## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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## 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

Part I Annual Report Identification Information					
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31	/2015				
A This return/report is for:    X   a single-employer plan					
B This return/report is ☐ the first return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 month)	ns)				
C Check box if filing under:  Form 5558  automatic extension  special extension (enter description)	DFVC prog	ram			
Part II Basic Plan Information—enter all requested information					
1a Name of plan LENS & REPRO EQUIPMENT CORP. PROFIT SHARING PLAN	b Three-digit plan number (PN) • C Effective date o	001			
		01/1987			
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<b>b</b> Employer Identi (EIN) 13-2	fication Number 2563040			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  ENS & REPRO EQUIPMENT CORP.	2c Sponsor's telephone number 212-675-1900				
3 WEST 17TH STREET IEW YORK, NY 10011-5511	2d Business code (see instructions) 443142				
	<ul><li>Administrator's</li><li>Administrator's</li></ul>				
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.	<b>b</b> EIN				
·	C PN				
5a Total number of participants at the beginning of the plan year	5a	1			
<b>b</b> Total number of participants at the end of the plan year	5b	0			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	0			
d(1) Total number of active participants at the beginning of the plan year5	d(1)	1			
	d(2)	0			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause					
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, arbelief, it is true, correct, and complete.  SIGN  Filed with authorized/valid electronic signature.  04/14/2016  JEFFREY KAY					

Date

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<ul> <li>Were all of the plan's assets during the plan year invested</li> <li>Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver of the you answered "No" to either line 6a or line 6b, the p</li> </ul>	report of an independent	dent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the	PBGC insurance pro	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not detern	nined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End o	f Year	
a Total plan assets	7a		30	838					0
<b>b</b> Total plan liabilities									
C Net plan assets (subtract line 7b from line 7a)	7c		30	838					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) To	tal	
Contributions received or receivable from:     (1) Employers	8a(1)								
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b								
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
Benefits paid (including direct rollovers and insurance pre- to provide benefits)			24	888					
e Certain deemed and/or corrective distributions (see instru									
f Administrative service providers (salaries, fees, commission			5	950					
g Other expenses	· ·								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								3083	38
i Net income (loss) (subtract line 8h from line 8c)	8i							-3083	38
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable	pension feature cod	es from the List of Pla	an Cha	racteris	stic Co	des in t	he instruct	ions:	
B If the plan provides welfare benefits, enter the applicable	walfara faatura aada	a from the List of Dis	n Char		io Coo	laa in th	o inotructio		
B If the plan provides welfare benefits, enter the applicable	wellare realure code	S HOITI THE LIST OF PIAI	II Chara	acterist	ic Coc	162 111 111	e mstructio	лъ.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participan described in 29 CFR 2510.3-102? (See instructions and Program)	I DOL's Voluntary Fig	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-i					.,				
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
<b>d</b> Did the plan have a loss, whether or not reimbursed by t by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, ager carrier, insurance service, or other organization that prov the plan? (See instructions.)	ides some or all of the	ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under			10f		Х				
Did the plan have any participant loans? (If "Yes," enter a	· · · · · · · · · · · · · · · · · · ·				X				
h If this is an individual account plan, was there a blackout		,	10g						
i If 10h was answered "Yes," check the box if you either p			10h		X				
exceptions to providing the notice applied under 29 CFR	2520.101-3		10i						
j Did the plan trust incur unrelated business taxable incon	ne?		10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding 5500) and line 11a below)								Yes	X No
11a Enter the unpaid minimum required contribution for all ye	ears from Schedule S	B (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum	n funding requiremer	nts of section 412 of the	he Cod	e or se	ction 3	302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he 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				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	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		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	14c Name of trustee or custodian				14d Trustee's or custodian's			
					telepnon	e number		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No		
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?						
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable		
18	Is the I	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	S	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.

