## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calenda	ar plan year 2015 or fis	scal plan year beginning 06/01/2	2015	and ending 03	3/31/2016		
A This ret	turn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer) nployer information in ac		-	
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	<ul> <li>the final return/report</li> <li>a short plan year retur</li> </ul>	n/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progr	ram
	T = -	special extension (enter desc	• •				
Part II	Basic Plan Info	rmation—enter all requested in	formation		1		
1a Name GRAYS WH	•	LOYEES RETIREMENT PLAN				ree-digit n number N) •	001
					1c Effe	ective date of 06/0	f plan 1/1970
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	,	ructions)	<b>2b</b> Em (EII		fication Number 626422
	OLESALE, INC.	e, country, and ZIP or foreign post	iai code (ii foreign, see inst	ructions)	2c Sp		hone number 86-3541
LEO OTATE (	STREET				<b>2d</b> Bus	siness code (	see instructions)
153 STATE S CLAYTON, N						4244	100
3a Plan a	dministrator's name an	nd address XSame as Plan Spon	sor.		<b>3b</b> Adr	ministrator's I	EIN
A If the	anno and/ar FIN of the		the left return/report filed f	for this plan actor the			elephone number
name	, EIN, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last return/report filed i	or this plan, enter the	4b EIN		
	or's name	at the beginning of the plan way			5a		5
_		at the beginning of the plan year.			5b		0
		at the end of the plan yearaccount balances as of the end of					
compl	lete this item)				5c		0
		rticipants at the beginning of the p			= 1/a\		
		rticipants at the end of the plan ye			5d(2)		0
than	100% vested	terminated employment during the			5e	ablished	0
Under pena SB or Sche	alties of perjury and oth	or incomplete filing of this retur her penalties set forth in the instru nd signed by an enrolled actuary, a plete.	ctions, I declare that I have	examined this return/rep	port, inclu	ding, if applic	*
SIGN	Filed with authorized/	valid electronic signature.	04/22/2016	FRANCIS GRAY			
HERE	Signature of plan a		Date	Enter name of individ	ual signing	g as plan adn	ninistrator
SIGN HERE							
	Signature of emplo		Date	Enter name of individ			
Preparer's	name (including firm n	ame, if applicable) and address (in	nciude room or suite numbe	er)	Preparei	r's telephone	number

	Form 5500-SF 2015		Page <b>2</b>								
<b>b</b> An ur	Were all of the plan's assets during the plan year invested in eligib re you claiming a waiver of the annual examination and report of order 29 CFR 2520.104-46? (See instructions on waiver eligibility you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit oot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			X Ye	
C If t	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .	X	Yes	No	_ N	ot dete	rmined
Part	III Financial Information	1	1								
<b>7</b> PI	an Assets and Liabilities		(a) Beginning					(b) Eı	nd of	Year	
	otal plan assets	7a		400	314						0
	otal plan liabilities	7b		400	0						0
	et plan assets (subtract line 7b from line 7a)	7c			314						0
	come, Expenses, and Transfers for this Plan Year ontributions received or receivable from:		(a) Amou	unt				(b	) Tota	al	
	Employers	8a(1)			0						
(2	) Participants	8a(2)			0						
(3	) Others (including rollovers)	8a(3)			0						
<b>b</b> 0	ther income (loss)	8b		8	3250						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								8	250
	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d		408	3564						
	ertain deemed and/or corrective distributions (see instructions)	8e			0						
	dministrative service providers (salaries, fees, commissions)	8f			0						
<b>g</b> 0	ther expenses	8g			0						
<b>h</b> To	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h								408	564
i Ne	et income (loss) (subtract line 8h from line 8c)	8i								-400	314
<b>j</b> Tr	ransfers to (from) the plan (see instructions)	8j			0						
Part	IV Plan Characteristics										
9a If	the plan provides pension benefits, enter the applicable pension 1A 3D 1I	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the inst	ructio	ns:	
B	the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Plan	n Char	actoriet	ic Coc	las in th	o inetri	uction	c·	
"	4B	eature coc	des from the List of Fra	ii Cilai	acterist	10 000	163 111 11	ic ilistit	JCtiOi i	J.	
Part \	/ Compliance Questions										
10	During the plan year:				Yes	No	N/A		Α	mount	
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary F	Fiduciary Correction	10a		X					
	Were there any nonexempt transactions with any party-in-interest					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	reported on line 10a.)			10b		X					
с	Was the plan covered by a fidelity bond?			10c	X						120000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
<b>e</b> \	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner person ne or all of	s by an insurance the benefits under			X					
	the plan? (See instructions.)			10e							
-				10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
	f this is an individual account plan, was there a blackout period? 2520.101-3.)			10h							
i	of 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i			_				
Part V	Pension Funding Compliance			,			1	1			
11	s this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
	Enter the unpaid minimum required contribution for all years from						11a				
	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·					RISA?	·	Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

