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.

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Report Ide	ntification Information				
For	calendar plan year 2011 or fiscal p		1	and ending 0	6/30/2	2012
A 7	his return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
	· —	the first return/report	•	eturn/report		ы
,		· H		in year return/report (less than 12 mc	ntha)	
_	片	· H	•		Jillis)	
C	nicok box ii iiiiig anaon.	Form 5558		extension		DFVC program
		special extension (enter descriptio	n)			
Pa	rt II Basic Plan Informa	ation—enter all requested informa	ation			
	Name of plan					Three-digit
RIBB	ON NARROW RETIREMENT PLA	AN				plan number
				·	4.	(PN) 002
					10	Effective date of plan 07/01/1968
2a	Plan enoneor's name and address	s; include room or suite number (ei	mployer if	for a single-employer plan)	2h	Employer Identification Number
	ON NARROW FABRIC CO.	s, include room of suite number (ci	inployer, ii	Tot a single employer plant	20	(EIN) 13-5542984
					20	Sponsor's telephone number
DO D	OX 5059				_0	631-329-3422
	HAMPTON, NY 11937				2d	Business code (see instructions)
						443111
3a	Plan administrator's name and ad	ddress (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN
RIBBO	ON NARROW FABRIC CO.	PO BOX 5059 EAST HAMPT		1037		13-5542984
		LASTITAMI	1014, 141	1337	3c	Administrator's telephone number 631-329-3422
4	If the name and/or FIN of the plan	n sponsor has changed since the la	act return/	report filed for this plan, enter the	4b	
•	name, EIN, and the plan number		ast return,	report med for this plan, enter the	עד	LIIV
а	Sponsor's name				4c	PN
5a	Total number of participants at th	ne beginning of the plan year			5a	6
b	Total number of participants at th	ne end of the plan year			5b	2
С	Number of participants with acco	ount balances as of the end of the p	olan year (defined benefit plans do not		
	complete this item)		······	·	5c	2.
6a	Were all of the plan's assets dur	ring the plan year invested in eligibl	le assets?	(See instructions.)		X Yes No
b				ndent qualified public accountant (IQF		V voo □ No
	•			ons.)		X Yes No
Pai	rt III Financial Informati		JIIII 3300-	SF and must instead use Form 550	<i>.</i>	
7	Plan Assets and Liabilities	1011		(a) Beginning of Veer		(h) End of Voor
=				(a) Beginning of Year		(b) End of Year 1443459
	•		7a	2201100		
	·	(l' 7-)	7b	2281108		1443459
		from line 7a)	7c			
8	Income, Expenses, and Transfers			(a) Amount		(b) Total
а	Contributions received or receiva (1) Employers	adie from:	8a(1)			
			8a(2)			
	` '		8a(3)			
b			8b	1489		
	,	a(2), 8a(3), and 8b)		1.100		1489
_	Benefits paid (including direct roll	, , , , , , , , , , , , , , , , , , , ,	8c			
u	. `		8d	715669		
е	'	e distributions (see instructions)	. 8e			
f		(salaries, fees, commissions)	8f	123500		
g	•		8g			
h	•	e, 8f, and 8g)	8h			839169
i		Bh from line 8c)				-837680
i	` , `	instructions)				
			1 XI	1		

Form	5500	QE.	201	1
Form	っついい	-5-	701	-1

Page 2 -	1	
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Part IV	Plan	Charact	eristics
I altıv	ı ıaıı	Onal aci	にいらいしろ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Δm	ount	
u	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		7	<u> </u>	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c		X				
	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				
	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		Х				
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
3	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	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						
rt \	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	V NI-
		, 01 30	CHOIL	302 of E	-NISA	·	103	X No
,	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	, OI 30	CHOIT	802 of E	LNISA	· · · _	103	NO
a i	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter th	e date	of the le	tter ruli	ng
a !	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	and e	nter th Day ₋	e date	of the le	tter ruli	ng
a fyd	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter th Day _	e date	of the le	tter ruli	ng
f yo	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, th	and e	nter th Day ₋	e date	of the le	tter ruli	ng
a If you b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th of a	and e	nter th Day _	e date	of the le	tter ruli	ng
f yo	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, th of a	and e	nter the Day 12b 12c 12d	e date	of the le	tter ruli	ng
a grant from the state of the s	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter the Day 12b 12c 12d	e date	of the le	etter ruli	ng ——
a graph of the state of the sta	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter th Day	e date	of the le	etter ruli	ng ——
a if you be compared to the co	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter ruli	ng ——
a gif you be compared to the c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d 	e date	of the le	etter ruli	ng N/A
f your land and a land and a land a l	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter ruli	ng ——
f ye b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day 12b 12c 12d	e date	of the le	etter ruli	ng N/A
f you	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day 12b 12c 12d	Yes	of the le	etter ruli	ng N/A
f ye should be s	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter th Day 12b 12c 12d	Yes	of the le	No X	ng N/A
t \ \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monor ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	nter th Day 12b 12c 12d	Yes	of the le	No X	ng N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/15/2013	ELLIOTT WALDMAN POWER OF ATTORNEY
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