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

	rt Identification Informatio			
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2			
A This column to a cold in foot	X a single-employer plan	a multiple-employer plan (not multiemployer)		
A This return/report is for:	a one-participant plan	list of participating employer information in a	ccordance with the r	onn instructions)
		a toroigh plan		
B This return/report is	the first return/report	X the final return/report		
- matetaminoportio	an amended return/report	a short plan year return/report (less than 12 n	nonihs)	
C Check box if filing under:	Form 5558	automatic extension	DFVC pi	rogram
	special extension (enter des	scription)		
Part II Basic Plan In	formation-enter all requested	information		
1a Name of plan			1b Three-digit	
Lens & Repro Equipment COrp.	Profit Sharing Plan		plan number	001
			1c Effective dat	o of plan
			01/01/1987	e or plan
	oloyer, if for a single-employer plan		1 -	entification Number
	oom, apt., suite no. and street, or P	stal code (if foreign, see instructions)	(EIN) 13-256	
Lens & Repro Equipment Corp.		,		lephone number 2) 675-1900
			2d Business coo	de (see instructions)
33 West 17th Street			443142	
New York, NY 10011-5511				
	and address X Same as Plan Spo	near	3b Administrato	r'e FIN
Ou Fight administrator's name	and address promite as I fair Ope	naut,	OD Administrato	3 114
			3c Administrato	r's telephone number
4 If the name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	4b EIN	
	number from the last return/report.			
a Sponsor's name			4c PN	
5a Total number of participar	nts at the beginning of the plan year			1
· · ·	1000000		5b	0
		of the plan year (defined benefit plans do not	5c	0
		plan year	5d(1)	1.
, ,		/ear	5d(2)	0
		he plan year with accrued benefits that were less		
than 100% vested			5e	0
		urn/report will be assessed unless reasonable ca		
SB or Schedule MB completed	and signed by an enrolled actuary	ructions, I declare that I have examined this return/re, as well as the electronic version of this return/repo	rt, and to the best of	my knowledge and
belief, it is true, correct, and	Implete.	1 1 1 1 1 1 1		
SIGN	5,75	Jeffrey Kay		
HERE Signature of plan	administrator	Date Enter name of individ	dual signing as plan	administrator
SIGN	,			
HERE	oloyer/plan spon <b>sor</b>	Date Enter name of individ	dual signing as ampl	over or plan sponsor
	n name, if applicable) and address		Preparer's telepho	
		•		
			1	

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ructions.)	

	Were all of the plan's assets during the plan year invested in eligible		· ·						Yes No
1	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	and condition	ıs.)		*******	******		111414	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in							No [] 1	Not determined
Par	t III   Financial Information								
7 1	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of	Year
a -	Total plan assets	7a	1,,,,	3083					0
b	Fotal plan liabilities	7b							
0 1	Net plan assets (subtract line 7b from line 7a)	7c		3083	88				0
8 1	income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Tot	tal
a	Contributions received or receivable from:								
	1) Employers	8a(1)				-			
	2) Participants	8a(2)				-			
	(3) Others (including rollovers)	8a(3)				+-	_		
	Other income (loss)	8b				+			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2488	88				
	Certain deemed and/or corrective distributions (see instructions)	8e				_			
-	Administrative service providers (salaries, fees, commissions)	8f		595	50				
	Other expenses	8g							
	Telephone Teleph	8h				+			30838
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8ì				_			-30838
	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)					+			00000
<u> </u>		8j							
Par		£4	o from the tipt of Di	Ch		-1:- 0-		- [44]	
9a	If the plan provides pension benefits, enter the applicable pension 2A $^2$ E	leature code	es nom the list of Fr	all Clia	racten	SIIC CI	in es in u	ie instructi	uris.
В	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan	n Chara	acterist	tic Cod	les in the	e instruction	ns:
Part	V Compliance Questions								
10	During the plan year:				Yes	No	N/A	/	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		×			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	clude transactions	10b		х			
С	Was the plan covered by a fidelity bond?		-	10c		Х			
d		fidelity bond	I, that was caused	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	ner persons l ne or all of th	by an insurance e benefits under	10e		×			
f	Has the plan failed to provide any benefit when due under the pla					X			
	Did the plan have any participant loans? (If "Yes," enter amount a			10f	-	X			
g h	If this is an individual account plan, was there a blackout period?			10g	-				
7-71	2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j	Did the plan trust incur unrelated business taxable income?	romonome	umenconomentationes	10j					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "Ye	es," see instructions	and cor	nplete	Sched	lule SB (	Form	Yes X No
11a	Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	0			11a		
12	In this a defined contribution when subject to the minimum funding	. was a close record	t ti 440 6 t	ba Cad		a file in	202 - 6 5	DICAG	Yes X N

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prìor year is being amortized in this plan year, see ins granting the waiver	onth	enter the o		e letter rul Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	3.				
_ <b>b</b> F	Enter the minimum required contribution for this plan year		12b			
C E	nter 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 (enter a minus sign to the line amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
art \	/II Plan Terminations and Transfers of Assets			1771	F-174	
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		ontrol	X	Yes 🗌	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See Instructions.)	y the plan(s) to				
1	3c(1) Name of plan(s)	13c(2)	EIN(s)		13c(3) F	N(s)
Part '	VIII Trust Information					
14a N	lame of trust		14b Tr	ust's EIN		
14c	Name of trustee or custodian			rustee's elephone	or custodia number	an's
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes		☐ No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		bas hari	sign- sed safe bor thod	ADF test	P/ACP
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1 401(k)-2(a)(2)(ii) and 1.4 $2(a)(2)(ii)$ ?	01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Rat per test	centage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					No	
17a Has the plan been timely amended for all required tax law changes?			Yes		No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicable	code	(See in	struction
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letterand the letter's serial		ct to a fav	orable IR	S opinion	or
		iter the date of	the plan'	s last fav	orable	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter					
17d 18		has been	Yes		No	
17d 18	determination letter	has been Islands)?	1		□ No	
17d 18 19	determination letter	has been Islands)?	Yes			