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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part i Annual Repo	rt identification informatio	N						
For calendar plan year 2015 o	r fiscal plan year beginning 01/01	/2015	and ending 1	2/31/2015				
A This return/report is for:	x 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)					
71 Tillo Totalli Mopoliti lo Tot.	a one-participant plan							
B This return/report is	the first return/report the final return/report							
	an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C Check box if filing under:	X Form 5558	automatic extension		DFVC	program			
	special extension (enter des	cription)						
Part II Basic Plan In	formation—enter all requested i	nformation						
1a Name of plan ROYAL SUPPLY CO. RETIREI	MENT PLAN			1b Three-digit				
NOTAL COLLET CO. RETIRE	WEITH I Day			(PN) •	001			
				1c Effective d	ate of plan 12/30/1978			
	oloyer, if for a single-employer plan)			2b Employer I (EIN)	dentification Number 13-2959185			
	ince, country, and ZIP or foreign po		tructions)	2c Sponsor's	telephone number			
					718-875-4666 code (see instructions)			
70 FRANKLIN AVE BROOKLYN, NY 11205					424990			
	and address Same as Plan Spo	nsor.		3b Administra	tor's EIN 13-2959185			
ROYAL SUPPLY CO.	3c Administrator's telephone number							
		KLYN, NY 11205			·			
				'	18-875-4666			
4 If the name and/or FIN of	the plan anapper has shanged sine	a the last return/report filed	for this plan, optor the	4h FIN				
	the plan sponsor has changed sinc number from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participal	nts at the beginning of the plan year				2			
b Total number of participal	nts at the end of the plan year			. 5b	2			
	th account balances as of the end c		•	5c	2			
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	1			
d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	1			
	nat terminated employment during th			5e	0			
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	d unless reasonable ca					
	other penalties set forth in the instr I and signed by an enrolled actuary,							
SIGN Filed with authoriz	ed/valid electronic signature.	08/24/2016	MOSES BODEK					
HERE Signature of pla	n administrator	Date	Enter name of individ	lividual signing as plan administrator				
SIGN								
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor			
Preparer's name (including firr	n name, if applicable) and address (include room or suite numb	per)	Preparer's telep	hone number			

	Form 5500-SF 2015		Page 2							
b /	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 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 cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA) 			□ .	Yes No
C I	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)? .	[Yes	No	Not de	etermined
Part	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Year	•
a	Fotal plan assets	7a		2301	845				23	37972
b 7	Total plan liabilities	7b			0					0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		2301	845				23	37972
_	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		53	000					
	2) Participants	8a(2)			0					
	3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b		23	774					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								76774
	Benefits paid (including direct rollovers and insurance premiums			20	E40					
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		39	540					
	Administrative service providers (salaries, fees, commissions)	8e 8f		1	107					
	Other expenses	8g			107					
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h								40647
	Net income (loss) (subtract line 8h from line 8c)	8i								36127
	Fransfers to (from) the plan (see instructions)	8i								
Part	IV Plan Characteristics	O J								
B	2C 3B 3D 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 benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits and the plan	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instruct	ions:	
10	During the plan year:				Yes	No	N/A		Amou	nt
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?			10d		X				
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		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
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 2520.10	ne require	d notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Part	VI Pension Funding Compliance			,	1		1	I		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		res No
11a	Enter the unpaid minimum required contribution for all years from									
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA?	X ,	res No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	date of tl	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		10u1		
b	Enter tl	he minimum required contribution for this plan year		12b			53000	
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			53000	
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d			0	
е		e minimum funding amount reported on line 12d be met by the funding deadline?		X	Yes	No	N/A	
Part		Plan Terminations and Transfers of Assets		<u> </u>		<u> </u>		
