For	m 5500-SF	of Small Empl	oyee	0MB Nos. 1210-0110 1210-0089						
	tment of the Treasury nal Revenue Service	065 of the Employee R	Retirement 2016							
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E								
Pension Benefit Guaranty Corporation <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Part I</li> <li>Annual Report Identification Information</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instruct</li></ul>										
	ar plan year 2016 or fisca		16	and ending 12	2/31/2016					
		a single-employer plan	a multiple-employer pla	6	Filers chec	king this bo	x must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating em a foreign plan	ployer information in ac	ccordance v	with the form	n instructions.)			
<b>B</b> This retu	ırn/report is	the first return/report	the final return/report							
	Ē	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)					
C Check	C Check box if filing under:									
		special extension (enter descrip	tion)							
Part II	Basic Plan Inforr	mation—enter all requested infor	mation		-					
1a Name YELLOWST		PPLY, INC. PROFIT SHARING PI	AN		<b>1b</b> Threplan (PN)	number	001			
						ctive date of	<sup>-</sup> plan /1974			
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)						loyer Identif	ication Number 739856			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) YELLOWSTONE HARDWARE & SUPPLY, INC.						2c Sponsor's telephone number 718-544-8833				
					2d Busi		see instructions)			
67-47 ALDEF REGO PARK	RTON STREET , NY 11374					4441				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spons	or.		3b Adm	inistrator's I	EIN			
					3c Adm	inistrator's t	elephone number			
4 If the r	name and/or EIN of the p	plan sponsor has changed since th	e last return/report filed fo	or this plan, enter the	4b EIN					
	EIN, and the plan numb	per from the last return/report.		·····	<b>4c</b> PN					
		the beginning of the plan year			5a		24			
		the end of the plan year			5b		25			
C Numb	er of participants with ac	count balances as of the end of th	e plan year (only defined	contribution plans	5c					
	,	cipants at the beginning of the plar			5d(1)		18			
<b>d(2)</b> Tota	al number of active partie	cipants at the end of the plan year			5d(2)		18			
		rminated employment during the p			5e		1			
Caution: A	penalty for the late or	incomplete filing of this return/r	eport will be assessed	unless reasonable ca						
SB or Sche	alties of perjury and othe dule MB completed and rue, correct, and comple	r penalties set forth in the instruction signed by an enrolled actuary, as ate.	ons, I declare that I have well as the electronic ver	examined this return/re sion of this return/repor	port, includ t, and to the	ing, if applic e best of my	able, a Schedule knowledge and			
SIGN HERE	Filed with authorized/va	lid electronic signature.	07/25/2017	JEFF LIEBENSTEIN						
	Signature of plan adr	ninistrator	ninistrator Date Enter name of ind							
SIGN HERE										
	Signature of employe name (including firm nar	e <mark>r/plan sponsor</mark> ne, if applicable) and address (incl	Date ude room or suite numbe	Enter name of individ		as employe s telephone				

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

2E 2A 3D

i

j

9a

b

43494

236721

6a b c	· · · · · · · · · · · · · · · · · · ·									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	3654522	3891243						
b	Total plan liabilities	7b	0	0						
C	Net plan assets (subtract line 7b from line 7a)	7c	3654522	3891243						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	280215							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		280215						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	43494							
g	Other expenses	8g								

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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
а	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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	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		Х		
е	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		×		
f	Lie de stat faite de servide servide service de state de service de state 0	10f		Х		
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		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	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 י	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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?				Yes	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

