Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VILLAGE COPIER INCENTIVE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

10 EAST COPIER, INC.

10 EAST 39TH STREET
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-3941300

2c Sponsor's telephone number
212-655-4575

2d Business code (see instructions)
323100

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	MYRON SCHONFELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	MYRON SCHONFELD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	138
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	102
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	124
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	124
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	57
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
VILLAGE COPIER INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
10 EAST COPIER, INC.

D Employer Identification Number (EIN)
13-3941300

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE SGNTURE

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274328-001	C	104003

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
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b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
VILLAGE COPIER INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
10 EAST COPIER, INC.

D Employer Identification Number (EIN)
13-3941300

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	36163	44395
(9) Value of interest in common/collective trusts	1c(9)	168850	103374
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1343530	1843213
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1548543	1990982
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1548543	1990982

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	168090	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		168090
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1424	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1424
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19454	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		19454
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2317
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		290557
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		477208
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20421	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		20421
f Corrective distributions (see instructions)	2f		10967
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3381	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3381
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34769
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		442439
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ANDREW FREUND, CPA **(2)** EIN: 11-2774992

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
VILLAGE COPIER INCENTIVE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
10 EAST COPIER, INC.

D Employer Identification Number (EIN)
13-3941300

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

VILLAGE COPIER INCENTIVE

SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013

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INDEPENDENT AUDITOR'S REPORT

TRUSTEES OF THE VILLAGE COPIER
INCENTIVE SAVINGS PLAN
NEW YORK, NY

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Village Copier Incentive Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The plan's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the 2013 financial statements and the supplemental schedules. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

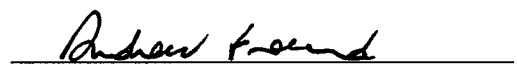
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

Other Matter

I was engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on page 10, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and I do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Departments of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



September 23, 2014

VILLAGE COPIER INCENTIVE SAVINGS PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
Investments:		
The Principal Financial Group- Mutual Funds	$ 1,843,213	$ 1,347,408
The Principal Financial Group- Collective Investment Trust	103,374	164,972
	1,946,587	1,512,380
Loan receivable from employees	44,395	36,163
TOTAL ASSETS	1,990,982	1,548,543
LIABILITIES		
Due to participant	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,990,982	$ 1,548,543

The accompanying notes are an integral part of the financial statements

VILLAGE COPIER INCENTIVE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013

	TOTAL	Pooled Accounts/ Mutual funds/ Fixed Income Fund	Loan Account
Investment income			
Net appreciation (depreciation) in fair value of investments	$ 253,570	$ 253,570	$ -
Dividends and Capital gains	54,124	54,124	
Interest	1,424		1,424
Total investment income(loss)	309,118	307,694	1,424
Contributions			
Participants	168,090	168,090	-
Total contributions	168,090	168,090	-
Total additions	477,208	475,784	1,424
Benefits paid to participants	(20,421)	(20,421)	-
401(k) Refunds	(10,967)	(10,967)	
Expenses - administrative expenses	(3,381)	(3,381)	-
Participant Loans additions	-	(26,000)	26,000
Participant Loan payments	-	17,767	(17,767)
Transfers	-	1,424	(1424)
Net increase (decrease) - net assets	442,439	434,206	8,233
Net assets available for benefits			
Beginning of year	1,548,543	1,512,380	36,163
End of year	$ 1,990,982	$ 1,946,586	$ 44,396

The accompanying notes are an integral part of the financial statements

VILLAGE COPIER INCENTIVE

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Village Copier Incentive Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General - The plan is a defined contribution plan covering substantially all full-time employees of Village Copier Inc., 10 East Copier Inc., 20 East Copier Inc., Printing House Press Ltd. (Company). It is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA).

2. Contributions - any full-time employee may elect semi-annually to participate in the plan. Participants may contribute up to 100 percent of pre tax annual compensation, as defined in the Plan. Contributions are subject to certain limitations.

