Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		Identification Information						
For calenda	ar plan year 2016 or f	iscal plan year beginning 01/01/20	016 	and ending 1	2/31/2016			
Δ This rat	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer) nployer information in a				
A IIIISTEI	uni/report is ior.	a one-participant plan	a foreign plan	mpioyer information in a	ocordance with the	ic form instructions.		
B This retu	ırn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	n/report (less than 12 m	nonths)			
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	am		
		special extension (enter descri	ption)		_			
Part II	Basic Plan Info	ormation—enter all requested info						
1a Name		-			1b Three-dig plan num (PN)			
					1c Effective	date of plan 12/30/1978		
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O			2b Employer (EIN)	Identification Number 13-2959185		
City or ROYAL SUP		ce, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)		s telephone number 18-875-4666		
70 FRANKLII	N AV/E				2d Business	code (see instructions)		
BROOKLYN,						424990		
	dministrator's name a	nd address Same as Plan Spon	sor.		3b Administra	ator's EIN 13-2959185		
ROYAL SUP	PLY CO.	70 FRANK BROOKLY	LIN AVE N, NY 11205		3c Administra	ator's telephone number		
					718-875-4666			
		ne plan sponsor has changed since to the plan sponsor has treturn/report.	he last return/report filed	for this plan, enter the	4b EIN			
a Sponso	or's name				4c PN			
5a Total r	number of participants	s at the beginning of the plan year			5a	2		
		s at the end of the plan year			5b	1		
		account balances as of the end of t			5c	1		
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	1		
		articipants at the end of the plan yea			5d(2)	1		
than '	100% vested	t terminated employment during the			5e	(
		or incomplete filing of this return						
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.						
SIGN	Filed with authorized	/valid electronic signature.	10/16/2017	MOSES BODEK				
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pl	an administrator		
SIGN HERE								
	Signature of empl		Date			mployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numb	er)	Preparer's tele	phone number		

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							_	□ Not	determined
	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year				(b) End	l of Year	
а	Total plan assets	7a		337972				<u> </u>	2336	331
b	Total plan liabilities	7b		0						0
	Net plan assets (subtract line 7b from line 7a)	7c	2	337972	:				2336	331
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) ·	Total	
а	Contributions received or receivable from:	- 40		53000						
-	(1) Employers	8a(1)		00000	-					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		109692						
	Other income (loss)	8b 8c							162	692
	Benefits paid (including direct rollovers and insurance premiums	80							102	002
	to provide benefits)	8d		164333						
е	Certain deemed and/or corrective distributions (see instructions) .	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)									333
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	8i					-1	641	
	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C 3B 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in t	he instr	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
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-	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 2520.10			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line $40\dots$			11a		1	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the C A?					X	Yes No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.		s, and	d enter t Day		of the lett Year	-
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1		
b	Enter	the minimum required contribution for this plan year			12b			53000
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			53000
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			0
		he minimum funding amount reported on line 12d be met by the funding deadline?			X	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		r the			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident n assets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c((3) PN(s)
-								
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b ⊺	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- ∐ ;		n-based arbor	^t [erior y test	year" ADP
			ΙП '	Curre	ent year' est	" [N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	1	Ratio perce test	entage		verage enefit test	□ N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?	''	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rec	ent detern	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?		rom	Yes	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Yes	s	No	

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

2016

This Form is Open to Public Inspection

Part		t Identification Information	ľ			
For caler	ndar plan year 2016 or t	fiscal plan year beginning	01/01/2016	and ending	12	/31/2016
8		X a single-employer plan	_) (Filers cho	cking this box must attach a
A This	return/report is for:		list of participating e	employer information in	accordance	with the form instructions.)
		a one-participant plan	a foreign plan			and round moderations.
R This re	eturn/report is	the first return/report	Π			
D IIIIs I	sturmeport is	=	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12	months)	
C Check	k box if filing under:	X Form 5558	automatic extension		□ DEVC	program
<u> </u>		special extension (enter descr			Поло	program
Part II	Basic Plan Info	ormation—enter all requested int				-
1a Nam	e of plan		- Chinadon		1b Thre	on digit
ROYAL S	SUPPLY CO. RET	IREMENT PLAN			The second of th	n number 001
					(PN	
						ctive date of plan
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)				30/1978
Mailir	ng address (include roo	m, apt., suite no, and street or P O	. Box)			bloyer Identification Number I)13-2959185
ROYAT.	SUPPLY CO.	e, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)		nsor's telephone number
потп	BOITH CO.					-875-4666
70 FRA	NKLIN AVE				0.000	ness code (see instructions)
					4249	
BROOKL	YN	NY 11205				
3a Plan	administrator's name ar	nd address Same as Plan Spon	SOF		3h Adm	inistrator's EIN
	SUPPLY CO.					959185
						inistrator's telephone number
70 FRAN	IKLIN AVE			<u> </u>		875-4666
BROOKLY		NY 11205				
4 If the	name and/or EIN of the	e plan sponsor has changed since the plan sponsor has changed since the plant from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN	
	sor's name	mber from the last return/report.			10 00	
5a Total	number of participants	at the beginning of the plan year			4c PN 5a	
b Total	number of participants	at the end of the plan year	••••••	•••••		2
C Numb	per of participants with a	account balances as of the end of the	ne nlan vear (only defined	contribution plans	. 5b	1
comp	lete this item)			pians	5c	1
d(1) Tot	al number of active par	ticipants at the beginning of the pla	n year		5d(1)	1
d(2) Tot	al number of active par	ticipants at the end of the plan year			5d(2)	
e Numi	per of participants that t	erminated employment during the r	olan year with accrued he	nefits that were less		1
man	100% vested				5e	0
Officer peri	ailles of perfury and oth	or incomplete filing of this return/ er penalties set forth in the instruction	one I declare that I have	auaminad this saturates		16 11 11
OD 01 00110	edule MB completed an true, correct, and comp	a signed by an enfolied actuary, as	well as the electronic ver	sion of this return/repor	t, and to the	best of my knowledge and
SIGN	IV Comp	iete.		Face and the second		
HERE	V W-V		10/16/2017	MOSES BODEK		
	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing a	is plan administrator
SIGN HERE			_			
	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor
Preparer's	name (including firm na	ame, if applicable) and address (incl	lude room or suite numbe	Γ)	Preparer's	telephone number
					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
BAR DAMARIO	Doduction Ast Matins		_		The second secon	

