Forr	n 5500-SF	Short Form Annu	•	-	oyee	C	MB Nos. 1210-0110 1210-0089		
	nent of the Treasury I Revenue Service						2015		
Employee Ben	artment of Labor efits Security Administration	Income Security Act of 1974			This Fo	rm is Open to c Inspection			
	efit Guaranty Corporation			nstructions to the Form 55	00-SF.				
Part I For calendar	plan year 2015 or fisca	dentification Information al plan year beginning 01/01/2		and ending 12	/31/2015				
		a single-employer plan		er plan (not multiemployer)		ing this bo	must attach a		
A This retu	rn/report is for:	a one-participant plan	list of participating	employer information in ac	cordance wit	h the form i	nstructions)		
<b>B</b> This retur	n/report is	the first return/report an amended return/report	the final return/repo a short plan year re	ort eturn/report (less than 12 mo	onths)				
C Check bo	ox if filing under:	Form 5558	automatic extensio			FVC progra	m		
De st II		special extension (enter desc							
Part II 1a Name of		mation—enter all requested in	formation		1b Three	digit			
	•	JPPLY, INC. PROFIT SHARING	PLAN			umber	001		
					1c Effecti	ive date of 03/01			
Mailing a	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Emplo (EIN)	yer Identific	cation Number 39856		
	own, state or province, NE HARDWARE & SU	country, and ZIP or foreign post PPLY, INC.	al code (if foreign, see i	nstructions)	2c Sponsor's telephone number 718-544-8833				
					2d Busine	ess code (s	e instructions)		
EGO PARK,	FON STREET NY 11374					44413	0		
3a Plan adr	ministrator's name and	address XSame as Plan Spons	sor.		3b Admin	istrator's E	N		
					3c Admin	istrator's te	lephone number		
4 If the na	me and/or EIN of the p	plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
	EIN, and the plan numb	per from the last return/report.	·		<b>4c</b> PN				
5a Total nu	mber of participants at	t the beginning of the plan year			5a		25		
		t the end of the plan year			5b		24		
		count balances as of the end of			5c		23		
•	,	cipants at the beginning of the pl		ľ	5d(1)		19		
<b>d(2)</b> Total	number of active partie	cipants at the end of the plan ye	ar		5d(2)		18		
than 10	00% vested	rminated employment during the			5e		1		
Under penal SB or Sched	ties of perjury and othe	incomplete filing of this return r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I ha	ave examined this return/rep	ort, including	g, if applica			
		alid electronic signature.	07/14/2016	JEFF LIEBENSTEIN					
HERE	Signature of plan adr		Date	Enter name of individu	al signing as	s plan admi	nistrator		
SIGN HERE			_						
	Signature of employe ame (including firm nar	e <b>r/plan sponsor</b> me, if applicable) and address (ir	Date Include room or suite nu	Enter name of individu	al signing as Preparer's t				
				-					
For Paperwor	k Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.		F	orm 5500-SF (2015)		

Ga       Were all of the plants assets during the plan year (invested in eligible assets? (See instructions.)       Image 20 CH (CH = 100 CH =												
Part III       Financial Information       O       D         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       3746462       3965422         b       Total plan assets       (b) End of Year       3965422         b       Total plan assets       (b) End of Year       3965422         b       Total plan assets       (b) End of Year       3056422         b       Total plan assets       (b) End of Year       3056422         b       Encome, Expresse, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or rocavable form:       54(2)       (c)       (c)         (d) Dother income (loss)       58(2)       (c)       (c)       (c)       (c)         (d) Banefits paid (nolund) grider tolowers and insume permins       80       -49708       (c)       -49708         c       Certai aloemed andror corrective distributions (see instructions).       81       1003       (c)       -49708         g       Other income (cos)       Ba       81       -0014139       -49708       -49708         g       Other accentes       (c) and and and anoraccentely distributions (see instructions).		b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       3746462       3664522         b Total plan habilities       7b       0       0       0         c Net plan assets (subtract line 7b from line 7a)	С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined										
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets       7a       3746462       3664522         b Total plan habilities       7b       0       0       0         c Net plan assets (subtract line 7b from line 7a)	Pa	t III Financial Information										
a Total plan assets       7a       3746462       3864522         b Total plan labilities       7b       0       0       0         C Net plan assets (subtract line 7b from line 7a)       7c       3746462       3864522         B Income. Expenses. and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         a Contributions received or receivable from:       8a(1)       (c) Total       (c) Total       (c) Total         (c) Other income (loss)       8a(3)       -       -       -       -         (c) Other income (loss)       8a(3)       -       -       -       -         (c) Other income (loss)       8a(3)       -	7			(a) Beginning	of Ve	ar			(b) End of Year			
D       Total plan liabilities       To       0       0         C       Net plan assets (subtract line 7a) mm (ra 7a)       Tc       3746462       3666522         S       Income, Expenses, and Transfers for bits Plan Year       (a) Amount       (b) Total       0) Total         C       Outprise       56(2)       (a) Amount       (b) Total       0) Total         (c)       Enclose, Expenses, and Transfers for bits Plan Year       56(2)       (a) Amount       (b) Total         (c)       Enclose, Expenses, and Transfers for bits Plan Year       56(2)       (c)       (c)       (c)         (c)       Define income (loss)       58       -49706       (c)       -49708         C       Total income (loss)       58       -49706       (c)       -49708         C       Total income (loss)       62       -49708       (c)       -49708         C       Total income (loss)       62       -49708       (c)       -49708         C       Total income (loss)       Go ther expenses       62       -49708       (c)       -49708         C       Total income (loss)       Satistics (loss)       Satistics (loss)       Satistics (loss)       -49708       (c)       -49708       (c)       -49708 <th><u>,</u></th> <th></th> <th>72</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	<u>,</u>		72									