3. Custodian - The custodian of the investment is Principal Life Insurance Company (Principal). Each participant elected to have their account invested in mutual fund accounts of which Principal is their custodian, or in a collective investment trust which is a fixed income fund held by Principal.

4. Participant Accounts - Each participant account is credited with the participant's contribution and allocation of the Plan's earnings. Allocations are based on participant's earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants direct the investment of their contributions into various investment options offered by the custodian. They can change their investment by contacting directly with the custodian.

5. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon.

6. Payment of benefits – On termination of service due to death, disability, or retirement, a participant is entitled to receive the balance in his account. A participant may elect to receive the distribution either in a lump sum, or roll it over to an IRA. Distributions may also be made upon determination of financial hardships. Benefit payments to participants are recorded upon distribution.

7. Rollovers - Participants may rollover retirement accounts that they had before joining the plan into the Plan.

NOTE A - DESCRIPTION OF PLAN (continued)

8. Participant loans- Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum $50,000 or 50% of their account balance. These loans are secured by the balance in the participant's account and bear interest at rates as determined by the custodian, which are commensurate with local prevailing rates as determined quarterly by the custodian. Principal and interest is paid ratably through monthly payroll deductions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING – The financial statements are prepared on the cash basis of accounting method modified with respect to contributions. Contributions reflect the plan year for which the deposit was received.

ESTIMATES – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and the changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those amounts.

INVESTMENT VALUATION AND INCOME RECOGNITION – The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. There is no assurance that these values will exist at the time of a participant's retirement as market conditions may fluctuate and result in a reduction in available benefits.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses – Certain administrative costs incurred by the Plan relating to investment transactions, and other administrative expenses have been paid by the Plan and allocated to the participant accounts.

Accounting principles generally accepted in the United States of America ("GAAP") define the fair market value an account would receive if it were to sell an asset or pay to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a fair value hierarchy that prioritizes inputs to valuation methods used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Level 1 - unadjusted quoted prices in active markets for identical investments

Level 2 - inputs to the valuation methodology include:

- Unadjusted quoted prices for similar investments in markets that are either active or inactive ;
- Inputs other than quoted prices that are observable such as interest rates, yield curves, volatilities, etc.

Level 3 – significant unobservable inputs based on the best information available in the circumstances, to the extent observable inputs are unavailable

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There has been no change in the methodology used at December 31, 2013.

Mutual funds – Valued at the closing price reported on the active market on which the individual funds are traded. All of the investments in mutual funds were valued using the level 1 within the fair value hierarchy. The value as of December 31, 2013 was $1,843,213.

Collective investment trust and participant loans were valued using the level 2 within the fair value hierarchy. The value as of December 31, 2012 was as follows:

Collective Investment Trust	$ 103,374
Participant loans	44,395

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

UNCERTAINTY IN INCOME TAXES– The Plan has adopted the provision pertaining to uncertain tax positions, ASC Topic 740, and has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements. The plan files U.S. federal tax returns. No income tax returns are currently under examination. The plan's federal tax returns for the prior three years remain subject to examination by the Internal revenue Service.

SUBSEQUENT EVENTS – In the preparation of these financial statements, management has evaluated events and transactions subsequent to December 31, 2013 through the date that the financial statements were issued.

NOTE C – INVESTMENT WITH INSURANCE COMPANY

In 1999, the Plan entered into an arrangement with John Hancock Life Insurance Company Of New York (JHANCOCK), an insurance company. JHANCOCK maintained the contributions in separate pooled accounts. The pooled accounts consisted of investments in various mutual funds. The accounts were credited with actual earnings on the underlying investments including appreciation in the underlying investments and charged for plan withdrawals, administrative expenses, and depreciation in the value of the underlying investments. In addition, JHANCOCK maintained a guaranteed account which earns interest at local prevailing rates.

In 2011, the investments in JHANCOCK were sold and transferred to Principal. Participants elected to invest the account balances in publicly traded mutual funds or in a fixed income account that is a collective investment trust, all of which is held by Principal as custodian.