Form 5500-S	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 12		
Department of the Treasur Internal Revenue Service	y	This form is required to be file	f the Employee R	etirem	ent	ant 2016			
Department of Labor Employee Benefits Security Admin		Income Security Act of 197	4 (ERISA), a	and sections 60 Code (the Cod	)57(b) ai	nd 6058(a) of the	Intern	This	Form is Open to blic Inspection
Pension Benefit Guaranty Corp		Complete all entries in		e with the inst	tructior	is to the Form 5	500-SI		
Part I Annual Re	port Ide	ntification Information	n	0010		and onding		12/31/201	6
or calendar plan year 20			01/01/			and ending t multiemployer) (			
A This return/report is for	: _	a single-emptoyer plan a one-participant plan	list o	ipie-employer p f participating ei sign plan	mployer	r information in ac	corda	ince with the for	m instructions.)
3 This return/report is	님	the first return/report		al return/report					
		an amended return/report	∐a sho	rt plan year retu	.m/repo	rt (less than 12 m	ionins	)	
Check box if filing und	er: 🔀	Form 5558	autor	natic extension	I		DI DI	FVC program	
	П	special extension (enter des	cription)						
Part II Basic Pla	n Informa	ation-enter all requested i	information						
a Name of plan	WARE &	SUPPLY, INC. PROF	TT SHAI	RING PLAN			1c	Three-digit plan number (PN) Effective date	
Mailing address (inclu City or town, state or	ide room, aj province, co	if for a single-employer plan, pt., suite no. and street, or P ountry, and ZIP or foreign po	P.O. Box)	foreign, see ins	structior	าร)	2b	(EIN)11-17	ntification Number
YELLOWSTONE HAR		SUPPLY, INC.						718-544-8 Business code	833 e (see instructions
67-47 ALDERTON	STREET							444130	
REGO PARK		NY 11374					2h	Administrator	E EIN
3a Plan administrator's r	name and a	ddress 🛛 Same as Plan Sp	oonsor.						s telephone numb
. A									
name, EIN, and the	IN of the pla plan numbe	an sponsor has changed sinc er from the last return/report.	ce the last re	eturn/report filec	d for this	s plan, enter the		EIN PN	
a Sponsor's name				<b>_</b>			-	5a	
		the beginning of the plan yea					···	5b	
c Number of participar	nts with acco	the end of the plan year ount balances as of the end	of the plan	ear (only define	ned conti	ribution plans		5c	
		pants at the beginning of the						d(1)	
• •		ipants at the end of the plan						d(2)	
e Number of participa	nts that terr	minated employment during t	the plan yea	r with accrued	benefits	s that were less		5e	
Caution: A penalty for t Under penalties of perjury SB or Schedule MB com	he late or in y and other pleted and s	ncomplete filing of this ret penalties set forth in the inst signed by an enrolled actuary	urn/report	will be assesse eclare that I have	ed unle ive exar	ess reasonable c nined this return/i	report	, incluaina, il ar	iplicable, a Sulicu
belief, it is true, conrect, a					Je	ff Liebenst	teir	1	
HERE Signature of plan administrator $\frac{Date 7\pi/7}{T}$ Enter name of individual signing as plan						administrator			
SIGN				······································					
HERE Signature o	f employer	r/plan sponsor		Date		nter name of indiv		signing as emp reparer's teleph	loyer or plan spon one number
Preparer's name (includi	ng tirm nam	ie, if applicable) and address	s (include fo	on or suite hun	nuer)			сраго а клорп	

Form 5500-SF 2016

Page	2
гауе	4.

									X Yes	
b /	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li></ul>									
l	f you answered "No" to either line 6a or line 6b, the plan cann	ot use Fol	rm 5500-SF and must	instead	1 1150 F		хос Г		Not deter	mined
CI	the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sec	aion 40.	21)?	···· []				minea
Par	III Financial Information				<u> </u>					
7	Plan Assets and Liabilities		(a) Beginning of				(b	) End	of Year	1 047
a	Total plan assets	7a	3,6	554,5	22				3,89	1,243
b	Total plan liabilities	7b			0				2 00	1 242
С	Net plan assets (subtract line 7b from line 7a)	7c	3,6	554,5	22				3,89	1,243
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	<u> </u>
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
_	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2	280,2	15					0 01E
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>							20	30,215
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d				,				
e	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f		43,4	.94					<u> </u>
g	Other expenses	. 8g								43,494
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								<b>`</b>
i	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>						236,721		
j	Transfers to (from) the plan (see instructions)	· 8j								
Pa	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2A 3D				,					
b	If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plar	n Chara	cteristi	ic Cod	es in ti	he instr	uctions:	
Par	t V Gompliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not	include transactions	10b_		х				
C	Was the plan covered by a fidelity bond?			10c	х					375,000
d	Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all o	if the benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pl	lan?		10f		Х	<u> </u>			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	-end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period 2520.101-3.)	? (See inst	ructions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the requir	ed notice or one of the	<u>10i</u>						

Form 5500-SF 2016

Page 3-

Part VI	Pension Funding Compliance					
11 Ist (Fo	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and common 5500) and line 11a below)	complete Sch	edule SI	3	Yes	No No
	ter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
	this a defined contribution plan subject to the minimum funding requirements of section 412 of the C				Yes	X No
ER (If	ISA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins anting the waiver.	Aonth	d enter t Day		the letter ru Year	ling
lf you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b Ent	er the minimum required contribution for this plan year		12b			
G Ente	er the amount contributed by the employer to the plan for this plan year		12c			
d Su	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)	left of a	12d		2000	
e Wi	Il 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 Ha	is a resolution to terminate the plan been adopted in any plan year?			Yes	X No	
If '	Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ntrol of the PBGC?				Yes X	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident hich assets or liabilities were transferred. (See instructions.)	ify the plan(s	) to	,		
13c(	1) Name of plan(s):	13c(2	) EIN(s)		13c(3) F	'N(s)
Part VI						
<b>14a</b> Nar	ne of trust		140	Trust's EIN		
14c Nar	ne of trustee or custodian		14d	Trustee's c telephone		າ່ຣ
Part IX	IRS Compliance Questions				•	
	he plan a 401(k) plan? If "No," skip b	Yes			No	
	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section		gn-base harbor	d 🗌	"Prior yea test	" ADP
401	(k)(3) for the plan year? Check all that apply:	"Curi ADP	rent yeai test	° []	N/A	
	hat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	Rati perc test	entage	Ave ben	rage efit test	□ N/A
for	I the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?				No	-
the	he plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS letter and the serial number					
lett		enter the date	e of the r	nost recen	t determina	ation
We	ined Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not sep vice?		[] Ye	es 📋	No	
<b>19</b> Wa	is any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		. 🗌 Ye	es 🗌	No	