c       Net plan assets (aubtract line 7b from line 7a)       7c       3746462       36554522         8       Income. Expenses. and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or releavable from:       8a(1)       (b) Total         (c) Participants.       8a(2)       (a) Others (including releavable from:       8a(3)         (d) Others (including releavable from:       8a(3)       (b) Others (including releavable from:       8a(3)         (d) Others (including releavable from:       8a(3)       (c) Participants.       8a(3)         (e) Dates (including releavable from:       8a(3)       (c) Participants.       8a(3)         (e) Other income (does)       8a(3)       (c) Participants.       8a(3)         (e) Cristial dement and/or corrective distributions (see instructions).       8d       10933       (c) Participants.         (e) Other expenses (add lines 8d, 8e, 8f, and 8g)       8d       11139       (c) Participants.       9d         (f) Administrative service providers (asiaries, fees, commissions).       8f       41139       (c) Participants.       9d         (f) Other expenses (add lines 8d, 8e, 8f, and 8g)       8i       -91940       (c) Transfers to (from) the plan (see instructions.       8g       Part IV       Plan Characteristics       9d       Pa					0140							
8       income, Expanses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       84(1)       (a) Control transfers for this Plan Year         (a) Others (including rolevers)       84(2)       (b) Total         (c) Participants       84(2)       (c) Control transfers for this Plan Year         (c) Others (including rolevers)       84(2)       (c) Control transfers for this Plan Year         (c) Total income (dod) lines 84(1). 84(2), 84(3), and 8b)       8c       -49708         (c) Total income (dod) lines 84(1). 84(2), 84(3), and 8b)       8c       -49708         (c) Contain Income (cost)       8b       -49708         (c) Contain Income (cost)       (c) Contain Income (cost)       8c       -49708         (c) Contain Income (cost)       (c) Contain Income (cost)       8c       -41139         (c) Other expenses       8g       -41139       -42232         (c) Not expenses (add lines 8d, 8c, 8t, and 8g)       8h       -42232       -91940       -91940         (c) Transfers to (from) the plan (see instructions)       8j       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940       -91940 <th></th> <th></th> <th></th> <th></th> <th>3746</th> <th colspan="3">-</th> <th colspan="3">-</th>					3746	-			-			
a Combutions received or receivable from:       8a(1)         (1) Employers       8a(2)         (2) Participants       8a(3)         (3) Others (including rollovers)       8a(3)         b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d         its provide benefits)       8d         g Other expenses       8g         f Administrative service providers (salaries, fees, commissions)       8f         g Other expenses       8g         1 Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         41139       9         g Other expenses       8g         1 Transfers to (from) the plan (see instructions)       8i         j Transfers to (from) the plan (see instructions)       8j         Part IV       Plan Characteristics         9a       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         t2t 2 A 3D       During the plan year:         40       Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2510.3-102 (See instructions and DOL's Volunary Fiduciary Correction Program)			. 70	(-) •		402						
(1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Othar income (loss)       8b         -49708       -49708         C Total income (loss)       8b         -49708       -49708         C Total income (loss)       8c         -49708       -49708         C Total income (loss)       8c         -49708       -49708         C Total income (loss)       6c/tain deemed and/or corrective distributions (see instructions).       8e         - Carain deemed and/or corrective distributions (see instructions).       8e       -41139         - G Other expenses       8g       -42232         - N te income (loss) (subtract line 8h from line 80)       8i       -41940         - Transfers to (from) the plan (see instructions).       8j       -41940         - Transfers to (from) the plan (see instructions).       8j       -41940         - Transfers to (from) the plan (see instructions).       8j       -41940         - Transfers to (from) the plan (see instructions).       8j       -41940         - Transfers to (from) the plan (see instructions).       8j       -41940         - Transfers to (from) the plan (see instructions).       8j       -41040				(a) Amol	Int				(b) Iotal			
(2) Participants	a		8a(1)									
(3) Others (including rollovers)       8a(3)       -49708         b Other income (loss)       8b       -49708         c Total income (loss)       8c       -49708         c Total income (loss)       8c       -49708         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       -49708         g Other expenses       8d       1093         g Other expenses       8g       -         f Administrative service providers (salaries, fees, commissions)       8f       41139         g Other expenses       8g       -         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       -         9 Other expenses			8a(2)									
