Form 5	500-SF	Short Form Annua	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Department of Internal Reve		This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Re	etirement	ement 2015				
Departmer Employee Benefits Se Pension Benefit Gu	ecurity Administration	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the l e).	Internal		This Form is Open to Public Inspection			
		 Complete all entries in ad lentification Information 	ccordance with the inst	ructions to the Form 55	00-SF.					
		al plan year beginning 01/01/20	15	and ending 12	/31/2015					
A This return/rep	port is for:	a single-employer plan a one-participant plan		iple-employer plan (not multiemployer) (Filers checking this box must attach a participating employer information in accordance with the form instructions)						
B This return/rep	oort is	the first return/report an amended return/report	the final return/report a short plan year retu	eturn/report an year return/report (less than 12 months)						
C Check box if f	iling under:	Form 5558	automatic extension			DFVC prog	am			
		special extension (enter descrip								
		nation—enter all requested info	rmation		4 1					
1a Name of plan A.L. EASTMOND		401(K) PLAN			•	ee-digit n number I) ▶	001			
					1c Eff	ective date o 01/0	f plan 1/1997			
Mailing addre	ess (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Em (Ell	ployer Identification Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) A.L. EASTMOND AND SONS, INC.				ructions)	2c Sp	Sponsor's telephone number 718-378-7000				
				-	2d Business code (see instructions)					
1200 OAKPOINT AVENUE BRONX, NY 10474					423800					
3a Plan adminis	trator's name and	address XSame as Plan Sponso	pr.		3b Adr	ninistrator's	EIN			
4 If the name a		lan sponsor has changed since th	o loot rotur (rop ort filed	for this plan, ontor the	3C Adr 4b EIN		elephone number			
	and the plan numb	er from the last return/report.		ior this plan, enter the	40 EIN 40 PN					
		the beginning of the plan year			5a		44			
		the end of the plan year		1	5b		44			
C Number of p	articipants with ac	count balances as of the end of th	ne plan year (defined ben	efit plans do not	5c		15			
	,	ipants at the beginning of the pla		ľ	5d(1)		35			
.,		cipants at the end of the plan year	•	t i i i i i i i i i i i i i i i i i i i	5d(2)		35			
e Number of p	participants that ter	minated employment during the p	plan year with accrued be	enefits that were less	5e		0			
Under penalties of	of perjury and othe	incomplete filing of this return/ r penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/rep	ort, inclu	ding, if applic				
	orrect, and comple with authorized/va	te. lid electronic signature.	08/22/2016	LEON EASTMOND						
HERE			Enter name of individu	al signing	as plan adr	ninistrator				
SIGN						,				
	nature of employe	er/plan sponsor ne, if applicable) and address (inc	Date	Enter name of individuer)		as employe 's telephone				
	(- ,						
For Paperwork Red	duction Act Notice a	and OMB Control Numbers, see the	instructions for Form 5500)-SF.			Form 5500-SF (2015)			

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a		· ,					X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····	·····		X Yes No			
-	If you answered "No" to either line 6a or line 6b, the plan cann										
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	orogram (see ERISA se	ection 4	021)?		Yes	No Not determined			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year			
	Total plan assets	7a		557	845	_	607991				
b	Total plan liabilities	7b				_					
C	Net plan assets (subtract line 7b from line 7a)	7c		557	845	_		607991			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)									
	(2) Participants	8a(2)		63	517						
	(2) Others (including rollovers)	8a(3)									
h	Other income (loss)	8b		-2	456						
					.400			61061			
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		01001			
u	to provide benefits)	8d		10	915						
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							10915			
i	Net income (loss) (subtract line 8h from line 8c)	8i						50146			
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
a											
	described in 29 CFR 2510.3-102? (See instructions and DOL's V		•	100		х					
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		~					
~	reported on line 10a.)			10b		X					
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 by fraud or dishonesty?			10d		х					
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the pla			10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			20118			
h		(See instru	uctions and 29 CFR	10g		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j		х					
Par				10]	L	1	1	1			
1 01											

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below).	ule SB	(Form	Yes	X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Yes	X No

Form 5500-SF 2015

Page **3** - 1

					1				
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
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								
lf	you c	ompleted 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					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	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?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	No		
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?	Y	es	No	N/A			

