b from line 7a)	7c	11390)01	-		400314
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	91	184			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)		0			
	Other income (loss)	8b	322	256			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41440
d I	Benefits paid (including direct rollovers and insurance premiums		7004	107			
	o provide benefits)	8d	7801				
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
-	Other expenses	8g		0			780127
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					-738687
	Net income (loss) (subtract line 8h from line 8c)	8i					-730007
Part	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j		0			
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	iciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		Χ	
C	Was the plan covered by a fidelity bond?			10c	X		120000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	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 ben	efits under the plan? (See	10e		X	
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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			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 (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.	-			, and e	enter th Day	

	Form 5500-SF 2014 Page 3 - 1				
lf :	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	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	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?	control		Yes	s 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):	13c(2) E	IN(s)	13c(3	B) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Actuarial Information Department of the Treasury

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).

Single-Employer Defined Benefit Plan

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

					,	uii uttuoi		00 0. 0.					
For	calendar	plan year 2014	l or fiscal p	lan yea	r beginning 0	6/01/2014	4		and endi	ng 05/3	1/2015		
•	Round of	f amounts to	nearest do	llar.									
•	Caution:	A penalty of \$1	,000 will b	e asses	ssed for late filing o	of this rep	ort unless reasona	ble cau	se is establish	ed.			
	lame of p		. EMPLOYI	EES RE	ETIREMENT PLAN	I			B Three-dig	•	•	001	
C F	lan spons	sor's name as	shown on li	ne 2a o	of Form 5500 or 55	00-SF		ı	D Employer	Identificat	ion Number (E	EIN)	
GRA	AYS WHO	DLESALE, INC.								15-0626	6422		
Ет	ype of pla	n: X Single	Multiple	e-A	Multiple-B		F Prior year plan s	size: X	100 or fewer	101-5	00 More th	an 500	
Pa	rt I E	Basic Inforr	nation										
1	Enter th	e valuation dat	e:	Мо	onth <u>06</u> [Day01	Year <u>201</u>	4					
2	Assets:												
	a Marke	t value								2a		1137990	
	b Actua	rial value								2b		1137990	
3	Funding	target/particip	ant count b	reakdo	wn			` '	umber of cipants	. ,	ted Funding arget	(3) Total Funding Target	
	a For re	tired participar	nts and ben	eficiarie	es receiving payme	ent			0		0	0	
	b For te	rminated veste	ed participa	nts					3		235628	235628	
	C For a	ctive participan	ts						17		743603		
	d Total.								20		979231	979820	
4	If the pla	an is in at-risk s	status, ched	k the b	ox and complete li	nes (a) a	nd (b)		1		Į.		
	a Fundi	ng target disre	garding pre	scribed	l at-risk assumption	ns				4a			
					ptions, but disrega secutive years and					4b			
5	Effective	interest rate .								5		6.37%	
6	Target r	ormal cost								6		0	
Stat	ement by	Enrolled Act	uary										
a	ccordance v	vith applicable law a	nd regulations	. In my op								ed assumption was applied in and such other assumptions, in	
	IGN										40/40/06		
п	ERE										12/18/20)15	
		011 01 00	3	ignatur	re of actuary						Date		
ALF	REDO G.	SALGADO	T							Mastr	14-009		
	ENICON		,,	•	name of actuary					IVIOST F	ecent enrollme		
LEB	ENSON A	ACTUARIAL SI	ERVICES,								914-747		
		BUS AVE - SUI NY 10595-1340		Firn	m name				16	elepnone	number (includ	ling area code)	
				Addres	ss of the firm								
	actuary h	as not fully ref	lected any	regulati	on or ruling promu	lgated un	der the statute in c	completi	ing this schedu	ıle, check	the box and s	ee	