b Other income (loss)       8b       -49709         c Tatal income (add lines Ba(1), Ba(2), Ba(3), and Bb)       8c       49708         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       1093       49708         e Certain deemed and/or corrective distributions (see instructions)       8d       1093         e Certain deemed and/or corrective distributions (see instructions)       8f       41139         g Other expenses (add lines 8d, 8e, 8l, and 8g)       8g       42232         i Notal expenses (add lines 8d, 8e, 8l, and 8g)       8i       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         j Transfers to (from) the plan (see instructions)       8j       -4700         j Tansfers to (from) the plan see instructions and DOL's Voluniary Fluciary Coroteon Program       No       NA         Manount       Was there a ray nonexempt transactions with any par												
C       Total income (add lines Ba(1), Ba(2), Ba(3), and Bb)       Bc       -49708         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       1093         e       Certain deemed and/or corrective distributions (see instructions)       8e       41139         g       Other expenses       8g       41139         g       Other expenses       8g       -91940         h       Total expenses (add lines Bd, 8e, 8f, and 8g)       8i       -91940         j       Transfers to (from) the plan (see instructions)       8j       -91940         g       If the plan provides provides rison benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2A       3D         B       If the plan provides provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2A       3D         10       During the plan year:       Yes       No       NA       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 GFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       275000         b       Was there a failure to	b				-49	708						
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8c						-49708			
by protection of the provide structure of the provides instructions with the service providers (salaries, fees, commissions)												
f       Administrative service providers (salaries, fees, commissions)			. 8d		1	093						
g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)	e	Certain deemed and/or corrective distributions (see instructions)	8e									
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions) 8f				139						
i Net income (loss) (subtract line 8h from line 8c)       8i       -91940         j Transfers to (from) the plan (see instructions)       8j       -91940         Part IV       Plan Characteristics       8j         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2A       3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       ×         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       ×       375000         c       Was the plan nove days, whether or not reimbursed by the plan's fidelity bond, that was caused by finaul or dishonestly?       10f       ×       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity under the plan? (See instructions)       10g       ×       10e       ×         f       Has the plan failed to provide any benefit when due under t	g	Other expenses	. 8g									
Intersters to (from) the plan (see instructions)	h	h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h							42232			
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2A       3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       NA       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       No       NA       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       No       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       No       X       375000         d       Did the plan failed to provide any benefit when due under the plan?       10f       X       2         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       2         g       Did the plan have any sattricipant loans? (If "Yes," enter amount as of year end.)       10g       X<	i	Net income (loss) (subtract line 8h from line 8c)	8i						-91940			
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2A       3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	j	Transfers to (from) the plan (see instructions)	8j									
2E       2A       3D         B       If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions         10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t IV Plan Characteristics										
Part V Compliance Questions         10       During the plan year:       Yes       No       NA       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DCL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:			
10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       X         c       Was the plan covered by a fidelity bond?       10c       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       375000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).       10h       X       X         i       If 10h was answered "Yes," check the box if you	В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:			
10       During the plan year:       Yes       No       N/A       Amount         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       Ioa       X       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       Iob       X       375000         c       Was the plan covered by a fidelity bond?       Ioc       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       Iod       X       375000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       Ioe       X       X         f       Has the plan failed to provide any benefit when due under the plan?       Iof       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       Iog       X       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3).       Ioh       X       X         i       If 10h was answered "Yes," check the b	Par	V Compliance Questions										
a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10					Yes	No	N/A	Amount			
Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       375000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       2         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       2         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       2         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.       10i       2         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.       10i       2 </th <th>а</th> <th>Was there a failure to transmit to the plan any participant contribu</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Was there a failure to transmit to the plan any participant contribu										