	Form	5500-SF	2016

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Н	а	а	e	_

 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan care If the plan is a defined benefit plan, is it covered under the PBGC 	of an indepen y and conditi Inot use Foi	dent qualified public ons.) rm 5500-SF and mu	accour	ntant (I	QPA) e Fori	n 5500.	X Yes No	
Part III Financial Information		3	100011	.02.17.	[_ , co		
7 Plan Assets and Liabilities		(a) Beginning	of Vos	r			(h) End of Your	
a Total plan assets	7a		,337	_		33	(b) End of Year 2,336,331	
b Total plan liabilities			,	0			2,330,331	
C Net plan assets (subtract line 7b from line 7a)		2	,337,	972			2,336,331	
8 Income, Expenses, and Transfers for this Plan Year	3 - KE, #	(a) Amou					envenous or e	
a Contributions received or receivable from:	1+3/	(a) Alliou	111		VE.	505	(b) Total	
(1) Employers	8a(1)		53,	000	ş	24 E		
(2) Participants	8a(2)				. P.			
(3) Others (including rollovers)	8a(3)				P.			
b Other income (loss)	8b		109,	692				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						162,692	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		164,	333				
e Certain deemed and/or corrective distributions (see instructions)	. 8e				Apr.	E TOTAL		
f Administrative service providers (salaries, fees, commissions)	8f			,				
g Other expenses	. 8g			-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)			al E	Top			164,333	
i Net income (loss) (subtract line 8h from line 8c)			5.00) E	-1,641			
j Transfers to (from) the plan (see instructions)			4.		- Payer		in Campagna	
Part IV Plan Characteristics	1 0) 1				Y		HEAD VETTOR TO THE STATE OF THE	
9a If the plan provides pension benefits, enter the applicable pension 2C 3B 3D								
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	reature code	s from the List of Pla	n Char	acterist	tic Co	des in th	ne instructions:	
10 During the plan year:				T.,				
Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a	Yes	No X	N/A	Amount	
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not in	clude transactions	10b		Х	. m ²		
C Was the plan covered by a fidelity bond?			-101250		Х	2.10		
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	that was caused	10c	\vdash	X	2 2 2		
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	by fraud or dishonesty? 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.)				x			
f Has the plan failed to provide any benefit when due under the pla			10e 10f		Х	N HEP		
g Did the plan have any participant loans? (If "Yes," enter amount a			201/2015		198455	Hage Hage		
h If this is an individual account plan, was there a blackout period?	(See instruc	tions and 29 CFR	10g		x			
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required i	notice or one of the	10h 10i					
	. •		101			2	The state of the s	

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1 age	•		

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)	nplete Sc	hedule S	В	Ye	s No
_11a	Enter the unpaid minimum required contributions 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 ERISA?	e or section	on 302 of		X Ye	s No
	(ii fes, complete line 12a of 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 instru granting the waiver	ctions, an ith	nd enter t Day		the letter Year	ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				ı cuı	
b	Enter the minimum required contribution for this plan year		12b			53,000
<u>c</u>	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 negative amount)	of a	12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. X	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				e .	
_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 to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?	under the	;		Yes X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plan(s) to			
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part						
14a i	Name of trust		14b ⊤	rust's EIN		
14c	Name of trustee or custodian			rustee's o elephone i	r custodiar number	ı's
Part	IX IRS Compliance Questions					
15a	ls the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe h	n-based narbor ent year" test		"Prior year test N/A	" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage	Avera	age fit test	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes				
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opin the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter letter	the date	of the mo	st recent	determinat	ion
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separate service?	ed from	Yes		lo	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		lo	