Page	2 -	1
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Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding E	Balances							
	•						(a) (Carryover balance		(b) F	Prefundi	ng balan	се
7					cable adjustments (line 13				0				86453
									0				00433
8			•	-	funding requirement (line 3				0				0
9									0				86453
10	Interest	on line 9	using prior year's	s actual ret	turn of <u>9.57</u> %				0				8274
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:								
	a Prese	nt value	of excess contrib	utions (line	38a from prior year)								12966
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of6.44 %												
	b(2) Int	erest or	line 38b from pri	or year Scl	hedule SB, using prior year	r's actual							835
													0
	C Total a	available	at beginning of cur	rent plan y	ear to add to prefunding bala	ance							13801
	d Portio	n of (c)	to be added to pre	efunding ba	alance								13801
12	Other re	ductions	s in balances due	to election	s or deemed elections				0				0
13	Balance	at begir	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 1	2)			0				108528
Pa	art III	Fun	ding Percenta	ages									
14	Funding	target a	ttainment percent	age							14	105	5.07 %
15	Adjusted	d funding	g target attainmen	t percenta	ge						15	115	5.44 %
16					of determining whether ca						16	96	5.27 %
17	If the cu	rrent val	ue of the assets o	f the plan	is less than 70 percent of the	he funding ta	rget, enter s	such percentage			17		%
Pá	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18					rear by employer(s) and en								
(M	a) Date) M-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) I	Date D-YYYY)	(b) Amount paid employer(s)	l by	(0	Amoule emplo		у
	/17/2014	,	- 17 -	9184	,	,	,	- 17 - (-7				,	
						Totals ▶	18(b)		9184	18(c)			
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	h a valuation	date after th	ne beginning of the y	ear:				
	a Contri	butions	allocated toward	unpaid min	nimum required contribution	ns from prior	years		19a				
	b Contributions made to avoid restrictions adjusted to valuation date												
	C Contri	butions a	allocated toward mi	inimum req	uired contribution for current	year adjuste	d to valuation	n date'	19c				9018
20		•	outions and liquidit	•									
			_		the prior year?							Yes	No
	b If line	20a is "	Yes," were require	ed quarterly	y installments for the curre	nt year made	in a timely	manner?			X	Yes	No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table								
		(1) 1s	et		Liquidity shortfall as of (2) 2nd	end of quarte	er of this pla (3)	n year 3rd			(4) 4th		
		(1) 13	^		(<i>L)</i> Znu		(0)	0.0			(1) -111		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21	Disco	unt rate:								
	a Se	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, f	ull yield	curve	e used
	b App	olicable month (enter code)			21b				1
22	Weigh	nted average ret	tirement age			22				65
23	Morta	lity table(s) (se	e instructions) X Pro	escribed - combined Pr	escribed - separate	Substitut	е			
Pa	rt VI	Miscellane	ous Items							
24		ū	•	tuarial assumptions for the currer			0 0	• —	l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachment.		X	Yes	No
27			_	ter applicable code and see instr		27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contributio	ns For Prior Years					
28	Unpai	d minimum requ	uired contributions for all prior	years		28				0
29				d unpaid minimum required contri		29				
30	Rema	ining amount of	f 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 a	nd excess assets (see instruc	tions):		, ,				
	a Targ	et normal cost	(line 6)			31a				0
				line 31a		. 31b				0
32	Amort	ization installme	ents:		Outstanding Bala	ance		nstallm	ent	
						0				0
						0				0
33				nter the date of the ruling letter grammer. and the waived amount	•	33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34				0
				Carryover balance	Prefunding bala	nce	Т	otal bal	ance	
35			use to offset funding	(0				0
36	Additi	onal cash requi	rement (line 34 minus line 35)			36				0
37				ontribution for current year adjust		37				9018
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)						
	a Tota	al (excess, if any	y, of line 37 over line 36)			38a				9018
	b Port	tion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b				0
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of line 36 ove	r line 37)	39				0
40	Unpai	d minimum requ	uired contributions for all years	8		40				0
Pai	t IX	Pension I	Funding Relief Under F	Pension Relief Act of 201	0 (See Instructions))				
41	If an e	lection was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Sch	edule elected .					2 plus 7 ye	ars	15	years
	b Elig	ible plan year(s) for which the election in line	41a was made		2008	3 2009	2010		2011
42	Amou	nt of acceleratio	on adjustment			42				
43	Exces	s installment ac	celeration amount to be carrie	d over to future plan years		43				

Attachment to 2014 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

			Υ	ears of C	Credited Se	rvice				
Attained		Unde	er 1		1 to 4	4	5 to 9			
Age			Average		P	verage		Average		
	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					1			2		

	Years of Credited Service										
Attained		10 to	14		15 to 1	19		20 to	24		
Age			Average		A	verage		A	\verage		
	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				1	2						
50 to 54					2						
55 to 59					4		1				
60 to 64		1			2						
65 to 69 70 & up					2						