b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       375000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         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.       10i       X       X			-				×					
reported on line 10a.)       10b       X         C       Was the plan covered by a fidelity bond?       10c       X       375000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X       375000         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X       X         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.       10i       X         i       Did the plan back out period was the provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.       10i       X	h	5			10a		^					
d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10i       10i		reported on line 10a.)	·····		10b		Х					
by fraud or dishonesty?       10d       X         e       Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10i       I0i	C	Was the plan covered by a fidelity bond?			10c	X			375000			
carrier, insurance service, or other organization that provides some or all of the benefits under       10e       X         f       Has the plan failed to provide any benefit when due under the plan?       10f       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10i       Ioi	d				10d		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10i       I	e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		X					
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h       X         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.       10i       10i	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
2520.101-3.)       10h       X         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	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х					
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	h				10h		x					
	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the			<u> </u>					
	j				-							

Part	t VI Pension Funding Compliance	<b>_</b>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule 5500) and line 11a below)	ıle SB (Form	Yes No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 1	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302	02 of ERISA?	Yes X No

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Page **3** - 1

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b Trust's EIN					
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?							ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer p		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No			
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No			
	lf "Y€	es," enter amount		19					
20						No	N/A		

For	m 5500-SF	Short Form Annu	al Return/Report	of Small Emp	lovee	OMB Nos. 1210-0110 1210-0089			
Depar	tment of the Treasury		Benefit Plan						
De	partment of Labor	<ul> <li>This form is required to be file Income Security Act of 1974</li> </ul>	(ERISA), and sections 605	57(b) and 6058(a) of the					
	enefits Security Administration enefit Guaranty Corporation	─ ► Complete all entries in a	Revenue Code (the Code	na anna ann ann ann ann ann ann ann ann	500-SE	Public Inspection			
Part I	Annual Report	Identification Information		ructions to the Form 5	500-56.				
		scal plan year beginning	01/01/2015	and ending	12/	/31/2015			
A This rat	urn/report is for:	X a single-employer plan				cking this box must attach a ith the form instructions)			
A mister	unineport is for.	a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)				
C Check b	box if filing under:	X Form 5558	automatic extension		[] C	DFVC program			
		special extension (enter descr	iption)		1.316 - 13				
Part II	Basic Plan Info	rmation-enter all requested inf	ormation	1		1			
<b>1a</b> Name YELLOWS	2018.01.00	& SUPPLY, INC. PROF	IT SHARING PLAN		1b Three plan (PN)	number 001			
					1c Effec	tive date of plan 01/1974			
The second states and the second states		yer, if for a single-employer plan)	Pavl		2b Empl	oyer Identification Number			
City or	town, state or province	n, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		ructions)		11-1739856 Isor's telephone number			
YELLOW	ISTONE HARDWAR	RE & SUPPLY, INC.			718-544-8833				
67-47	ALDERTON STRE	ET			2d Business code (see instructions) 444130				
REGO P	7123831837	NY 11374							
3a Plan ac	Iministrator's name an	d address XSame as Plan Spons	or.		3b Administrator's EIN				
					3c Admir	nistrator's telephone number			
		plan sponsor has changed since t nber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN				
<b>a</b> Sponso	or's name				4c PN				
5a Total n	umber of participants	at the beginning of the plan year			5a	25			
	AND THE REAGAN AND AND ADDRESS COMPANY AND ADDRESS	at the end of the plan year			5b	24			
		account balances as of the end of t			5c	23			
<b>d(1)</b> Tota	I number of active par	ticipants at the beginning of the pla	an year		5d(1)	19			
		ticipants at the end of the plan yea terminated employment during the			5d(2) 5e	18			
						liebod			
Under pena SB or Scher	Ities of perjury and oth dule MB completed an	or incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, as	tions, I declare that I have	examined this return/re	port, includin	ig, if applicable, a Schedule			
SIGN	te, correct, and comp	here.	7/14/16	Jeff Liebenst	ein	1997 - 1999 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			
HERE	Signature of plan ad	dministrator	Date	Enter name of individ	ual signing a	s plan administrator			
SIGN									
HERE	Signature of employ		Date		Contraction of the local division of the loc	s employer or plan sponsor			
Preparer's n	ame (including firm na	ame, if applicable) and address (ind	clude room or suite numbe	r)	Preparers	telephone number			

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	Were all of the plan's assets during the plan year invested in eligib		source of the state even where the set				****	X Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Form	5500-SF and mus	st inste	ad use	Forn	n 5500.	
