Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					oyee	1	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee R					Retirement	2014			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Employee Benefits Security Administration Revenue Code (the Code).						This Form is Open to Public Inspection			
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the in	nstructions to the Form 5	500-SF.				
For calenda	Annual Report IC ar plan year 2014 or fisca	dentification Information al plan year beginning 01/01/2014	4	and ending 12	2/31/2014				
	urn/report is for:	a single-employer plan	a multiple-employe	er plan (not multiemployer) ployer information in accor	(Filers chec	-			
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 n	nonths)				
C Check box if filing under:							DFVC program		
Part II	Basic Plan Inform	mation—enter all requested infor	mation						
1a Name S&V CUSTC					(PN)	number tive date of	•		
	ponsor's name and addr M FURNITURE MFG CC	ess; include room or suite number DRP	(employer, if for a sin	gle-employer plan)	01/01/2012 2b Employer Identification Number (EIN) 11-3588614				
75 WINDSOF MINEOLA, N		75 WINDSO MINEOLA,	DR AVENUE NY 11501		2c Sponsor's telephone number 516-476-8299 2d Business code (see instructions)				
20 Dian a	destates de serve estat	address XSame as Plan Sponsor			2b Adm	44229 inistrator's I			
		plan sponsor has changed since the	e last return/report file	ed for this plan, enter the	4b EIN				
	, EIN, and the plan numb or's name	per from the last return/report.			4c PN				
· · · ·		t the beginning of the plan year							
b Total r	number of participants at	t the end of the plan year			5b		9		
comple	ete this item)	count balances as of the end of the			5c		1		
d(1) Tota	al number of active partion	cipants at the beginning of the plan	year		5d(1)		9		
d(2) Tota	al number of active partie	cipants at the end of the plan year.			5d(2)		9		
		ninated employment during the pla			5e		0		
Caution: A Under pena SB or Sche	A penalty for the late or alties of perjury and othe	incomplete filing of this return/r r penalties set forth in the instruction signed by an enrolled actuary, as	eport will be assess	ed unless reasonable ca ave examined this return/re	port, includi	ng, if applic			
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan administrator Date Enter name of individu					lual signing as plan administrator			
SIGN HERE	Signature of employer/plan sponsor Date Enter name of individual signature						r or plan spansor		
YVONNE D LEOPIN AN 150 MAIN S	name (including firm nar ALBASTI D SON	me, if applicable) and address (incl					number (optional)		
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the in	nstructions for Form 5	500-SF.			Form 5500-SF (2014)		

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Yes No								 	
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not c	leterm	ined
	t III Financial Information		0	,						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End o	of Yea	ar	
а	Total plan assets	7a		539					5220	C
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	26	639					5220	C
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		660						
	(2) Participants	8a(2)	16	650						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2	271						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							258	1
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d			_					
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions) Other expenses	8f								
<u> </u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			-					
	Net income (loss) (subtract line 8h from line 8c)	8h 8i							258	1
	Transfers to (from) the plan (see instructions)									
	t IV Plan Characteristics	8j								
9a b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	unt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		-	10b		Х				
С	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 fidelity bond, that was caused by fraud or dishonesty?					Х				
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.)					х				
f	Has the plan failed to provide any benefit when due under the plan?					Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х				
i	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									
Part	Part VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No									
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									

Page 3 - 1

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						
C 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 onegative amount)	of a	12d						
e 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?	· 🗆 ۲	Yes 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 u of the PBGC?	control		Yes 🗙 No					
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	13c(3) PN(s)				
Part VIII Trust Information (optional)								
14a Name of trust			14b Trust's EIN					