	Years of Credited Service												
Attained		25 to	29		30 to 3	34		35 to 39			40 and up		
Age			Average	_]		verage			Average		P	Average	
	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	No.	Comp	Cash Bal.	
Under 25											· · · · · · · · · · · · · · · · · · ·		
25 to 29													
30 to 34	1						1						
35 to 39	1												
40 to 44													
45 to 49										1			
50 to 54							1						
55 to 59													
60 to 64	ļ												
65 to 69	<u> </u>			1									
70 & up	l			1		_	I						

Attachment to 2014 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%: Expected % increase in compensation:

None None

Actuarial Value of Assets:

Fair Market Value

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

2014

This Form is Open to **Public Inspection**

	it Guaranty Corporation	▶ Complete all entries in a	accordance with the in	structions to the For	m 5500-SF.	Fublic inspection
Part I A	Annual Report	Identification Information				
For calendar p	olan year 2014 or f	iscal plan year beginning 06/01/	From .	and ending	05/31/2015	
A This return	·	a single-employer plan a one-participant plan the first return/report an amended return/report	of participating emp a foreign plan the final return/repo	bloyer information in ac	cordance with th	ing this box must attach a li le form instructions)
^					,	
C Check box	if filing under:	☒ Form 5558☐ special extension (enter descri	☐ automatic extension ption)	1	∐ DF	VC program
Part II	Basic Plan Info	rmation—enter all requested infor	mation			1.10
1a Name of					1b Three-digi plan numb (PN) ▶	1
					1c Effective of 06/01/197	
2a Plan spoi Grays Wholesa		Idress; Include room or sulte nurnber	(employer, if for a single-	employer plan)	2b Employer (EIN) 15-0	Identification Number 626422
				•	, , , , , , , , , , , , , , , , , , ,	telephone number 315) 666-3541
153 State Stree					2d Business	code (see instructions)
Clayton, NY 13		nd address X Same as Plan Sponsor			424400 3b Administra	tor's FIN
		e plan sponsor has changed since the	a last return/report filed fo	or this plan, enter the	4b EIN	
name, E Sponsor'		mber from the last return/report.			4c PN	
		at the beginning of the plan year			5a	20
b Total nur	mber of participants	at the end of the plan year			5b	5
		account balances as of the end of the			5c	,
	•	urticipants at the beginning of the plan			5d(1)	17
d(2) Total	number of active pa	nrticipants at the end of the plan year.			5d(2)	2
Number of less than	of participants that to 100% vested	erminated employment during the pla	n year with accrued bene	fits that were	5e	0
Caution: A p	enalty for the late	or incomplete filing of this return/r	port will be assessed	uniess reasonable cau	ıso is establishe	d.
Under penelti SB or Schedu	es of perlury and o	ther penalties set forth in the instruction and signed by an enrolled actuary, as	one, I declare that I have	examined this return/rep	port, including, if a	applicable, a Schedule
SIGN	Litra	ercis Thans	12/22/15	Francis Gray		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual elgning as pla	n administrator
SIGN	V Fran	eis Hear	12/22/15			
		oyeti plan s ponsor name, if applicable) and address (incl	Date Date			ployer or plan aponsor
Flopaidi S na	inte (including little	жине, и врушавину жид аддионе (итог	gge raam ar aane nambe	, y (opilonal)	, raparar a telap	inone number (optional)

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
	If you answered "No" to either line 6a or line 6b, the plan cann										
С	If the plan is a defined benefit plan, is it covered under the PBGC ir										
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
a	Total plan assets	. 7a	113900				400314				
	Total plan liabilities	7b		0			0				
	Net plan assets (subtract line 7b from line 7a)		113900	1	+		400314				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	918	4			(b) rotal				
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	3225	6		***************************************					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					41440				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	78012	7							
e	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					780127				
i_	i Net income (loss) (subtract line 8h from line 8c)										
j	j Transfers to (from) the plan (see instructions)										
Par	Part IV Plan Characteristics										
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3D 1I	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:				
	If the plan provides welfare benefits, enter the applicable welfare for 4B	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:				
Par	V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х		120000				
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	of the bend	efits under the plan? (See			V					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Χ					
h h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h							
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	Part VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\	es," see instructions and com	plete	Sched	lule SE	3 (Form X Yes No				
11a	Enter the unpaid minimum required contribution for current year fr					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,			-, 00	!!	01					
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year										

