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

2013

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	lar plan year 2013 or	fiscal plan year beginning 01/01/201	13	and ending 1	12/31/	2013	
A This re	turn/report is for:	X a single-employer plan ☐	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	C Check box if filing under: X Form 5558 automatic extension						ım
	J	special extension (enter descripti	on)				
Part II	Basic Plan Int	iormation—enter all requested inform	•				
1a Name		onto an requested mism	144011		1b	Three-digit	
	PPLY CO. RETIREM	ENT PLAN				plan number	
					_	(PN) •	001
					1C	Effective date of 12/30	•
2a Plan s	sponsor's name and	address; include room or suite number (employer if for a single-	employer plan)	2h	Employer Identi	
ROYAL SU		address, melade resm er edite namber (omployon, in for a omigio	omployor plany	20		59185
					2c	Sponsor's telep	hone number
70 FRANKL	IN AVE					718-87	
BROOKLYN	N, NY 11205				2d	Business code (see instructions)
						42499	
		and address Same as Plan Sponsor I	_	n Sponsor Address	3b	Administrator's I	E IN 59185
OYAL SUP	PLY CO.	70 FRANKLIN BROOKLYN,			3c		telephone number
		BROOKE IN,	111 11200			718-875	•
4 1611	1/ EIN 6			a: 1 a			
		the plan sponsor has changed since the number from the last return/report.	last return/report filed to	or this plan, enter the	4b	EIN	
	sor's name				4c	PN	
5a Total	number of participan	ts at the beginning of the plan year			5a		2
b Total	number of participan	ts at the end of the plan year			5b		2
C Numb	per of participants wit	h account balances as of the end of the	plan year (defined bene	efit plans do not			
comp	lete this item)				5c		2
		ets during the plan year invested in eligit					X Yes No
		of the annual examination and report of 6? (See instructions on waiver eligibility					X Yes □ No
		either line 6a or line 6b, the plan can					M 100 [] 110
		efit plan, is it covered under the PBGC i					Not determined
		·		·			1
	· · · · · · · · · · · · · · · · · · ·	e or incomplete filing of this return/re	•				abla a Cabadula
		other penalties set forth in the instructior and signed by an enrolled actuary, as w					
	true, correct, and co			·		Í	· ·
SIGN	Filed with authorize	d/valid electronic signature.	10/14/2014	MOSES BODEK			
HERE		-			المالمال		-inintratar
	Signature of plan	administrator	Date	Enter name of individ	iuai siç	gning as pian adn	ninistrator
SIGN HERE							
		loyer/plan sponsor	Date	Enter name of individ			
r reparer s	mame (including film	name, if applicable) and address; include	ue room or suite numbe	ι (υμιισπαι)	Frek	parer s rereprione	number (optional)

Form 5500-SF 2013 Page **2**

Do	t III Financial Information							
		() =				# T		
	Plan Assets and Liabilities	(7)					(b) End of Year	
-	Total plan assets	. 7a	94160	0			1844370	
	Total plan liabilities	. 7b _					1844370	
_	Net plan assets (subtract line 7b from line 7a)	7c	94160	3				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	5380	0				
	(2) Participants	0						
	(3) Others (including rollovers)	71170	7					
-	Other income (loss)	8a(3) 8b	17699	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					942497	
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	3954	0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f	19	0				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					39730	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i					902767	
j	Transfers to (from) the plan (see instructions)	- 8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2C 3B 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b								
Dord	V Compliance Questions							
Part					V	Na		
10	During the plan year:	4:			Yes	No	Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	rection Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's	•	_	40.1		X		
	or dishonesty?			10d				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all							
	instructions.)			10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10		10i					
Part								
11	Is this a defined benefit plan subject to minimum funding requirem							
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a	165 NO	
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA? X Yes No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			J. 00				
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		
	Enter the minimum required contribution for this plan year	,- ,-	,, p			12b	53800	

Page 3	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		(
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X N/A		
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	🔲 Y	es X No)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	13c(1) Name of plan(s):	1 3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b ⊺r	ust's EIN			

