Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calend	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016							
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac								
		a one-participant plan	a foreign plan									
B This ret	urn/report is	the first return/report	the final return/repor	t								
		an amended return/report	a short plan year ret	urn/report (less than 12 m	rn/report (less than 12 months)							
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC program							
D	<u> </u>	special extension (enter desc	· · ·									
Part II		ormation—enter all requested in	nformation		41							
1a Name A.L. EASTM	of plan OND AND SONS, IN	C. 401(K) PLAN			1b Three-digit plan number (PN) ▶	001						
					1c Effective date 01	e of plan /01/1997						
Mailin	g address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.		otw.otiono)		entification Number 3-1626359						
	OND AND SONS, IN	nce, country, and ZIP or foreign pos C.	stal code (il loreigh, see in	structions)	2c Sponsor's te	lephone number 378-7000						
1200 OAKBO	DINT AVENUE					le (see instructions)						
BRONX, NY					42	23800						
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator	's EIN						
					3c Administrator's telephone number							
					, tanimine in a te	о тогорионо нашес.						
		he plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN							
	sor's name	umber from the last return/report.			4c PN							
		s at the beginning of the plan year			5a	63						
		s at the end of the plan year			5b	66						
C Numb	er of participants with	account balances as of the end o	f the plan year (only define	ed contribution plans	5c	15						
d(1) Tot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	54						
d(2) Tot	tal number of active p	participants at the end of the plan ye	ear		5d(2)	56						
e Numl	ber of participants that	at terminated employment during th	e plan year with accrued b		5e	0						
		or incomplete filing of this retu		d unless reasonable ca								
Under pen SB or Scho	alties of perjury and o	other penalties set forth in the instruand signed by an enrolled actuary,	uctions, I declare that I have	e examined this return/re	port, including, if ap	plicable, a Schedule						
SIGN	true, correct, and cor Filed with authorized	d/valid electronic signature.	10/16/2017	LEON EASTMOND								
HERE	Signature of plan		Date	Enter name of individ	lual signing as plan	administrator						
SIGN												
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as empl	over or plan sponsor						
Preparer's		name, if applicable) and address (Preparer's telepho							
		ica, can the Instructions for Form FE				Earm EE00 SE (2016)						

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X	es No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		607991					6657	20
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		607991					6657	20
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1)		61661						
	(2) Participants	8a(2)		01001						
	(3) Others (including rollovers) Other income (loss)	8a(3)		13203						
	· ,	8b							748	64
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							, 10	<u> </u>
	to provide benefits)	8d		16625						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		510						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							171	35
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							577	29
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 Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b	,	t? (Do not	include transactions	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		her 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	ın?		10f		X				
9		-		10g	X					20118
h	2520.101-3.)	` 		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to 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 c n 5500) and line 11a below)					[] `	∕es X No
		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 or section 302 of ERISA?								res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		ne 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	s X N	lo
	If "Y€	s," 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?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP
				"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e 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, er	nter the	date	of the m	nost rece	ent determi	nation
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 sepa e?		rom	Ye	s [No	
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	Complete all entries in a	cordance with the instr	ructions to the Form 5	500-SF.	Publi	c Inspection
Part I Annual Report I	dentification Information				1	
For calendar plan year 2016 or fis		01/01/2016	and ending	12	/31/201	6
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) nployer information in a			
B This return/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	nonths)		
C Check box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC	program	
Part II Basic Plan Infor	mation—enter all requested info	rmation	**************************************			
1a Name of plan A.L. EASTMOND AND SON				(PN	number	001
				I .	ctive date of	•
	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		ructions)	(EIN	N) 13-16:	
A.L. EASTMOND AND SON		(nsor's telep 18) 378-	hone number -7000
1000 0-2				I	iness code (see instructions)
1200 Oakpoint Avenue					0000	
BRONX 3a Plan administrator's name and		NY	10474	0)	ninistrator's E	
	plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN		
a Sponsor's name	*		·	4c PN	···	
5a Total number of participants a				5a		63
	at the end of the plan year			5b		66
C Number of participants with a complete this item)	ccount balances as of the end of th	e plan year (only defined	contribution plans	5c		15
	iclpants at the beginning of the plan			5d(1)		54
	icipants at the end of the plan year			5d(2)		56
than 100% vested	erminated employment during the p	************************	*************	5e		0
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed and belief, it is true, correct, and complete	r incomplete filing of this return/ er penalties set forth in the instruct d signed by an enrolled actuary, as	report will be assessed ons, I declare that I have	examined this return/re	eport, includ	ding, if applic	able, a Schedule
SIGN LUCY	tastmen	10/16/17	Leon Eastmond			
HERE Signature of plan ad	ministrator	Date	Enter name of individ	lual signing	as plan adn	ninistrator
SIGN HERE Signature of amplion	avinion aparent	Doto	F-L			1
Preparer's name (including firm na	***************************************	Date lude room or suite numbe	Enter name of individer)		as employe	