Form 550	0-SF 2014	Page 3 - 1				
If you complete	d line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.			······································	
b Enter the min	imum required contribution for this plan year		12b			
c Enter the amo	ount contributed by the employer to the plan for this plan year		12c			
	amount in line 12c from the amount in line 12b. Enter the result bunt)		12d			
e Will the minin	num 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	on to terminate the plan been adopted in any plan year?		X	Yes No		
If "Yes," ente	13a	0				
b Were all the pof the PBGC	e control	ntrol Yes X No				
c If during this	plan year, any assets or liabilities were transferred from this pla or liabilities were transferred. (See instructions.)					
13c(1) Name o	f plan(s):		13c(2) E	IN(s)	13c(3)	PN(s)
Part VIII Trust	Information (optional)				<u> </u>	
14a Name of trust	14b Trust'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

2014

This Form is Open to Public Inspection

	,	File as	an attacl	hment to Form	5500 or	5500-SF.			
For calenda	ar plan year 2014 or fiscal pla	ın year beginning 0	06/01/201	4		and end	ing 05/3	31/2015	
Round	off amounts to nearest doll	ar.							
▶ Caution	: A penalty of \$1,000 will be	assessed for late filing o	of this rep	ort unless reas	onable ca	use is establish	ied.		
A Name of						B Three-di	git		004
Grays Whol	lesale, Inc. Employees Retire	ement Plan				plan nur	nber (PN))	001
C Dian ana		0 (5 5500 55	.00 05			D			
Grays Whol	nsor's name as shown on line	e za of Form 5500 or 55	00-SF				Identifica	tion Number (E	EIN)
Olayo Wiloi	03410, 1110.					15-0626422			
E Type of pl	Ioni II Cinale II Multiple	A		F 5: .]	П		
	lan: X Single Multiple-	A Multiple-B	<u> </u>	F Prior year pla	ın sıze: 🛚 🗵	100 or fewer	101-5	00 More th	an 500
Part I	Basic Information								
1 Enter t	he valuation date:	Month 06	Day0	1Year_	2014	_			
2 Assets	:								
a Mark	cet value					***************************************	2a		1137990
b Actu	arial value	***************************************				******************	2b		1137990
3 Fundin	ig target/participant count bre	akdown			٠,	Number of	(2) Ves	ted Funding	(3) Total Funding
					par	ticipants	T	arget	Target
a For a	retired participants and benef	iiciaries receiving payme	∍nt			0		0	0
b For	terminated vested participant	s				3		235628	235628
C For a	active participants					17		744192	
d Tota	ıl	******************************				20		979231	979820
_	olan is in at-risk status, check					П			74000
	ding target disregarding pres	•		• •			4a		
	ding target reflecting at-risk a								
at	t-risk status for fewer than fiv	e consecutive years and	disregar	rding loading fa	ctor	nave been m	4b		
	ve interest rate						5		6.37 %
_	normal cost						6		0
	y Enrolled Actuary								
accordance	of my knowledge, the information sup with applicable law and regulations. In n, offer my best estimate of anticipated	n my opinion, each other assump	npanying sch ption is reas	nedules, statements onable (taking into a	and attachme count the e	ents, if any, is compl xperience of the plar	ete and accu and reasona	rate. Each prescribe ble expectations) a	ed assumption was applied in nd such other assumptions, in
SIGN									
HERE		QQ 1 -	_					12/18/20	15
116116	Qi _o	gnature of actuary							
		Ifredo G. Salgado						Date	
								14-0095	** ******
	• •	· print name of actuary ·n Actuarial Services, Inc					Most re	ecent enrollme	
	Lebellso		·····			_		(914) 747	
	465 Co	Firm name Jumbus Ave - Suite 140				Т	elephone	number (includ	ling area code)
		alla, NY 10595-1340							
	Α	ddress of the firm							
If the actuary	has not fully reflected any re	gulation or ruling promul	lasted un	ider the statute	n comple	ting this school	ıle check	the hov and se	20 [7]