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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P:	art I Annual Report Identification Information			-	-
	calendar plan year 2011 or fiscal plan year beginning	7/1/201	1 and ending	-	6/30/2012
	his return/report is for: X a single-employer plan		employer plan (not multiemployer)		a one-participant plan
			, , , , , , , , , , , , , , , , , , , ,		
י פ	his return/report is: the first return/report	ī	eturn/report		
	an amended return/report	i '	in year return/report (less than 12 r	nonths	
C	Check box if filing under: Form 5558	automatic	extension	E	DFVC program
	special extension (enter description)	_4.		
Pê	art II Basic Plan Information—enter all requested informa	ition		; }	
1a	Name of plan				Three-digit
D:FF	on Nerrow Bettroment Blon		(,		olan number (PN) ▶ 002
KIDE	on Narrow Retirement Plan				Effective date of plan
			NATURA T	10	7/1/1968
2a	Plan sponsor's name and address; include room or suite number (6	employer, if	for a single-employer plan)	2b	Employer Identification Number
	•	•		. ((EIN) 13-5542984
Ribb	oon Narrow Fabric Co.		\$ _ #\\		Sponsor's telephone number
				_	329-3422
	Box 5059				Business code (see instructions)
_	t <u>Hampton</u> NY 11937 Plan administrator's name and address (if same as plan sponsor, e	nter "Same		4431 3h	Administrator's EIN
SAN	· · · · · · · · · · · · · · · · · · ·	inter Carrie			Administrator 5 City
•	· -			3c	Administrator's telephone number
		<u> </u>			
4	If the name and/or EIN of the plan sponsor has changed since the	last retur n/re	eport filed for this plan, enter	4b	EIN
_	the name, EIN, and the plan number from the last return/report.		9	4.	DA.I
	Sponsor's name	- 7		4c	T
	Total number of participants at the beginning of the plan year	. '		5a	63
	Total number of participants at the end of the plan year			5b	22
С	Number of participants with account balances as of the end of the		=	5c	22
	complete this item)				
	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				X Yes No
U	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	2,281,10	8	1,443,459
þ	Total plan liabilities	7b		0	0
	Net plan assets (subtract line 7b from line 7a)	7c	2,281,10	8	1,443,459
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	4	(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)		의	
	(2) Participants	8a(2)		의	
_	(3) Others (including rollovers)	8a(3)	4.40	믜	
D		8b	1,48	判	1.490
۲ C		8c		+	1,489
d	p (p	04	715 66	ا	
е	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	715,66	취	
f	Administrative service providers (salaries, fees, commissions)	T	123,50	ă	
g	Other expenses		123,30	Ť	
h		r		\top	839,169
i	Net income (loss) (subtract line 8h from line 8c)			1	-837,680
i	Transfers to (from) the plan (see instructions)			ol	