r	5500	00	204	_
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 6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot c If the plan is a defined benefit plan, is it covered under the PBGC in 	an indepe and condi not use Fo	ndent qualified public ations.)	account t instea	ant (10	QPA) Form	5500,			Yes No
Part III Financial Information	isurance p	orogram (see ERISA se	3GUU11 4	.021)?	<u>-</u>	168			determined
7 Plan Assets and Liabilities	1	(a) Beginning	of Year	. T			(b) End	of Yea	r
a Total plan assets	7a		607,		***************************************	***************************************	(-/		665,720
b Total plan liabilities	7b		· · · · · · · · · · · · · · · · · · ·					····	
C Net plan assets (subtract line 7b from line 7a)	7c		607,	991	***************************************				665,720
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) `	Fotal	***************************************
a Contributions received or receivable from:						•			
(1) Employers	8a(1)			5.50					
(2) Participants	8a(2)		61,	661	·				
(3) Others (including rollovers)	8a(3)				*************			·	
b Other income (loss)	d8		13,	203	***************************************	·			**************************************
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								74,864
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		16,	625					
e Certain deemed and/or corrective distributions (see instructions)	8e							 	
f Administrative service providers (salaries, fees, commissions)	8f			510		,			***************************************
g Other expenses	8g			$\neg \uparrow$		············	***************************************		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		· · · · · · · · · · · · · · · · · · ·				·····		17,135
i Net income (loss) (subtract line 8h from line 8c)	8ì		*******						57,729
j Transfers to (from) the plan (see instructions)	8i							. 3,7,23	
Part IV Plan Characteristics	1 9)					*******		
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	truction	3.
b If the plan provides welfare benefits, enter the applicable welfare to	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in t	the instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amo	ount
a Was there a failure to transmit to the plan any participant contribu								****	
described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)		*	10a		Х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	l? (Do not	include transactions	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's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.).	ner person ne or all of	s by an insurance the benefits under	10e		Х			***************************************	
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-	∍nd.)	10g	Х	1				20,118
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instri	uctions and 29 CFR	10h		Х				20,110
İ 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 require	d notice or one of the	10i						

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Part VI Pension Funding Compliance	***************************************					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500) and line 11a below)	and compl	ete Sch	edule S	В		Yes 🛭 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4			11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	he Code o	r section	n 302 of			Yes 🛭 N
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, segranting the waiver.	e instruction	ons, and	enter t		of the let Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to l		**************************************				
b Enter 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 Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of	а	12d			
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?					s 🛛	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 be control of the PBGC?	brought un	der the			Yes	⊠ No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), is which assets or liabilities were transferred. (See instructions.)	identify the	plan(s)	to		-	
13c(1) Name of plan(s):		13c(2)	ElN(s)		13c	(3) PN(s)
Part VIII Trust Information				***************************************	I,	
14a Name of trust			14b Trust's EIN			
14c Name of trustee or custodian					s or custo ne numbe	
Part IX IRS Compliance Questions						
15a is the plan a 401(k) plan? If "No," skip b		Yes			No	

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-base safe harbor	d	"Prior yea	ar* ADP
	To flogle for the plan year. Official an inat apply.		"Current yea ADP test	الم	□ N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage test		Average benefit test	□ N/A
16b	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	******	☐ No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	inio	n letter or adv	isory	letter, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	r th	e date of the r	nost r	ecent determin	ation
18	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 separa service?	ted	from Ye	:S	☐ No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	:S	☐ No	