The fixed income account earned an average of approximately 0.6% in 2013.

NOTE C - ADMINISTRATIVE EXPENSES

Principal as custodian of the Plan, maintains the investments and record keeping of the Plan, was entitled to be reimbursed for administrative expenses. For 2013, the total administrative expenses was $3,381.

NOTE D - INCOME TAX

The Internal Revenue Service has ruled that the plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any course of action or series of events that have occurred that might adversely affect the plan's qualified status.

NOTE E - TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants are entitled to receive the balance in their account.

NOTE F - RISKS AND UNCERTAINTIES

The Plan invests in various types of investments. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term, based on markets' fluctuations, and that such changes could materially affect the amounts reported in the Plan's statement of net assets available for benefits and participant account balances.

NOTE G – INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian Principal, and are combined below.

Investments, at fair value:	
Mutual Funds	$1,843,213
Collective Investment Trust	103,374
Participant loans	44,395
Investment income	309,118
Contributions by participants	168,090
Benefits paid to participants	20,421
401(k) Refunds	10,968
Expenses- fees paid to custodian	3,381

VILLAGE COPIER INCENTIVE

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013

NOTE H- INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets as of December 31, 2013.

FAIR VALUE OF INVESTMENTS

Investments at Fair Value as reported by insurance company	Number of Units	Fair Value
Principal Stable Value Sig Fund+	5797	$103,374
Principal Life Time Str Inc R3 Fund	12310	143,171
Principal Life Time 2045 R3 Fund	11083	127,783
SAM Balanced R3 Portfolio	6681	102,748
Capital Appreciation R3 Fund	1946	104,703
Equity Income R3 Fund	9710	234,309
Fidelity Adv Growth Opp T Fund	3193	180,959
Diversified Intl R3 Fund	14728	175,412
Fidelity Adv Technology T Fund	3105	101,622

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $ 162,702 as follows:

Net appreciation	$253,570
Dividends and Capital Gains	54,124
Interest	1,424
	$309,118

SUPPLEMENTARY INFORMATION

VILLAGE COPIER INCENTIVE SAVINGS PLAN
Schedule H, line 4i-Schedule Of Assets (Held At End of Year)
At December 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) N/A	(e) Current value
	Collective Investment trust-	Fixed income fund		
	Principal Stable Value Sig Fd+	5797 shares		103,374
	Mutual funds:			
	Fid Adv High Inc Advant T Fund	1949 shares		21,029
	Oppenheimer Intl Bond N Fund	147 shares		890
	Core Plus Bond I R3 Fund ++	584 shares		6,328
	Prin LifeTime Str Inc R3 Fund	12310 shares		143,171
	Prin LifeTime 2010 R3 Fund	6538 shares		85,058
	Prin LifeTime 2015 R3 Fund	1457 shares		15,474
	Prin LifeTime 2025 R3 Fund	6431 shares		70,873
	Prin LifeTime 2030 R3 Fund	2854 shares		41,103
	Prin LifeTime 2035 R3 Fund	2356 shares		26,811
	Prin LifeTime 2040 R3 Fund	4824 shares		71,297
	Prin LifeTime 2045 R3 Fund	11083 shares		127,783
	Prin LifeTime 2050 R3 Fund	1043 shares		14,956
	Prin LifeTime 2055 R3 Fund	50 shares		581
	SAM Balanced R3 Portfolio ++	6681 shares		102,748
	SAM Cons Balanced R3 Portfolio ++	3199 shares		37,753
	Capital Appreciation R3 Fund ++	1947 shares		104,703
	Equity Income R3 Fund ++	9710 shares		234,309
	Fidelity Adv Growth Opp T Fund	3193 shares		180,959
	Allianz A GIC Opportunity C Fd	382 shares		8,029
	Fidelity Adv Stk Sel MdCp T Fd	1023 shares		30,242
	Fidelity Adv Val Strat T Fund	342 shares		12,988
	MidCap Value I R3 Fund ++	4230 shares		62,991
	SmallCap Blend R3 Fund++	2782 shares		60,595
	SmallCap S&P 600 Index R3 Fund ++	2121 shares		53,180
	Diversified Intl R3 Fund ++	14728 shares		175,412
	Intl Emerging Markets R3 Fund ++	2146 shares		52,328
	Fidelity Adv Technology T Fund	3105 shares		101,622
				1,946,587
	Participant loans	Interest 4.25%		44,395
	TOTAL			$1,990,982