		Form 5500-SF 2011 Page 2-		_				
Pai	t IV	Plan Characteristics	-					
a	If the p	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	naracte	eristic	Code	s in the in	structions:	
b	If the p	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	aracte	ristic (Codes	in the inst	tructions:	
Pa	rt V	Compliance Questions						
10	During	the plan year:		Yes	No		Amount	·
а		here a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		े×्र			
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 10a.)	10b	<u></u>	X	N. J)	
С	Was t	he plan covered by a fidelity bond?	10c	3/	X			
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	10d		X			
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nee service or other organization that provides some or all of the benefits under the plan? (See		37				
		tions.)	10e		X	 		
		te plan failed to provide any benefit when due under the plan?	10f		x			
_	If this	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			
i	if 10h	was answered "Yes," check the box if you either provided the required notice or one of the	10h		<u>^</u>	 		· · · · · ·
Pai		Pension Funding Compliance	10i			<u> </u>	·	
<u>га</u> 11	_	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c		Ca	hodul.	o CD /Form		
	5500)	a defined benefit plan subject to minimum funding requirements) (ii 1es, see instructions and c	omple	ile SC	riedui	e 36 (F0III	Yes	X No
а	(If "Ye If a wa grantii	a defined contribution plan subject to the minimum funding requirements of section 412 of the Cos," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) siver of the minimum funding standard for a prior year is being amortized in this plan year, see insight waiver.	truction	ns, an	nd ent	er the date	of the letter	
	_	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line the minimum required contribution for this plan year		Г	42h	T		
		the amount contributed by the employer to the plan for this plan year			12b 12c		·	
_		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I						
		ve amount)			12d	<u></u>		0
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No >	(N/A
Pai	t VII	Plan Terminations and Transfers of Assets						
3 a	Has a	resolution to terminate the plan been adopted in any plan year?		<u></u>			X Yes	No No
		s," enter the amount of any plan assets that reverted to the employer this year			13a			0
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?			••••	rol	Yes	X No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifassets or liabilities were transferred. (See instructions.)	y the p	olan(s)) to			
1	3c(1) N	lame of plán(s):	╀	13	c(2) [EIN(s)	13c(3) PN(s)
aut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reason	able (cause	is es	tablished	•	
B o	r <i>€8t</i> je	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this dule MB completed and signed by an enrolled actuary, as well as the electronic version of this retress correct, and complete.	return urn/rep	/repoi	t, incl nd to	uding, if an	oplicable, a s f my knowled	Schedule dge and
eıñ		4/15/2013 Elliatt Walder	n Po	war c	· Ε Δ ++/	ornov		

SIGN		4/15/2013	Elliott Waldman Power of Attorney
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN		4/15/2013	Elliott Waldman Power of Attorney
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form **5558** (Rev. June 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I	Identification						
A Name of	filer, plan administrator, or plan sponsor (see instructions)	B Filer's identify	ing number (see instructions)				
	n Narrow Fabric Co.	Employer iden	Employer identification number (EIN)				
Number	, street, and room or suite no. (If a P.O. box, see instructions)	, ,	13-5542984				
	ox 5059	Social security	number (SSN) (see instructions)				
-	own, state, and ZIP code						
East F	lampton , NY 11937	81					
С	Plan name	Plan number	Plan year ending— MM DD YYYY				
1 Ribbo	n Narrow Retirement Plan	002	06/30/2012				
2 3							
Part II	Extension of Time To File Form 5500 Series, a	and/or Form 8955-SSA					
	est an extension of time until 4/15/2013 to A signature IS NOT required if you are requesting an extension	•	ructions).				
-	st an extension of time untilto A signature IS required if you are requesting an extension to file	o file Form 8955-SSA (see instr Form 8955-SSA.	uctions).				
before	plication is automatically approved to the date shown on line the normal due date of Form 5500 series, and/or Form 8955-S and/or line 2 (above) is not later than the 15th day of the third mo	SA for which this extension is n					
Part III	Extension of Time To File Form 5330 (see instru	uctions)					
3 I reque	est an extension of time untilte	o file Form 5330.					
You ma	ay be approved for up to a 6 month extension to file Form 5330,		rm 5330.				
a Enter t	the Code section(s) imposing the tax.	▶ <u>a </u>					
b Enter t	the payment amount attached.		• b				
	cise taxes under section 4980 or 4980F of the Code, enter the re	eversion/amendment date	▶ с				
4 State ii	n detail why you need the extension						
•••••			•••••				

	••••••						
•••••	•••••	•••••					
	•••••		• • • • • • • • • • • • • • • • • • • •				
·····			•••••				
Under penalth authorized to	of perjury, I declare that to the best of my knowledge and belief, the state prepare this application.	ements made on this form are true, c	orrect, and complete, and that I am				
Signature	• *	Date ►	01/14 /20/3				
(HTA)			Form 5558 (Rev. 6-2011)				