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?		ontrol		Yes X	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b ⊺	rust's EIN	1		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
					telephone	number		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
	10 110	prair a 40 (N) prair		De	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Yes No				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				ш		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	ion 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable IF	RS opinion	or	
17d	If the p	olan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plar	ı's last fav	vorable		
18		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	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Parti	Annual Report	Identification Information								
For calen	dar plan year 2015 or f	iscal plan year beginning	01/01/2015	and ending	12/31/	2015				
Α		X a single-employer plan	a multiple-employer	a multiple-employer plan (not multiemployer		his box must attach a				
A This re	eturn/report is for:	a one-participant plan	list of participating e	employer information in	accordance with the form instructions)					
		a one-participant plan	a foreign plan							
B This re	turn/report is	the first return/report	Π							
D miste	turmeportis		the final return/repor							
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	K Form 5558	automatic extension	ř	DFVC program					
		special extension (enter descr	iption)			or ogram				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name	of plan				1b Three-digit					
ROYAL	SUPPLY CO. RET	TIREMENT PLAN			plan numbe					
					(PN) ▶					
20.01					1c Effective da 12/30/1					
Za Plan s Mailin	sponsor's name (emplo g address (include root	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Paul		2b Employer Id	lentification Number				
City o	r town, state or provinc	e, country, and ZIP or foreign posta	l code (if foreign, see ins	tructions)	(EIN) 13-					
ROYAL	SUPPLY CO.			50/50 (5000 50 50 50 €	2c Sponsor's t					
70 PP					718-875	No. 12 (N. 18) (19)				
70 FR	ANKLIN AVE				424990	de (see instructions)				
BROOKI	.VN	NY 11205								
	dministrator's name an									
	SUPPLY CO.	d address Same as Plan Sponso	or.		3b Administrato					
					3c Administrator's telephone number					
70 FRA	NKLIN AVE				718-875-4666					
BROOKL	YN	NY 11205								
4 If the r	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed	for this plan, enter the	4b EIN					
name	, EIN, and the plan nun	nber from the last return/report.		D18 - \$1 1 - \$1 - \$0 - \$0 - \$0 - \$0 - \$0						
777	or's name	Oracin W No. B. Cons			4c PN					
		at the beginning of the plan year				2				
b Total r	number of participants	at the end of the plan year			5b	2				
compl	er of participants with a ete this item)	ccount balances as of the end of th	e plan year (defined ben	efit plans do not	5c	•				
		ticipants at the beginning of the plan			5d(1)	2				
						1				
e Numb	er of participants that t	ticipants at the end of the plan year erminated employment during the p	dan year with accrued be		5d(2)	1				
than '	100% vested				5e	0				
Caution: A	penalty for the late o	r incomplete filing of this return/	report will be assessed	unless reasonable car	isa is actablished					
SB or Sche	dule MB completed an	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons, I declare that I have well as the electronic ver	examined this return/re-	port, including, if ap	plicable, a Schedule				
belief, it is t	rue, correct/and compl	lete.		Comment and reterminepor	t, and to the pest of	my knowledge and				
SIGN	h -	^	8/24/16	MOSES BODEK						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing as plan :	administrator				
SIGN					am organing do plant	an innovator				
HERE	Signature of employ	ver/plan snonsor	Date	Categories of last (d.						
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor										
				*						
				i		Į				
				1		1				

See New and of the plan's assets during the plan year invested in eligible assets? (See instructions.)	-	Form 5500-SF 2015		Page 2							
C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined PPARTIII Financial Information	6a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper	ndent qualified public ions.)	accou	ntant (I	QPA)				
Part III Financial Information	С	If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	rogram (see ERISA s	section	4021)?	e For	n 5500. Tyes	Пи	□ Not d	etermined
a Total plan assets 78	Pa	art III Financial Information	<u> </u>	00 81 (438,-438,33		1021).	[Пио	Not u	sterriirieu
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginnir	ng of Y	ear	T		/b) Er	d of Voc	
b Total plan liabilities	-	Total plan assets	. 7a				45		(0) L1	2.5	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
8 Income. Expenses. and Transfers for this Plan Year a Contributions received or receivable from: (b) Total a Contributions received or receivable from: (c) Employers. (d) Employers. (e) Participans. (e) Participans. (e) Other income (loss). (e) Participans. (e) Other income (dod lines 8a(1), 8a(2), 8a(3), and 8b)	b	Total plan liabilities	. 7b				0				33.73.