Foi	m 5500-SF	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and 4	1065 of the Employee R	etirement		2015		
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the					
	enefit Guaranty Corporation		accordance with the instr	uctions to the Form 5	500-SF.				
For calend		Identification Information scal plan year beginning	01/01/2015	and ending	1.0	/31/201	E.		
	ai pian year 2010 of i	X a single-employer plan		lan (not multiemployer)					
A This rel	urn/report is for:	a one-participant plan		ployer information in ac					
R This rot	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		Π	DFVC prog	ram		
		special extension (enter desc			اسا				
Part II	Basic Plan Info	prmation—enter all requested in							
1a Name				*********	1b Thr	ee-digit			
A.L. EA	STMOND AND SC	DNS, INC. 401(k) PLAN				number	0.01		
					(PN) ₽ ctive date o	001 f plan		
						/01/199	•		
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	,	· · • • • • • • • • •		bloyer Identi I) 13-16	fication Number 26359		
-	STMOND AND SC	e, country, and ZIP or foreign post	ai code (il loreign, see instr	uctions)		Sponsor's telephone number			
						(718) 378-7000			
1200 02	kpoint Avenue	х х			2d Business code (see instructions) 423800				
	.xpoint Avenue			10474					
BRONX 3a Plan a	dministrator's name a	nd address XSame as Plan Spon		10474	3b Administrator's EIN				
					3c Administrator's telephone number				
					:				
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
a Spons					4c PN				
5a Totalı	number of participants	at the beginning of the plan year			5a		44		
b Total r	number of participants	at the end of the plan year			5b		4 4		
		account balances as of the end of		•	5c		15		
		rticipants at the beginning of the pl			5d(1)		35		
		rticipants at the end of the plan ye	•		5d(2)		35		
e Numb	er of participants that	terminated employment during the	e plan year with accrued ber	nefits that were less	5e				
than Caution: A	100% vested	or incomplete filing of this return	r/roport will be accorded	unloss rosconsblo co		blichod	0		
Under pena	alties of perjury and ot	her penalties set forth in the instru-	ctions, I declare that I have	examined this return/re	port, includ	ing, if applic	able, a Schedule		
	dule MB completed a rue, correct, and com	nd signed by an enrolled actuary, a plete	as well as the electronic ver	sion of this return/repor	t, and to th	e best of my	knowledge and		
SIGN		<u></u>]	**************************************				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan adr	ninistrator		
SIGN	MA Gu	1 //	8/16/76		TMON				
HERE HERE						y.C	er or plan sponsor		
Preparer's		ame, if applicable) and address (ir		r)		s telephone			

		a and OMD Control Numbers, and th							

Form 5500-SF 2015

Page	2
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	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Y	′es 🗌 No	
a	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							XY	′es 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,					ليسيا	ليتنا	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 4	021)?.		Yes 🗌 Na	Not de	termined	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	l of Yea	ar		(b)	End of Year		
а	Total plan assets	7a	·		7,84	5				
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		55	7,84	5	607,			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)					······································			
	(2) Participants	8a(2)		63,517						
	(3) Others (including rollovers)	8a(3)	·			1				
b	Other income (loss)	8b		-2	2,45	6				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							61,061	
d	Benefits paid (including direct rollovers and insurance premiums					_				
	to provide benefits)	8d		(),91	5		in an		
	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>					en de la serie de la serie La serie de la s			
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	<u>8g</u>							10 015	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			<u> </u>				10,915	
	Net income (loss) (subtract line 8h from line 8c)	. <u>8i</u>				-	50,14			
J	Transfers to (from) the plan (see instructions)	8j	<u> </u>							
L	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ir	istructions:		
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acteris	iic Coo	les in the ins	structions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amou	nt	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction						***	
	Program)			10a		X				
b 	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	`		10b		X			Mag (4 10	
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 by fraud or dishonesty?			10d		х				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g	Х				20,118	
				iug					20,110	
	2520.101-3.)			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 2520.10			10i						
j	Did the plan trust incur unrelated business taxable income?			10j		х				
Part	VI Pension Funding Compliance					•			******	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•			•		•	1 1 1 1	res 🛛 No	
11a	Enter the unpaid minimum required contribution for all years from						l			
12	Is this a defined contribution plan subject to the minimum funding							A?	res 🛛 No	

	Form 5500-SF 2015 Page 3 -					
(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter the Day _		e letter rul Year	ling
lf you o	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
b Ente	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 Subi	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)	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?			Yes	🕅 No	
lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b Wer of th	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?	ght under the co	ontrol		Yes 🛛	No
	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part VIII	Trust Information					
14a Name	of trust		14b ⊺	rust's EIN		
14c Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number			
Part IX	IRS Compliance Questions					
15a Is the	e plan a 401(k) plan?		Ye:	S	No No	
	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/. harbor test method			
testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?	101(m)-	[] Ye	S	No	
	k the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ratio percentage test		Average benefit test	
	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com lan with any other plans under the permissive aggregation rules?		Ye:	s	No	
17a Has t	he plan been timely amended for all required tax law changes?		Ye	s	🗌 No	🗌 N/A
for ta	e the last plan amendment/restatement for the required tax law changes was adopted x law changes and codes).		-		_ (See inst	
	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla ory letter, enter the date of that favorable letter and the letter's serial nu		t to a fa	vorable IR	S opinion	or
17d If the	plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter	_ ADMORATION REPAIR AND ADDRESS OF	the plar	n's last favo	orable	
	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were	in-service distributions made during the plan year?		Ye:	S	No	
lf "Ye	s," enter amount		19			
20 Were retire	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?	hether or not	Ye:	s	No No	N/A