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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list **A** This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ROYAL SUPPLY CO. RETIREMENT PLAN plan number (PN) ▶ 001 1c Effective date of plan 12/30/1978 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number ROYAL SUPPLY CO. 13-2959185 (EIN) 2c Sponsor's telephone number 718-875-4666 70 FRANKLIN AVE BROOKLYN, NY 11205 Business code (see instructions) 424990 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 13-2959185 ROYAL SUPPLY CO. 70 FRANKLIN AVE BROOKLYN, NY 11205 **3c** Administrator's telephone number 718-875-4666 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 2 d(2) Total number of active participants at the end of the plan year..... 5d(2) e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature 10/15/2015 MOSES BODEK **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator 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)

	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 runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan canno	an indepe and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	III Financial Information	I	<u> </u>				
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Total plan assets	7a	18443				2301845
	Total plan liabilities	7b	10.110	0	_		0
	Net plan assets (subtract line 7b from line 7a)	7c	18443	370	-		2301845
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	541	00			
	2) Participants	8a(2)		0			
	3) Others (including rollovers)	8a(3)	3805	84			
	Other income (loss)	8b	624	111			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					497095
	Benefits paid (including direct rollovers and insurance premiums						
t	o provide benefits)	8d	395	540			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u> (Other expenses	8g		80			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					39620
	Net income (loss) (subtract line 8h from line 8c)	8i					457475
_ J	Fransfers to (from) the plan (see instructions)	8j					
b	2C 3B 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charac	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	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 or dishonesty?			10d		Χ	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	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 as	s of year	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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro	om Sched	lule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA? X Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day	

	Form 5500-SF 2014	Page 3 - 1				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		. 12b			54100
С	Enter the amount contributed by the employer to the plan for this plan year .		. 12c			54100
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		. 12d			(
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		X 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 X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	, .	he control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan	(s) to			
1	3c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) PN(s)
Dout	VIII Turnet Information (autional)					
Part	VIII Trust Information (optional)					

14b Trust's EIN

14a Name of trust

Form 5500-SF

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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 CF

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	Complete all entries in		ructions to the Form 5	500-SF.	New York Control of the Control of t				
Part I Annual Repor	rt Identification Information								
For calendar plan year 2014 or		01/01/2014	and ending	12/	/31/2014				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
B This return/report is	the first return/report	the final return/report							
D This return report is									
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C Check box if filing under:	X Form 5558 special extension (enter descri	automatic extension		ום	FVC program				
Personal Programme	1 —	5 5							
	formation—enter all requested inf	ormation		т т.					
1a Name of plan ROYAL SUPPLY CO. RE		- 50	number 001						
		(PN) 1c Effective date of plan 12/30/1978							
2a Plan sponsor's name and a ROYAL SUPPLY CO.	address; include room or suite numbe	er (employer, if for a single-	employer plan)	A CONTRACT OF THE PROPERTY OF THE PARTY OF T	2b Employer Identification Number (EIN) 13-2959185				
70 FRANKLIN AVE				2c Sponsor's telephone number 718 - 875 - 4666					
BROOKLYN	NY 11205			2d Busin 424	ness code (see instructions)				
3a Plan administrator's name a		or.			nistrator's EIN				
ROYAL SUPPLY CO.		-,-		13-2959185					
				3c Administrator's telephone number					
70 FRANKLIN AVE		718-	-875-4666						
BROOKLYN	NY 11205								
	he plan sponsor has changed since the plan sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participant		5a	2						
b Total number of participant		5b	2						
C Number of participants with complete this item)	fit plans do not	5c	2						
d(1) Total number of active pa	5d(1)	2							
d(2) Total number of active participants at the end of the plan year									
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
	or incomplete filing of this return			se is establ	ished.				
Under penalties of perjury and o	ther penalties set forth in the instruct and signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, including	g. if applicable, a Schedule				
SIGN DY		10/15/15	MOSES BODEK						
HERE Signature of plan	administrator	Date	Enter name of individu	al signing a	s plan administrator				
sign h-1.		10/15/15	The state of the s	delc					
HERE Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	al signing as	s employer or plan sponsor				
Preparer's name (including firm	name, if applicable) and address (inc	lude room or suite number) (optional)		telephone number (optional)				

