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 06/30/2015 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) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit RIBBON NARROW RETIREMENT PLAN plan number (PN) ▶ 002 Effective date of plan 07/01/1968 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RIBBON NARROW FABRIC CO. (EIN) 13-5542984 Sponsor's telephone number 631-329-3422 PO BOX 5059 EAST HAMPTON, NY 11937 Business code (see instructions) 424300 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 0 Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 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 t	true, correct, and complete.					
SIGN	Filed with authorized/valid electronic signature.					
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 spons			
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional)		

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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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable or the considera	an indeper and condit	ndent qualified public accounta	nt (IQ	PA)				X Y		No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No	N	ot det	ermin	ied
Par	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) Er	d of	Year		
<u>a</u>	Total plan assets	7a	1110							1017	
	Total plan liabilities	7b	116								
	Net plan assets (subtract line 7b from line 7a)	7c	994	101						1017	
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b		12							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								12	
	Benefits paid (including direct rollovers and insurance premiums	٥٦									
1	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	1090	000							
	Administrative service providers (salaries, fees, commissions)	8f		000							
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11	5000	
	Net income (loss) (subtract line 8h from line 8c)								-11	4988	
j	Fransfers to (from) the plan (see instructions)										
Part	IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension of the plan provides welfare benefits, enter the applicable welfare fe										
Part	V Compliance Questions										
10	During the plan year:				Yes	No		A	noun	t	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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		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.)	ner persons of the ben	s by an insurance carrier, 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 e	nd.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions and 29 CFR	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	ne required	notice or one of the	10ii							
Part				.01							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Пү	es X	No
11a	Enter the unpaid minimum required contribution for current year from					11a			<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding						ERISA?		Y	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 01 30	. 541011	JUE 01			<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being	ng amortize	ed in this plan year, see instruc		, and e	_				ruling	j
	granting the waiver		ivlon	uı		Day		_ Y	ear		

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
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)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					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?			X	Yes No	ı	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a			104000
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		ınder the d	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify th	e plan(s) t	to			
1	13c(1) Name of plan(s):		1;	3 c(2) E	IN(s)	13c(3)) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF	Short Form Annual	Return/Repor	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treatury Internal Revenue Service					
Oupsignerst of Labor	ployes 2014 d 6058(s)				
Employee Benefit Security Administration Panelon Barrell Quarrenty Composition	the Code).	• •	This Form is Open to Public inspection		
	 Complete all entries in according to the complete attention information 	irthines with the men	negous to the Lotal Sc	00-8F.	
For calendar plan year 2014 or Be		7/1/2014	and ending		6/30/2015
A This return/report is for:	X a single-employer plan	a multiple-emptoye	er plan (not multiemploye	r) (Filers che	cking this box must attach a with the form instructions)
	a one-participant plan	a foreign plan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B This return/report is:	the first return/report	the final return/rep	ort		
	an amended return/report	a short plan year n	utum/report (less then 12	(stront)	
C Check box if filing under:	X Form 5558 English Special sodension (enter descrip	automatic extensio	on 🖣	4	DFVC program
					· · · · · · · · · · · · · · · · · · ·
18 Name of plan	ormation—enter all requested info	rmetion		146	- #-ti
Ribbon Narrow Retirement Plan	ı				e-digit number • 002
				1C Effec	#we date of plan 7/1/1968
2a Plan aponsor's name and ac	ddress; include room er suite number	(employer, if for a sing	le-capioper plan)	2b Emp (Ein	loyer Identification Number 13-5542984
Ribbon Narrow Fabric Co.			(9)	2¢ Spor	sor's telephone number
PO Box 5059		•		(631) 329 2d Busi	-3422 Ness code (see instructions)
East Hampton, NY 11937			•	424300	HESE GOOD (SOO HISUUCAUNA)
3a Plan administrator's name a	und address X Same as Plan Spo	onsor.		3b Adm	inistrator's EiN
		V'		3c Adm	inistrator's telephone number
Same				OC 7011,	HIDDERICA S COMPANIO HISTORIA
	• , (
4 If the name and/or EIN of the	e plan aponsor has changed sizes th	lest return/report filed	I for this plan, enter	4b EIN	
· · · · · · · · · · · · · · · · · · ·	number from the last return port		• •	44 50	
8 Sponsor's name 5 g. Total number of participants	at the beginning of the text) sr			4C PN	
	at the end of the plany		1 MA MA 7 L A GALLO A A A L A L A L A L A L A L A L A L	5b	0
	account balances at of the end of the				<u></u>
complete this item)		***************************************	***************************************	5c	0
d(1) Total number of active pa	articipants at the beginning of the plan	n year	••••••	5d(1)	
	erticipants at the est of the plan year			5d(2)	0
e Number of participants that (less than 100% vested	terming bid imployment during the pla		enefits that were	5e	0
	to or acomplete filling of this return				
Under penalities of perjury any other SB or Schedule MB complete the belief, it is true, correct, and correct	e Benaltes set forth in the instruction signal by an enrolled actuary, so we to	is, I declare that I have ell as the electronic ver	examined this return/report, some of this return/report,	ort, including and to the t), if applicable, a Schadule est of my knowledge and
X S	on order	04/13/2016	Philip Radus		
Signature of plan edn	ninistrator	Date	Enter name of individu	lat gianina s	nian administrator
10 × 0 · · · ·	~ Madua	04/13/2016	Philip Radus	ल्का कार्जा (17 क्रो ॉ क्र	- Nami Containadis (Na
Signature of employe	white anomor	Date		ral eigning o	employer or plan sponsor
	ime, If applicable) and address (includ				telephone number (optional)
				l .	

