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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pensior	Benefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 5500)-SF.	1110	peotion			
Part I	Annual Report I	dentification Information								
For cale	ndar plan year 2013 or fis	cal plan year beginning 01/01/20	013	and ending 12	2/31/2	013				
	return/report is for:		a one-partici	oant plan						
B This	return/report is:	the first return/report	the final return/report							
		an amended return/report	╡ ' '	n/report (less than 12 mo	, , , , , , , , , , , , , , , , , , ,					
C Chec	k box if filing under:	Form 5558 special extension (enter descrip	automatic extension		□ DFVC program					
Don't II	Dania Dian Infan	<u> </u>								
Part II		mation—enter all requested infor	mation	T	1 h	There all all				
	ne of plan TOM FURNITURE MFG (CORR				Three-digit plan number				
300 003	TOM FURNITURE MIFG (CORP				(PN) ▶	001			
					_	Effective date o	f plan			
						01/01	•			
	sponsor's name and add TOM FURNITURE MFG (dress; include room or suite number CORP	(employer, if for a single-	employer plan)		Employer Identification Number (EIN) 11-3588614				
75 WINDS	SOR AVENUE				2c	Sponsor's telep				
	, NY 11501				2d	Business code ((see instructions)			
3a Plar	administrator's name and	d address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's	EIN			
					3c	Administrator's	telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b					
	nsor's name				4c	PN				
5a Tota	al number of participants a	at the beginning of the plan year			5a		2			
	·	at the end of the plan year			5b		2			
		account balances as of the end of the	. , ,	•	5c		1			
6a We	ere all of the plan's assets	during the plan year invested in elig	jible assets? (See instruc	tions.)			X Yes No			
		the annual examination and report of					X Yes No			
		(See instructions on waiver eligibilit					A 103 140			
-		t plan, is it covered under the PBGC					Not determined			
C II III		t plant, is it covered under the PBGC	insulance program (see	LNISA SECTION 4021):	Ц	162 140	Not determined			
Caution	: A penalty for the late o	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau	se is e	established.				
SB or So		er penalties set forth in the instruction disigned by an enrolled actuary, as lete.								
SIGN	Filed with authorized/v	valid electronic signature.								
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	ıal sigi	ning as plan adn	ninistrator			
SIGN										
HERE	Signature of employ		Date	Enter name of individu						
•	, -	ame, if applicable) and address; inclu	ude room or suite numbe	r (optional)	Prepa	arer's telephone	number (optional)			
YVONNE DALBASTI LEOPIN AND SON INC						631-269	9-2886			
150 MAIN STREET										
KINGS P	ARK, NY 11754									

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Pa	rt III Financial Information										
7					(b) End of Your						
	Total plan assets	(4)				(b) End of Year					
	Total plan assets										
	Net plan assets (subtract line 7b from line 7a)		189	9				2	639		
	Income, Expenses, and Transfers for this Plan Year	10					(b) To				
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)	9	2							
	(2) Participants	8a(2)	23	0							
	(3) Others (including rollovers)										
b	Other income (loss)	8b	41	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							740		
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									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
i	Net income (loss) (subtract line 8h from line 8c)	8i							740		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	-,	ı								
9a		feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:			
Dor	t V Compliance Questions										
Par	•				Vac	No	I .			—	
10	During the plan year:	tiono withi	n the time period described in		Yes	No	,	Mour	nt	—	
	 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 			10a		X					
N	on line 10a.)	`	•	10b		X					
				10-		Χ					
	• • • • • • • • • • • • • • • • • • • •			10c						—	
d	or dishonesty?	······		10d		X					
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.)	10q		Χ					
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							
Part											
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
110	5500) and line 11a below)							<u> </u>	UJ	^	. 10
	Enter the unpaid minimum required contribution for current year fr		` '			11a	EDICAC		/oc	<u></u>	Nic
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction	302 of	ERISA?	Y	'es	٨	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otiono	and a	ontor +1	l no data of th	n lotte	r rulis		
	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. Month Day Year										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	401	I				
h	Enter the minimum required contribution for this plan year					12b					

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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 N/A					
Part	t 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 coof the PBGC?	ontrol		Yes X No					
С	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):				13c(3) PN(s)					
Part	VIII Trust Information (optional)								
14a Name of trust				14b Trust's EIN					

Form 5500-SF

Department of the Treasury Internal Revenue Service

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 of the Internal Revenue Code (the Code).