Page	2	_ ;	1

Pa	art II Beginning of Year	Carryov	er and Prefunding Ba	alances							
			(a) Carryover balance (b) Prefunding balance								
	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)				0					864	53
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)				0				0			
9	Amount remaining (line 7 minus l				0			864	53		
10	Interest on line 9 using prior year	's actual ret	urn of9.57_%			0				82	274
11	Prior year's excess contributions	to be added									
	a Present value of excess contrib	outions (line	38a from prior year)					129	66		
	b(1) Interest on the excess, if an Schedule SB, using prior ye	ar's effectiv	e interest rate of <u>6.44</u> %							8	35
	b(2) Interest on line 38b from pr	-									
	return C Total available at beginning of cu		par to add to prefunding balar								0
			,						13801		
	d Portion of (c) to be added to pr									138	01
	Other reductions in balances due						0				0
13	Balance at beginning of current y	ear (line 9 +	line 10 + line 11d – line 12)			0			1085	28
P	art III Funding Percent	ages									
14	Funding target attainment percer	tage							14	105.07	%
•	Adjusted funding target attainment	`							15	115.44	%
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							16	96.27	%	
_17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										
P	art IV 📗 Contributions ar	ıd Liquid	ity Shortfalls								
18	Contributions made to the plan for			oloyees:							
(M	(a) Date (b) Amount p IM-DD-YYYY) employe		(c) Amount paid by employees		Date (b) Amount paid by D-YYYY) employer(s)				(c) Amount paid by employees		
09	9-17-2014	9184						 		-,	
	100000000000000000000000000000000000000						-				
-				y		, V 10° No tradecona					
- 346	Totals ► 18(b) 9184 18(c)						18(c)				
19	Discounted employer contribution	ıs – see İnst	ructions for small plan with	a valuation	date after th	ne beginning of the y	ear:				
	a Contributions allocated toward unpaid minimum required contributions from prior years										
	b Contributions made to avoid restrictions adjusted to valuation date										
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date								318		
20	20 Quarterly contributions and liquidity shortfalls:										
	a Did the plan have a "funding shortfall" for the prior year?										
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
C If line 20a is "Yes," see instructions and complete the following table as applicable:											
	(1) 1ct	T	Liquidity shortfall as of e	nd of quarte					/4\		
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4th		
		<u></u>									

Pa	ırt V Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, full yield curve used			
	b Applicable month (e	enter code)	***************************************	21b	1				
22	Weighted average ret	irement age			22	65			
23	Mortality table(s) (see	instructions) 🗓 Pr	escribed - combined Pre	scribed - separate	Substitu	ite			
Pa	rt VI Miscellaned	ous Items							
24			tuarial assumptions for the current						
25	Has a method change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment	Yes X No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachmen	tX Yes No			
27	If the plan is subject to attachment	o alternative funding rules, en	ter applicable code and see instru	ctions regarding	27				
Pa	rt VII Reconcilia	ition of Unpaid Minimi	um Required Contribution	s For Prior Years					
28	Unpaid minimum requ	ired contributions for all prior	years		28	0			
29			d unpaid minimum required contrib		29				
30	Remaining amount of	unpaid minimum required cor	ntributions (line 28 minus line 29).		30	. 0			
Pa	rt VIII Minimum	Required Contribution	For Current Year						
31	Target normal cost ar	nd excess assets (see instruc	tions):						
	a Target normal cost (line 6)	••••••		31a	0			
	b Excess assets, if ap	plicable, but not greater than	line 31a	••••••	31b	0			
32	Amortization installme	ents:		Outstanding Bala	nce	Installment			
					0	0			
*****					0	0			
33			nter the date of the ruling letter gran		33				
34	Total funding requirem	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding balar	nce	Total balance			
35	Balances elected for u	ise to offset funding	0		0	0			
36	Additional cash require	ement (line 34 minus line 35).			36	0			
37	Contributions allocated (line 19c)		37	9018					
_38	Present value of exces	ss contributions for current ye	ar (see instructions)						
	a Total (excess, if any	, of line 37 over line 36)			38a	9018			
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b								
39		ired contribution for current y	39	0					
40									
Pa	rt IX Pension F	unding Relief Under F	Pension Relief Act of 2010	(See Instructions)		the state of the s			
41	If an election was mad	e to use PRA 2010 funding re	elief for this plan:						
a Schedule elected									
	b Eligible plan year(s) for which the election in line 41a was made								
42	42 Amount of acceleration adjustment								
43	Excess installment acc	celeration amount to be carrie	d over to future plan years	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	43				

Attachment to 2014 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 5th anniversary of Participation NRA Monthly Benefit: Accrued Benefit as of August 30, 2013

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

None

Changes in eligibility and benefit provisions since last valuation

• None