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b c	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 at If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC insurance.	an indepen and conditi not use Fo	dent qualified public acco ons.)orm 5500-SF and must i	untant (nstead	IQPA)	orm 5500.		Yes Yes determ] v	10
	rt III Financial Information	1			Т		(h) === 1 =£	V		_
<u> </u>	Plan Assets and Liabilities		(a) Beginning of				(b) End of	Year		
a	Total plan assets	7a		11	1,005				1,0)17
<u>b</u>	Total plan liabilities	7b		1	1,604	A				0
C	Net plan assets (subtract line 7b from line 7a)	7c		9	9,401				1,0	217
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	<u> </u>			(b) Tota	al		
	Contributions received or receivable from:			A				•		
	(1) Employers	8a(1)		<u>4</u>	<u> 1</u>	, , , , ,			٠.	-
	(2) Participants	8a(2)			D 0					
	(3) Others (including rollovers)	8a(3)	<u> </u>		0					
b	Other income (loss)	. 8b			12					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								12
d										
_	to provide benefits)	8d			0				<u> </u>	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		10	9,000					
	Administrative service providers (salaries, fees, commissions)	. 8f	0 0		6,000	-			· -	
	Other expenses				0					
		7		,					115,0	000
	Total expenses (add lines 8d, 8e, 8f, and 8g)	12							114,	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8		10	4,000					
7	IT IV Plan Characteristics	· · · ·		10	4,000				<u> </u>	_
b	If the plan provides pension benefits, enter the applicable pension 2E If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension benefits, enter the applicable pension 2E.									
10	During the plan year:				Yes	No	Am	nount		
	Was there a failure to transmit to the plan any participant contributions w in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	rithin the time	e period described Program)	10a		х				
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				
	Did the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?	·····		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	e or all of t	he benefits under	10e		_x				
	the plan? (See instructions.)					$\frac{1}{x}$				
	Has the plan failed to previde any benefit when due under the plan			10f		$\frac{\hat{x}}{x}$				
9				10g		 ^ -				 , -
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	!	×	<u></u>		·	بخن
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	ne required 1-3	notice or one of the	10i_						
Pa	art VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)			<u></u>	······			Yes	x	No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a		, ,		(
12	Is this a defined contribution plan subject to the minimum funding requine (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ection 30	2 of ER	ISA?		Yes	<u> </u>	No
	If a waiver of the minimum funding standard for a prior year is being			structio	ns, and	enter the	date of the	letter ru	ıling	
·	granting the waiver.		Month	<u> </u>		Day		ear		

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If you	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		12b		
C E	Enter the amount contributed by the employer to the plan for this plan year		12c		· · · · · · · · · · · · · · · · · · ·
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)		12d		0
e w	Nill 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				
13а н	las a resolution to terminate the plan been adopted in any plan year?		X	Yes 🔲 N	lo
If	f "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		104,000
	Nere all the plan assets distributed to participants or beneficiaries, transferred to another place ontrol of the PBGC?		ne -	A r	Yes X No
C If	f during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)		ह्युष्ठ	' 	
	(1) Name of plan(s):		3c(2) E	EIN(s)	13c(3) PN(s)
				,	133(9) 11(0)
Part V	VIII Trust Information (optional)				
14a N	Name of trust		14b	Trust's EIN	