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

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	rt I	Annual Repor							
Ford	calenda	ar plan year 2013 or	fiscal plan year	r beginning	01/01/2013	and ending		12/31/2013	3
A T	his retu	urn/report is for:	X a single-	-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan
Вт	his retu	urn/report is:	the first r	return/report	the final return/report				
			an amen	nded return/report	a short plan year retu	rn/report (less than 12 mo	onths)		
C	Check b	oox if filing under:	X Form 55	558	automatic extension			DFVC progra	ım
		G	=	extension (enter descr	iption)				
Pai	rt II	Basic Plan Inf		enter all requested info					
	Name o			2116. 211 7	JIII		1b	Three-digit	
		SUPPLY CO. RI	ETIREMENT	PLAN				plan number	001
								Effective date of 12/30/1978	
		ponsor's name and a	ıddress; include	e room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identif	
70	FRAN	NKLIN AVE					2c	Sponsor's telep	hone number
, ,	1 1	VICE-11 11.					2d	Business code (
BRC	OKLY	ΥN	NY	11205			24	424990	see mandonoma,
3a	Plan ac	dministrator's name a	and address	Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	
ROY	AL S	SUPPLY CO.		•	_		20	13-2959185	
70		**** *** * * * * * * * * * * * * * * *					30	718-875-46	elephone number
70	FRAN	NKLIN AVE							
BRC	OKLY	ľΝ	NY	11205					
				•	he last return/report filed	for this plan, enter the	4b	EIN	
	name,	EIN, and the plan no		•	he last return/report filed t	for this plan, enter the			
a s	name, Sponso	EIN, and the plan no or's name	umber from the	e last return/report.	•		4c		2
a :	name, Sponso Total n	EIN, and the plan no or's name number of participant	umber from the	e last return/report.	he last return/report filed		4c 5a		2 2
a 5 5a b	name, Sponso Total n Total n Numbe	EIN, and the plan noor's name number of participant number of participant er of participants with	umber from the is at the beginn is at the end of account balan	e last return/report. ning of the plan year the plan year nces as of the end of the	he plan year (defined ben	efit plans do not	4c 5a 5b		2
a s 5a b c	name, Sponso Total n Total n Numbe comple	EIN, and the plan nor's name number of participant number of participant er of participants with ete this item)	umber from the	e last return/report. ning of the plan year the plan year nces as of the end of the	he plan year (defined ben	efit plans do not	4c 5a 5b 5c	PN	2
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a s 5a b c 6a b C Cautt Undee SB o belief SIGN HERI	name, Sponsor Total north Total north Number completion: A re you under it if you lift the plant tion: A responsor Scheef, it is true.	EIN, and the plan noor's name number of participant number of participant er of participants with ete this item)	umber from the is at the beginn is at the end of in account balantes during the plof the annual ending (See instruction of the intermediate of the intermediate of the intermediate of the incomplete of the penalties of and signed by a implete.	e last return/report. Ining of the plan year Ithe plan year Inces as of the end of the land year invested in electrons on waiver eligibility or line 6b, the plan convered under the PBG end of the plan convered under the plan convered	he plan year (defined ben igible assets? (See instru of an independent qualifi lity and conditions.) annot use Form 5500-SF C insurance program (see //report will be assessed tions, I declare that I have s well as the electronic ve	efit plans do not ctions.) ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/report, MOSES BODEK Enter name of individu	4c 5a 5b 5c PA) se is sort, in grand to grand sigual sigua	5500. Yes No cestablished. Cluding, if applicate the best of my	2 X Yes No X Yes No Not determined able, a Schedule knowledge and
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b Total plan liabilities	7a 7b 7c a(1) a(2) a(3) 8b 8c	9 (a) Amount 7	41603 0 41603 53800 0				844370 0 844370
b Total plan liabilities	7b 7c a(1) a(2) a(3) 8b	9 (a) Amount 7	0 41603 53800 0		(b)	1	0
C Net plan assets (subtract line 7b from line 7a)	7c a(1) a(2) a(3) 8b	(a) Amount	41603 53800 0		(b)		844370
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a (2) Participants 8a (3) Others (including rollovers) 8a b Other income (loss) 6 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 d Benefits paid (including direct rollovers and insurance premiums	a(1) a(2) a(3) 8b	(a) Amount	53800		(b)		844370
a Contributions received or receivable from: (1) Employers	a(2) a(3) 8b	7	0		(b)	Total	
(1) Employers 8a (2) Participants 8a (3) Others (including rollovers) 8a b Other income (loss) 8a c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8a d Benefits paid (including direct rollovers and insurance premiums	a(2) a(3) 8b	7	0				
(2) Participants 8a (3) Others (including rollovers) 8a b Other income (loss) 8 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 d Benefits paid (including direct rollovers and insurance premiums	a(2) a(3) 8b	7	0				
(3) Others (including rollovers)	a(3) 8b		11707				
b Other income (loss)	8b		11/0/				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		I	76990				
d Benefits paid (including direct rollovers and insurance premiums	8C		70330				040407
	- 1						942497
to provide benefits)	8d		39540				
e Certain deemed and/or corrective distributions (see instructions)	8e		0				
f Administrative service providers (salaries, fees, commissions)	8f		190				
g Other expenses	8g		0				
-	8h				**************		39730
	8i						902767
	8j						
Part IV Plan Characteristics	<u>oj </u>						
 9a If the plan provides pension benefits, enter the applicable pension feature 2C 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature 							
Part V Compliance Questions							
10 During the plan year:			Y	es No	, T	Amount	
a Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a	Х			
b Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)			10b	х			
C Was the plan covered by a fidelity bond?			10c	Х			
d Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	-		10d	х			
e Were any fees or commissions paid to any brokers, agents, or other perinsurance service, or other organization that provides some or all of the instructions.)	e bene	fits under the plan? (See	10e	Х			
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 y	vear en	nd)	10g	Х			
h If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instruc	tions and 29 CFR	10g	X			
i If 10h was answered "Yes," check the box if you either provided the recexceptions to providing the notice applied under 29 CFR 2520.101-3	quired	notice or one of the	10i				
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? 5500) and line 11a below)						. Yes	☐ No
11a Enter the unpaid minimum required contribution for current year from S	Schedu	le SB (Form 5500) line 39		. 11a			
12 Is this a defined contribution plan subject to the minimum funding requi					of ERISA?	X Yes	No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a							
If a waiver of the minimum funding standard for a prior year is being am granting the waiver.	nortized	d in this plan year, see instruc		nd enter Da		the letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form	5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year				12b			53800

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	Enter the amount contributed by the employer to the plan for this plan year			12c			53800
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount).	(enter a minus sign to the left o	f a	12d			C
e	Will the minimum funding amount reported on line 12d be met by the funding				Yes	No	X N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			· 🔲 ١	es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?	d to another plan, or brought u	nder the	control		Y	es X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify th	e plan(s)	to			
-	3c(1) Name of plan(s):		1	3c(2) E	N(s)	13c	(3) PN(s)
						+-	
						-	
Dart	VIII Trust Information (optional)						
	Name of trust			14b ⊤	rust's EIN		