For	m 5500-SF	Short Form Annual	Return/Report	of Small E	mploy	ee	OMB Nos. 1210-0110 1210-0089			
	intment of the Treasury rnal Revenue Service						2014			
	epartment of Labor enefits Security Administration	Retirement Income Security Ac of the Inte	and 6058		This Form is Open to					
	enefit Guaranty Corporation	rm 5500-	SF.	Public Inspection						
Part I		t Identification Information								
For calenc	dar plan year 2014 or fis		7	and endi			-1.' 41.' 1			
A This re	eturn/report is for:	X a single-employer plan		15	1 50 5002		cking this box must attach a ith the form instructions)			
B This re	eturn/report is:	rt								
		the first return/report	the final return/repo a short plan year ret		an 12 mo	onths)				
C Chack	box if filing under:	Form 5558	automatic extension		DFVC program					
C Check	box ir ning under.	special extension (enter descript		1						
					0					
Part II		ormation—enter all requested infor	mation			• •				
1a Nar	me of plan						e-digit number			
S&V CUS	TOM FURNITURE M	FG CORP				(PN)				
					1	1c Effective date of plan				
2a Pla	n anoncor's name and a	ddress; include room or suite number	(employer if for a single	e employer plan)	2	b Empl	1/1/2012 oyer Identification Number			
La Pia	n sponsor s name and a	iduless, include room of suite humber	(employer, in for a single	e-employer plan	1	(EIN)				
S&V CUS	TOM FURNITURE M	FG CORP	/		2	C Spon	sor's telephone number			
						516-476-8299				
75 WIND	SOR AVENUE					2d Business code (see instructions)				
	A, NY 11501		1	•		442299 3b Administrator's EIN				
3a Pla	n administrator's name	and address X Same as Plan Spo	onsor.		3	D Admi	Inistrator's EIN			
Same		*.	C			C Admi	inistrator's telephone number			
4 If th	he name and/or EIN of t	he plan sponsor has changed since the	ast return/report filed	for this plan, ente	r 4	b EIN				
		n number from the last return/report.								
	onsor's name					C PN				
		s at the beginning of the plan year s at the end of the plan year				5a 5b	2			
		n account balances as of the end of the					3			
c Nu cor	mplete this item)		, pien yeen (seenies se			5c	1			
d(1)	Total number of active	participants at the beginning of the plan	n year		5	d(1)	9			
		participants at the end of the plan year				id(2)	9			
e Nu	mber of participants that	t terminated employment during the pla	an year with accrued be	enefits that were		5e				
		······································				Se	0			
Cauti	on: A penalty for the I	ate or incomplete filing of this retur	n/report will be asses	sed unless reas	onable c	ause is e	established.			
Under pe	nalties of perjury and ot	her penalties set forth in the instruction nd signed by an enrolled actuary, as w	is, I declare that I have	examined this ret sion of this return	urn/report report ar	, including	g, if applicable, a Schedule			
belief, it is	s true, correct, and com	plete.			i opon, o					
SIGN	1.	~	7/30/2015	YVONNE DAL	BASTI					
HERE	Shanatura of alar	Iministrator	Date			signing a	s plan administrator			
	Signature of plan ac			CARLOS SILV		aigining a	e prest dominioù divi			
SIGN										
HERE Signature of employer/plan sponsor Date Enter name of Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Optional)							s employer or plan sponsor s telephone number (optional)			
Preparer	s name (including firm r	iame, il applicable) and address (inclut					e telephone nameer (optional)			
LEOPIN	AND SON									
and the second second second	E DALBASTI				2	631) 269	9-2886			
	150 MAIN STREET									
KINGS P	ARK	NY	11754							

4	Form 5500-SF 2014		Page 2					
b	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC insuran	an indeper and condit not use F	ndent qualified public accou ions.) orm 5500-SF and must in	intant istead	(IQPA) d use F	orm 5500.		5 🗌 No
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of Yea	r
a	Total plan assets	7a		_	2,639			5,220
b	Total plan liabilities	7b			0			0
C	Net plan assets (subtract line 7b from line 7a)	7c			2,639			5,220
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:							
	(1) Employers	8a(1)		4	660			
	(2) Participants	8a(2)			1,650			-
	(3) Others (including rollovers)	8a(3)			0			
<u>b</u>	Other income (loss)	8b		-	271	in the states	1	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200			2,581
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0		a the second	
е	Certain deemed and/or corrective distributions (see instructions)	8e	\sim		0			
f	Administrative service providers (salaries, fees, commissions)	8f	4		0		and the state of the	ala free pro
g	Other expenses	8g	11.		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	11					0
i	i Net income (loss) (subtract line 8h from line 8c)							2,581
j	Transfers to (from) the plan (see instructions)	8j			0		Contraction of the	Mar Spring
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Cl	narac	teristic (Codes in th	e instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Cha	aracte	eristic C	odes in the	instructions:	
-		-						
	rt V Compliance Questions			+	N	Ne		
10	During the plan year:			+	Yes	No	Amoun	
	Was there a failure to transmit to the plan any participant contributions wi in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction	Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x		
C	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 fifraud or dishonesty?	idelity bon	d, that was caused by	10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	or all of the	he benefits under	10e		x		
	the plan? (See instructions.)			10f	-	x		
	Has the plan failed to provide any benefit when due under the plan			10g		X		
g h	Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S	See instru	ctions and 29 CFR	10h		x		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101			and the second s	To Barrie
Pa	rt VI Pension Funding Compliance	J			1			
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)						Ye:	s X No
112	Enter the unpaid minimum required contribution for current year fro	and the second second				11a		0
12	Is this a defined contribution plan subject to the minimum funding require			_			Ye:	
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ion o				- 1.1
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortize	ed in this plan year, see ins	tructio	ons, and	enter the Day	date of the letter Year	r ruling
			-					