Form 5500-SF 2014		Page 2				
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility out answered "No" to either line 6a or line 6b, the plan can can be fit the plan is a defined benefit plan, is it covered under the PBGC	of an independ y and condition nnot use For	dent qualified public accountains.)	ant (IC	PA) Form	5500.	X Yes [] No
Part III Financial Information			· · · · · · · · · · · · · · · · · · ·			The second secon
7 Plan Assets and Liabilities		(a) Beginning of Ye		\neg		(b) End of Year
a Total plan assets	7a		443	70		2301845
b Total plan liabilities				0		(
C Net plan assets (subtract line 7b from line 7a)		18	443	70		2301845
8 Income, Expenses, and Transfers for this Plan Year	551457	(a) Amount				(b) Total
a Contributions received or receivable from:				66		
(1) Employers	8a(1)		5410	00	Shizon)	
(2) Participants	8a(2)			0		
(3) Others (including rollovers)		3	8058	34		
b Other income (loss)			6241	1		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				202127	497095
Benefits paid (including direct rollovers and insurance premiums to provide benefits)			3954	0		
e Certain deemed and/or corrective distributions (see instructions).	8e	42-10-21-12		22.5 45.5		
f Administrative service providers (salaries, fees, commissions)	8f			800		
g Other expenses	8g		٤	10		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			45) dt)		39620
i Net income (loss) (subtract line 8h from line 8c)	8i					457475
j Transfers to (from) the plan (see instructions)	8i					
Part IV Plan Characteristics		- Alexandra Alex				
9a If the plan provides pension benefits, enter the applicable pension 2C 3B 3D	n feature code	es from the List of Plan Char	acteris	tic Co	des in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Charac	cteristi	ic Cod	es in tl	he instructions:
Part V Compliance Questions		ACCORDING NOTICE OF THE PROPERTY OF THE PROPER				
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig.	duciary Correc	ction Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	0.00		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' or dishonesty?			10d		х	
e Were any fees or commissions paid to any brokers, agents, or o insurance service, or other organization that provides some or al instructions.)	II of the benefi	ts under the plan? (See	10e		х	
f Has the plan failed to provide any benefit when due under the pl			10f		х	
g Did the plan have any participant loans? (If "Yes," enter amount	as of year end	l.)	10g		х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions 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 2520.10	the required n	otice or one of the	10i			
Part VI Pension Funding Compliance		THE RESERVE TO SERVE THE PROPERTY OF THE PROPE				

	Form 5500-SF 2014	Page 3 -						
If	you completed line 12a, complete lines 3, 9, and 10 of So		to line 13.					
b	Enter the minimum required contribution for this plan year	·		12b			54100	
С	Enter the amount contributed by the employer to the plan for	or this plan year		12c	T		54100	
d	Subtract the amount in line 12c from the amount in line 12b negative amount)	12d	1		0			
е	Will the minimum funding amount reported on line 12d be n	net by the funding deadline?			X Yes	П No	□ N/A	
Part					<u>r</u>		Пил	
13a	Has 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 t			13a	1 00	110		
b	Were all the plan assets distributed to participants or benefit of the PBGC?	ciaries, transferred to another plan	or brought under the	control		Пуе	s 🛭 No	
С	If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instructions	rred from this plan to another plan/s'), identify the plan(s) t	0			~ <u>-1 110</u>	
1	3c(1) Name of plan(s):		1:	3c(2) E	N(s)	1300	13c(3) PN(s)	
Part	VIII Trust Information (optional)							
	Name of trust			14b Tr	ust's FIN			

14b Trust's EIN