VILLAGE COPIER INCENTIVE SAVINGS PLAN
Schedule H, line 4i-Schedule Of Assets (Acquired and Disposed of Within Year)
At December 31, 2013

(a) Identity of issue, borrower, lessor or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisition	(d) Proceeds of disposition
Principal Life Insurance	Pooled separate accounts	$243,751	$16,054
Collective Investment trust-	Fixed income fund		
Principal Stable Value Sig Fd+		$8,963	$71,494
Participant loans	Interest 4.25%	$17,767	$26,000

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Village Copier Incentive Savings Plan **EIN:** 13-3941300
Plan Sponsor's Name 10 East Copier, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Participant Loans	Interest 4.25%	0	44,400
	ALLIANZ	REGISTERED INVESTMENT COMPANY ALLIANZ GI OPPORT. C FUND	0	8,029
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY FIDELITY ADV GROWTH OPP T FUND	0	180,959
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY FIDELITY ADV VAL STRAT T FUND	0	12,988
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY REGISTERED INVESTMENT COMPANY FIDELITY ADV STK SEL MDCP T FD	0	30,242
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY REGISTERED INVESTMENT COMPANY FIDELITY ADV HIGH INC ADVANT T FUND	0	21,029
	FIDELITY INVESTMENTS	REGISTERED INVESTMENT COMPANY REGISTERED INVESTMENT COMPANY FIDELITY ADV TECHNOLOGY T FUND	0	101,622

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Village Copier Incentive Savings Plan **EIN:** 13-3941300
Plan Sponsor's Name 10 East Copier, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN EQUITY INCOME R3 FUND	0	234,309
	OPPENHEIMER FUNDS INC	REGISTERED INVESTMENT COMPANY OPPENHEIMER INTL BOND N FUND	0	890
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME STR INC R3 FUND	0	143,171
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2010 R3 FUND	0	85,058
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2015 R3 FUND	0	15,474
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2025 R3 FUND	0	70,873
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2030 R3 FUND	0	41,103

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Village Copier Incentive Savings Plan **EIN:** 13-3941300
Plan Sponsor's Name 10 East Copier, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2035 R3 FUND	0	26,811
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2040 R3 FUND	0	71,297
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2045 R3 FUND	0	127,783
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2050 R3 FUND	0	14,956
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN MIDCAP VALUE I R3 FUND	0	62,911
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY SAM BALANCED R3 PORTFOLIO	0	102,748
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN SAM CONS BALANCED R3 PORT	0	37,753

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Village Copier Incentive Savings Plan **EIN:** 13-3941300
Plan Sponsor's Name 10 East Copier, Inc. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN SMALLCAP BLEND R3 FUND	0	60,595
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN SMCAP S & P 600 IDX R3 FUND	0	53,180
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRINCIPAL CAPITAL APP R3 FUND	0	104,703
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRINCIPAL CORE PLUS BD I R3 FD	0	6,328
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRINCIPAL DIV INTL R3 FUND	0	175,412
*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN INTL EMERG MKTS R3 FUND	0	52,328
*	UNION BOND & TRUST COMPANY	COMMON/COLLECTIVE TRUST PRINCIPAL STABLE VALUE SGNTURE	0	104,003

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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*	PRINCIPAL FUNDS INC	REGISTERED INVESTMENT COMPANY PRIN LIFETIME 2055 R3 FUND	0	581