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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Par	t l	Annual Repo	rt Ide	entification Information	1								
For ca	alenda			plan year beginning 01/01/2			and ending 12	2/31/2	015				
A Th	nis retu	urn/report is for:	X	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
		·	Ц	a one-participant plan	a	foreign plan		,					
B Thi	is retu	rn/report is		the first return/report	=	e final return/report							
C C	hook b	ox if filing under:		an amended return/report	a short plan year return/report (less than 12 mg				_				
C	ieck b	ox ii iiiing under.	片	Form 5558 special extension (enter desc	ш	itomatic extension			DFVC progr	am			
Par	t II	Basic Plan In	form	nation—enter all requested in		n .							
		of plan		ation cineral requested in	iioiiiiatit	JII		1b	Three-digit				
		ON GROUP LTD. P	ROFI	T SHARING PLAN					plan number				
									(PN) ▶	002			
								1c	Effective date of 07/0	f plan 1/1993			
M	1ailing	address (include ro	om, a	, if for a single-employer plan) apt., suite no. and street, or P.C				2b Employer Identification Number (EIN) 13-3175150					
		N GROUP, LTD.	nce, c	country, and ZIP or foreign post	tal code	(If foreign, see instru	ctions)	2c Sponsor's telephone number 914-784-0088					
5 W MA	UN ST							2d	2d Business code (see instructions)				
		NY 10523-2416						531390					
3a ₽	lan ac	dministrator's name	and a	ddress XSame as Plan Spon	isor.			3b Administrator's EIN					
										elephone number			
r	name,	EIN, and the plan r		an sponsor has changed since er from the last return/report.	the last	return/report filed for	this plan, enter the		EIN				
a S	ponso	or's name						4c	1				
5a ⊺	Γotal n	umber of participan	ts at t	the beginning of the plan year				5		5			
				the end of the plan year			i	5	b	5			
				ount balances as of the end of		• '	•	5c					
d(1) Tota	l number of active p	artici	pants at the beginning of the p	lan year	r		5d		2			
d(2) Tota	al number of active	oartici	pants at the end of the plan ye	ear			5d	(2)	2			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested								5	е	0			
				ncomplete filing of this retur									
SB or	Sche		and s	signed by an enrolled actuary,									
SIGN		Filed with authorize	ed/vali	d electronic signature.		03/04/2016	GREGG SMOLEV						
TILINE		Signature of plan	adm	inistrator		Date	Enter name of individu	ual sig	gning as plan adn	ninistrator			
SIGN HERE				 		D /	_ ,						
										2 0 ablished. ding, if applicable, a Schedule			
Lieba	11 G 1 D 1	iame (including IIIII	ı ııalılı	e, ii applicable) allu audiess (li	noidae I	oom or suite mumber	,	riep	varer s rerepriorie	HUHHDEI			

Form 5500-SF 2015		Page 2					
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be a second or control of the plan cannot be a second or control or control of the plan cannot be a second or control or cont	an indepen and conditi	dent qualified public a	ccount	ant (IQ	PA)		
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Year
a Total plan assets	7a		1899	633			1619211
b Total plan liabilities	7b		1000	1622			1610011
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	7c	(a) A max	1899	1033			1619211
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total
(1) Employers	8a(1)						
(2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-50	422			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-50422
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		230	000			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						230000
i Net income (loss) (subtract line 8h from line 8c)	8i						-280422
j Transfers to (from) the plan (see instructions)	8j						
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	e instructions:
10 During the plan year:				Yes	No	N/A	Amount
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 Fi	duciary Correction	10a		X	1471	Amount
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
C Was the plan covered by a fidelity bond?			10c	X			1000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		X		1000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons	by an insurance he benefits under	10a		X		
f Has the plan failed to provide any benefit when due under the pla			10f		Χ		
			10g		X		
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				X		
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the						
j Did the plan trust incur unrelated business taxable income?			10i 10i		X		
Part VI Pension Funding Compliance			,			<u>. </u>	
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a Enter the unpaid minimum required contribution for all years from						11a	, 🖂 🖼
12 Is this a defined contribution plan subject to the minimum funding							RISA? Yes X N