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or eceivable from: (9) Engloyers	c		. 7c		2,3	01,84	45			2,	337,97
a Controlutions received or receivable from: (1) Employers. 8a(2) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 (6) 0 (7) Catal income (eadd lines 8a(1), 8a(2), 8a(3), and 8b) 8b 23,774 7c Total income (eadd lines 8a(1), 8a(2), 8a(3), and 8b) 8c 33,540 6 Benefits paid (including direct collovers and insurance premiums to provide benefits). 8d 39,540 6 Certain deemed and/or corrective distributions (see instructions). 8d 39,540 6 Certain deemed and/or corrective distributions (see instructions). 8d 1,107 g Other expenses. 8g 1,107 H Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 1 Total expenses (add lines 8d, 8e, 8f, and 8g). 8h 2 1,107 g Other expenses (add lines 8d, 8e, 8f, and 8g). 8h 36,12 J Transfers to (from) the plan (see instructions). 8l Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 26 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions in the plan approached on line 10a). 10 During the plan novered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fixed of alshonesty? 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 in the plan appracticions and participant contributions and of year end). 10 Did the plan have any participant loans? (If Yes, "enter anount as of year end). 10 Did the plan failed to provide any benefit when due under the plan? 2500.101-3). 10 Did the p	-		100	(a) Amo	ount		1		(b)		_
Sa(2) Participants Sa(3) O	а		90(4)			53 D/	20		1 1		
(3) Others (including rollovers)					-	33,00	0.15	+ 5 %			740
b Other income (loss)											
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b					23 75		4 6			
d Benefits paid including direct rollovers and insurance premiums to provide benefits). 8 d 39,540 e Certain deemed and/or corrective distributions (see instructions)						23,7	7-1				76 77
e Certain deemed and/or corrective distributions (see instructions)	d	Benefits paid (including direct rollovers and insurance premiums				20 5/	10	100	*# <u>*</u>	X - X	76,77
## Administrative service providers (salaries, fees, commissions)	е					,,,,,	. 0				4 8
Section Sect						1 10	7			CH	
h Total expenses (sadd lines 8d, 8e, 8f, and 8g)	g					1,10	,,,	- 5,0 - 5,010	TO N		10 mm
Net income (loss) (subtract line 8h from line 8c)				100	7 11 11 11	140	(A)	<u> </u>			10 611
Part IV	ī				1 11	# 1	386				
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	j	Transfers to (from) the plan (see instructions)		302		4.	1.55		res re		36,12
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: C Compliance Questions	Pai	77.6						12		1 6 2	Very Hall
a 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)	1.50	If the plan provides welfare benefits, enter the applicable welfare fe									
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)	10	During the plan year:				Yes	No	N/A		Amour	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fig	Luciary Correction	102					Alloui	it.
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions	104		v	Part Part			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					10b		Λ	1 4			
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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					10c		Х	gersk.			
the plan? (See instructions.)		by fraud or dishonesty?			10d		Х				
f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. j Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 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) 12 No 13 Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	e	carrier, insurance service, or other organization that provides some	e or all of th	e henefits under	10e		х				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f	Has the plan failed to provide any benefit when due under the plan	1?				х				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g										
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	h	If this is an individual account plan, was there a blackout period? (\$	See instruct	ions and 29 CFR					Sycia		
Joid the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 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)	ì	If 10h was answered "Yes," check the box if you either provided the	e required r	notice or one of the	10h			, i			
Part VI Pension Funding Compliance 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)	j						\dashv		- 4		
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)	Part				10)		1				La Company
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40		Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Ye	s," see instructions a	ind con	nplete S	Schedu	ıle SB (Form	Пу	
12 Is this a defined contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the minimum funding requirements of scatter 440 of the Contribution plan subject to the contribution of the Contribution	11a	Enter the unpaid minimum required contribution for all years from S	Schedule St	3 (Form 5500) line 40			T			Ye	s No
	12	Is this a defined contribution plan subject to the minimum function of	equirement	s of saction 440 -4"							

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, and	enter the	date of	the letter r Year	uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Duy_		rear	
t	Enter the minimum required contribution for this plan year		12b			53,000
c	Enter the amount contributed by the employer to the plan for this plan year		12c			53,000
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a	12d			. 0
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		х	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	s X No	
_	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	of the PBGC?		ntrol		Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s) to				
_	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	at the contract of					
14a	Name of trust		14b Tr	rust's EIN	1	ät
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curren testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m 2(a)(2)(ii))?	-/-	Yes	nou .	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 41	0(b):	Rat per test	centage		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	g	Yes		No	
	Has the plan been timely amended for all required tax law changes?		Yes		No	N/A
	for tax law changes and codes).	Enter the a				nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that advisory letter, enter the date of that favorable letter and the letter's serial number.	er				or
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter .	he date of the	ne plan's	last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	been ds)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whether retired), as required under section 401(a)(9)?	r or not	Yes		No	□ N/A