FAX ND.::9147474346

Apr. 22 2016 11:00AM P5

Form 5500-SF	Short Form Annu	ial Return/Report o	f Small Employ	/ee		DMB Non. 1210-0110 1210-0080		
Department of the Transury Internet Revenue Betylco	and the second section of the first	Bonefit Plan	5 of the Employee Relig	ement		2015		
Department of Labor Employee Departs Security Administration	Income Security Act of 1974	(ERISA), and socilors 6057(I Revenue Code (the Code).	o) and 6050(a) of the Int	of the Internal This Form is C				
Pensing Benefit Guaranty Corporation	- Complete all entitles in	accordance with the instruc	tions to the Form 5500	SF	,			
Part I Annual Report	Identification information	١						
For colendar plan year 2015 or fl	scal plan year baginning 06/01/20	115	and ending 03/31/2		,,			
A This return/report is for:	X a eingle-employer plan  a one-participant plan	o multiple-employer plan list of participating ompl a foteign plan	o (not multiemployer) (F oyer information in acco	illara checi ordance wi	king this bi	natrucilons)		
B This return/report is	the first return/report	x the final return/report	eport (less than 12 mon	nthe)				
	T Sit districtions (Assumable)		,		· · · · · · · · · · · · · · · · · · ·	***		
C Chack box if filing under:	Form 5558 special extension (enter des	gutomatic extension		Ü.	FVC prog	raini		
	rmation—enter all requested	HOMBHON	· ·	1b Three	e-digit	T		
1a Name of plan Grays Wholesale, Inc. Employees	Retirement Plan				number	001		
				1c Effec	tive dato o 1/1870	f plan		
2 4 121 a a a dulament (1 4 4 h ) al a con	oyer, if for a single-employer plan om, apt., suite no. and etreet, or P	.C. HOXI'			loyer ident 15-06264	fication Number 22		
City or town, state or provin Grays Wholesalo, Inc.	ce, country, and ZIP or foreign po	etel code (if foreign, see instru	ctions)	2c Spor		ополо numbar 880-3541		
153 State Street	•			2d Bueir 4244		(see Instructions)		
		•						
Clayton, NY 13624  3a. Plan administrator's name (	and address XSame as Plan Spo	nsor.		3b Adm	inistrator's	EIN		
			}	3c Adm	inistrator's	telephone number		
		· · · · · · · · · · · · · · · · · · ·						
4 If the name and/or EIN of the name, EIN, and the plan of	ne plan sponsor has changed aloc umber from the last return/report,	se the last return/report filed to	r thin plan, enter the	46 EIN	······································	1.212,25, g = sheeren		
a Sponsor's name		14		4c PN	Γ.			
5a Total number of participan	to at the beginning of the plan yes	·		<u>5a</u>	. ,,			
h. Tarata	e at the end of the plan year			5b		0		
A Mumber of particleants will	h account balances as of the end	of the plan year (defined bone)	iit bigue do uor 💢 🕴	5c	<u></u>			
Complete this item/	articipante at the beginning of the	pinn vést	*************	5d(1)		0		
d(1) Total number of active p	STUCIPATION AT THE DESIGNARY OF THE	Lines		5d(2)		0		
<ul> <li>Number of participants th</li> </ul>	participante at the end of the plan at terminated employment during	the plan year with accrued ber	Palita lutti mete icaz	5e		0		
than 100% yested Caution: A penalty for the lat	e or incomplete filing of this ret other penalties set forth in the ins and signed by an enrolled actuar	um/report will be assessed	inless ressonable cau	se is este ori, includ , and to th	blished. ling, if app e best of r	icable, a Schedule ly knowledge and		
boller, it is true, correct and co	molete.	4/22/16	Francis Gray		1			
HERE Signature of plan	administrator	Date	Enter name of Individu	ret elbülüb	as plan a	dminiatrator		
Signature of plan	ancis Heary	4/22/16	_					
- 11-11-11-11	, , , , , , , , , , , , , , , , , , , ,	Date	Enter name of Individe	ual sinning	ចំនៃវវាទ គគ្គា	yer or plan sponsor		
	oloyer/plan spon <b>sor</b> n name, if applicable) and address	(include room or suite numbe	L)	Preparer	's relephor	e number		
		•						
1			1					