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui			
b	Enter t	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d					
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A		
Part		Plan Terminations and Transfers of Assets			100	110	1471		
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No			
		s," 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 brough	ght under the co	ontrol		Yes X	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part	: VIII	Trust Information							
14a	Name o	f trust		14b Trust's EIN					
14c	Name	of trustee or custodian		14d Trustee's or custodian's					
	rianio	of tubics of suctorial	telephone number						
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	S	No			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method					
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No					
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st	Average benefit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No			
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted//. Enter the applicable code (See instructions for tax law changes and codes).								
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable			
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		Identification Information	1								
For calendar	r plan year 2015 or fis	scal plan year beginning 01/01/			/31/2015						
A This retu	ırn/report is for:	a single-employer plan	a multiple-employer plar list of participating empl	n (not multiemployer)(oyer information in acc	Filers checking this be cordance with the form	ox must attach a instructions)					
		a one-participant plan	n a foreign plan								
B This return	rn/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/i	onths)							
C Check b	box if filling under: Form 5558 automatic extension DFVC program										
		special extension (enter des			<u> </u>						
Part II		ormation—enter all requested i	nformation		1b Three-digit						
1a Name of THE MARCO	of plan ON GROUP LTD. PR	plan number (PN) 002									
					1c Effective date o	f plan 01/1993					
Mailing	address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)		2b Employer Identi (EIN) 13-3	ification Number 3175150					
City or	town, state or province N GROUP, LTD.	ce, country, and ZIP or foreign po	stal code (if foreign, see instru	ctions)	2c Sponsor's telephone number 914-784-0088						
					2d Business code	(see instructions)					
5 W MAIN ST ELMSFORD,	NY 10523-2416				531	390					
3a Plan o	dministrator's name s	and address XSame as Plan Spo	nsor		3b Administrator's EIN						
					3c Administrator's	telephone number					
		ne plan sponsor has changed sind umber from the last return/report.	ce the last return/report filed fo	r this plan, enter the	4b EIN						
	or's name	entrative de la respector anticología de la seconomica de la respector de la cología de la cología de la cología 		ACTUAL STATE OF THE STATE OF TH	4c PN						
5a Total	number of participant	s at the beginning of the plan yea	r		5a	5					
b Total	number of participant	ts at the end of the plan year			5b	5					
c Numb	er of participants with	account balances as of the end	of the plan year (defined bene	fit plans do not	5c	5					
d(1) Tot	al number of active p	articipants at the beginning of the	plan year		5d(1)	2					
d(2) Tot	al number of active p	participants at the end of the plan	year		5d(2)	2					
e Numb	per of participants that	at terminated employment during t	he plan year with accrued ben	efits that were less	5e	0					
Caution: A	A penalty for the late	e or incomplete filing of this ret other penalties set forth in the inst	urn/report will be assessed u	unless reasonable ca	use is established.	icable, a Schedule					
SB or Sche	edule MB completed true, correct, and cor	and signed by an enrolled actuary	, as well as the electronic vers	sion of this return/repor	rt, and to the best of m	ny knowledge and					
SIGN	1/1/1	\sim	3/4/16	GREGG -	Moled						
HERE	Signature of plan	administrator	Date	Enter name of individ	name of individual signing as plan administrator						
SIGN	Olgitature of plan	/	3/4/16	DUSINS	STILLEV						
HERE	Signature of omn	loyer/plan sponsor	Date		dual signing as employ	yer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address			Preparer's telephon						

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b /	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at fyou answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition ot use For	dent qualified public acons.)m 5500-SF and must	counta instea	nt (IQF	PA) Form	5500.		X Yes	No	
Part	III Financial Information								0.000.000.000		
_	Plan Assets and Liabilities	3.2143/200	(a) Beginning	of Yea	ır	T		(b) End	of Year		
	Total plan assets	7a	(4) 2393	1899					-10	211	
	Total plan liabilities	7b									
C I	Net plan assets (subtract line 7b from line 7a)	7c		1899	633				16192	211	
8 1	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otal		
a (Contributions received or receivable from: 1) Employers	8a(1)		Let mile				Jen III			
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)					1 15			in Amilia	
b	Other income (loss)	8b		-50	422		Yes No Not determined Not determ				
c ·	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			Sign				-50	422	
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		230	000						
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f ,	Administrative service providers (salaries, fees, commissions)	8f									
g	ther expenses										
	Total expenses (add lines 8d, 8e, 8f, and 8g)					-					
	t income (loss) (subtract line 8h from line 8c)						-280	422			
J	Transfers to (from) the plan (see instructions)	8j				100		garte out th		ALASTO.	
B Part	If the plan provides welfare benefits, enter the applicable welfare f V Compliance Questions	eature cod	es from the List of Plar	Chara	acterist	ic Cod	les in th	e instruct	ions:		
10	During the plan year:		and and the production of the		Yes	No	N/A		Amount		
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		×					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х					
С	Was the plan-covered by a fidelity bond?			10c	X					10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		X				10.07	
f	Has the plan failed to provide any benefit when due under the pla			10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		X			17/		
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х					
ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	전시 시민들은 경기 경기를 들었다. 제 전		10i							
j	Did the plan trust incur unrelated business taxable income?			10j		Х					
Part											
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)						······		Ye	s 🛛 No	
	Enter the unpaid minimum required contribution for all years from								Ι Π.	s 🛭 No	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Con	le or se	ection	302 of F	RISA?	I Ye	SXI	

-	Form 5500-SF 2015	Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.						
а	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.			nter the date Day	of the letter rul Year	ing	
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5						
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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (ent negative amount)	t of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dea		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 X No	***************************************	
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	ear		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?				Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify	the plan(s) to				
1	13c(1) Name of plan(s):		13c(2) E	EIN(s)	13c(3) F	PN(s)	
O/O/ADRO							
Part	Name and American Control of the Con		Т	445 =			
14a	Name of trust		14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?			Yes	☐ No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?.			Design based harbor metho	safe ADI		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the testing method" for nonhighly compensated employees (Treas. Reg sections 1.4 2(a)(2)(ii))?	01(k)-2(a)(2)(ii) and 1.40	rrent year 1(m)-	Yes	No	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage re	quirements under section	n 410(b):	Ratio percer test		erage nefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(this plan with any other plans under the permissive aggregation rules?			Yes	No		
17a	Has the plan been timely amended for all required tax law changes?			Yes	No	□ N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was for tax law changes and codes).	adopted//	. Enter the ap	plicable cod	de (See ins	structions	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) advisory letter, enter the date of that favorable letter///	or volume submitter plan and the letter's serial nu		t to a favora	able IRS opinion	or	
170	If the plan is an individually-designed plan and received a favorable determination determination letter / / /			the plan's la	ast favorable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under Emade), American Samoa, Guam, the Commonwealth of the Northern Mariana Is			Yes	No		
19	Were in-service distributions made during the plan year?			Yes	No		
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have attained ag retired), as required under section 401(a)(9)?			Yes	No	□ N/A	