2013

OMB Nos. 1210-0110

1210-0089

Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) Employee Benefits Security Administration This Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning and ending a single-employer plan This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) Check box if filing under: Form 5558 automatic extension X DFVC program special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number S&V CUSTOM FURNITURE MFG CORP (PN) 🕨 Effective date of plan 1/1/2012 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Employer Identification Number 11-3588614 **S&V CUSTOM FURNITURE MFG CORP** 2c Sponsor's telephone number 516-746-8299 75 WINDSOR AVENUE 2d Business code (see instructions) MINEOLA, NY 11501 442299 Same as Plan Sponsor Address 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number Same If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter 4b EIN the name, EIN, and the plan number from the last return/report 4c a Sponsor's name Total number of participants at the beginning of the plan year,..... b Total number of participants at the end of the plan year..... C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No 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.) If you answered "No" to either line 6a o≿line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500, C If the plan is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA section 4021)? Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. 10/3/2015 YVONNE DALBASTI SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator 10/3/2015 CARLOS SILVA SIGN

HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

(631) 269-2886

LEOPIN AND SON INC YVONNE DALBASTI

150 MAIN STREET

KINGS PARK

11754 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year					
a	Total plan assets	. 7a	1.899									
b	· · ·	7b		· · · ·							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
c	Net plan assets (subtract line 7b from line 7a)	7c		1	.899					2,6	 339	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour		****	(b) Total						
а	Contributions received or receivable from:		, , , , , , , , , , , , , , , , , , , ,					<u> </u>	ta:			
	(1) Employers	8a(1)			92							
	(2) Participants	8a(2)			230	#4.						
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		4	418							
С	•	Ţ			. 4	S	Ŋ		41,021, 121	7	40	
d	Benefits paid (including direct rollovers and insurance premiums			· A								
	to provide benefits)	8d			<u>چ</u>							
е	Certain deemed and/or corrective distributions (see instructions)	8e		M								
f	Administrative service providers (salarles, fees, commissions)	8f	V V	× 19								
g	Other expenses	8g		<u> </u>								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)						<u> </u>			<u> </u>	O	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8í		8						7	40	
j	Transfers to (from) the plan (see instructions)	8j		9					Ž astaliji		70	
Pa	rt IV Plan Characteristics	<u> </u>	V 10 10 10 10 10 10 10 10 10 10 10 10 10				<u> </u>	<u> </u>	<u> </u>		نبنن	
9a b	If the plan provides pension benefits, enter the applicable pension 2E, 2F, 2G, 2J, 2K, 2T, 3D If the plan provides welfare benefits, enter the applicable welfare fe	ø	Con Contraction of the Contracti									
Pa	rt V Compliance Questions		<u> </u>				•					
10	During the plan year:	eato	 		Yes	No		Δn	nount		_	
a	Was there a failure to transmit to the plan any participant contributions wiin 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	thin the time	e period described Program)	10a	100	X			100111			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	clude transactions	10b		X						
с	Was the plan covered by a fidelity bond?			10c	····- 	Х					_	
	Did the plan have a loss, whether or not reimbursed by the plan's fi fraud or dishonesty?	delity bond	, that was caused by	10d		Х						
e	Were any fees or commissions paid to any prokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons to	by an insurance e benefits under	10e		Х			 ,			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Χ						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	i.)	10g		Χ						
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	lee instruct	ions and 29 CFR	10h		Х						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required n	otice or one of the	10i								
Pai	t VI Pension Funding Compliance		· · · · · · · · · · · · · · · · · · ·	1						<u>2010 (</u>		
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	nts? (If "Ye	s," see instructions and o	complete	Sched	lule Si	3	$\overline{\Box}$	Yes	X N	0	
11a	Enter the unpaid minimum required contribution for current year fro					1a					0	
12	is this a defined contribution plan subject to the minimum funding requires								Yes	X N		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a						L.,			<u> </u>		
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. Month Day Year								_			
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to lin	e 13.	· · · · · · · ·							
	Enter the minimum required contribution for this plan year				4	2b						
												