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<ul> <li>Were all of the plan's assets during the plan year invested in eligit</li> <li>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 can</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the part of the plan is a defined benefit plan, is it covered under the part of the plan is a defined benefit plan, is it covered under the part of the plan is a defined benefit plan in the plan in the plan is a defined benefit plan in the plan is a defined benefit plan in the plan in th</li></ul>	an indepen and conditi not use For	dent qualified public a ons.) rm 5500-SF and must	ccount t instea	ant (IQ d use	PA)  Form	5500.		No	_	s [	No No
Part III   Financial Information		ogram (occ Entro) (oc	,00077	021):	····· <u>^</u>	103			· doto	111111	<u></u>
7 Plan Assets and Liabilities		(a) D a visuale a	4 \/ -				0.15				
a Total plan assets	7a	(a) Beginning	40031		+		(D) E	nd of Y		0	
b Total plan liabilities	1		10001	0						0	
C Net plan assets (subtract line 7b from line 7a)			40031							0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				/h	) Total			
a Contributions received or receivable from:		(4) / 111100						y rotar			
(1) Employers	. 8a(1)			0	_						
(2) Participants	<del>                                     </del>			0	_						
(3) Others (including rollovers)	1 '1			0							
b Other income (loss)	1		825	0							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				_				825	0	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		40856	i4							
e Certain deemed and/or corrective distributions (see instructions)				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							4	40856	34	
i Net income (loss) (subtract line 8h from line 8c)	. 8i							4	40031	4	
j Transfers to (from) the plan (see instructions)	· 8j			0							
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applicable pension 1A 3D 1I	n feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the inst	ruction	s:		
B If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Plan	n Chars	ctoriet	ic Coc	lae in th	o inetr	uctions			
4B	icature cou	os nom the List of Fran	ii Oilare	10(0)13(	10 000	103 111 (11	10 #150	uotions.			
Part V Compliance Questions		<del>"</del>									
10 During the plan year:				Yes	No	N/A		An	ount		
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510,3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х						
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	•		10b		Х						
C Was the plan covered by a fidelity bond?			10c	X				,		120	000
d Did the plan have a loss, whether or not reimbursed by the plan's			100								
by fraud or dishonesty?			10d		X						
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		x						
f Has the plan failed to provide any benefit when due under the pla			10f		Х						
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		Х						
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 exceptions to providing the notice applied under 29 CFR 2520.10	the required	I notice or one of the	10i								
j Did the plan trust incur unrelated business taxable income?			10i								
Part VI Pension Funding Compliance	······································	·····	10)			l	<u> </u>				
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								[	Ye	s X	No
11a Enter the unpaid minimum required contribution for all years from						11a					
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction (	302 of E	RISA?	·[	Ye	s X	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	structions, and e Month	enter the Day	e date of t	he letter ru Year	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		r			
b	Enter the minimum required contribution for this plan year		12b			
	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 negative amount)		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************		Yes	No	N/A
Part			·			
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		·	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		• • • • • • • • • • • • • • • • • • • •	×	Yes [	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information			•		
14a	Name of trust		14b ⊺	rust's EIN	1	
14c	Name of trustee or custodian		1/14	Tructoo'o	or custodia	on'o
	Trains of fluctor of outcomm			telephone		ali 5
C						
Par	t IX IRS Compliance Questions					
15a	is the plan a 401(k) plan?		Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba ba	esign- sed safe rbor ethod	ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Ye		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section.	on 410(b):	☐ Ratio		Average benefit tes	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Ye	S	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	S	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicabl	e code	(See in	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial	number				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	ı's last fav	rorable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes	3	No	
	If "Yes," enter amount		19		tored	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wiretired), as required under section 401(a)(9)?	nether or not	Yes	S	No	□ N/A
	7					

## Attachment to 2015 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 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

• The Plan was terminated August 30, 2013 and all benefits were paid out on March 31, 2016

• The Plan ran a short year from June 1, 2015 to March 31, 2016

Changes in eligibility and benefit provisions since last valuation

• None