с	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA s	ection 4	021)?		Yes []	No Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar		(k	) End of Year
а	Total plan assets	. 7a		3,74	6,46	2		3,654,522
b	Total plan liabilities	. 7b				0		C
с	Net plan assets (subtract line 7b from line 7a)	7c		3,74	6,46	2		3,654,522
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
а	Contributions received or receivable from:							
	(1) Employers	8a(1)				+		1.00-
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)				_		
b	Other income (loss)	8b		- 4	9,70	8		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		-49,708
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1,09	3		
-	Certain deemed and/or corrective distributions (see instructions)	8e				-		
	Administrative service providers (salaries, fees, commissions)	8f		4	1,13	9		
C212					-1-5	-		-
	Other expenses	8g				+		42,232
		8h				-		-91,940
<u>_</u>	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i				-		-91,940
1	t IV Plan Characteristics	8j						
B	If the plan provides welfare benefits, enter the applicable welfare for							Suddions.
Part 10		17.2.			Yes	No	N/A	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within th	a time period		Tes	NO	N/A	Amount
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	ciary Correction	10a		х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		CARLENCE TALL OF ALL RULE	10b		х		
С	Was the plan covered by a fidelity bond?			10c	Х			375,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי		10f		Х		
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear end	)	10g		Х		••••••
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	See instruction	ons and 29 CFR	10g		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	101				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part								
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below).							rm 🗌 Yes 🗍 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							A? Yes X No

5.96 (F-1)	Form 5500-SF 2015 Page <b>3 -</b>			177 July 1100 11				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructior granting the waiver	s, and e	enter the Day	e date of t	he letter ru Year	uling		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		- Duj					
b E	inter the minimum required contribution for this plan year		12b					
CE	nter the amount contributed by the employer to the plan for this plan year	12c		17. 240 BIL				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
e	Nill the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part V	II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No			
	f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?		ontrol		Yes X	No		
	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pl which assets or liabilities were transferred. (See instructions.)	an(s) to	(					
13	c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part \	/III Trust Information							
<b>14a</b> N	ame of trust		14b ⊺	rust's EIN				
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number			
Part	X IRS Compliance Questions			Art 11 11 11 11 11 11				
15a I	s the plan a 401(k) plan?		Yes	3	No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ADF test	PIACP		
te	the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current yesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-(a)(2)(ii))?	ar	Yes		No			
<b>16a</b> c	heck the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(t	):	Ra per tes	rcentage		erage nefit test		
	oes the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining is plan with any other plans under the permissive aggregation rules?		Yes	;	No			
<b>17a</b> H	as the plan been timely amended for all required tax law changes?		[] Yes	1	No	□ N/A		
	ate the last plan amendment/restatement for the required tax law changes was adopted	er the a	applicab	le code	(See i	nstructions		
	the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is dvisory letter, enter the date of that favorable letter and the letter's serial number	subjec	t to a fav	vorable IR	S opinion	or		
d	the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the etermination letter		the plan	's last favo	orable			
	the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)		Yes		No			
<b>19</b> W	/ere in-service distributions made during the plan year?		Yes		No			
If	"Yes," enter amount		19					
	lere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or tired), as required under section 401(a)(9)?		Yes		No	N/A		