Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN

**HERE** 

SIGN HERE 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

Par	t I Annual Repor	t Identification Informatior	1					
For ca	alendar plan year 2015 or t	fiscal plan year beginning 01/01/	20 <u>15</u> and ending 12	2/31/2015	5			
<b>A</b> Th	is return/report is for:	x a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-			
<b>B</b> Thi	s return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)				
C Ch	neck box if filing under:	X Form 5558  special extension (enter desc	automatic extension		DFVC progr	am		
Part	II Basic Plan Inf	ormation—enter all requested in	nformation					
	ame of plan	. PROFIT SHARNG PLAN		pla	nree-digit an number PN)	001		
				1c Ef	fective date of 01/0	plan 1/2004		
M C	lailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	O. Box) tal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 11-2930625  2c Sponsor's telephone number				
8 BAIT	ING PLACE ROAD			<b>2d</b> Bu		94-6000 see instructions)		
ARMIN	NGDALE, NY 11735-6233				4539	90		
<b>3a</b> ₽	lan administrator's name a	and address XSame as Plan Spon	sor.	<b>3b</b> Ac	dministrator's E	EIN		
				3c Ad	dministrator's t	elephone number		
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EI	N			
<b>a</b> s	ponsor's name			<b>4c</b> PI	N			
<b>5a</b> ⊺	otal number of participant	s at the beginning of the plan year.		5a		15		
<b>b</b> T	otal number of participant	s at the end of the plan year		5b		14		
			the plan year (defined benefit plans do not	5с		14		
<b>d(1</b> )	Total number of active page	articipants at the beginning of the p	lan year	5d(1)	)	11		
d(2)	Total number of active p	articipants at the end of the plan ye	ear	5d(2)	)	11		
<b>e</b> 1	Number of participants tha	t terminated employment during the	e plan year with accrued benefits that were less	5e		0		
			n/report will be assessed unless reasonable car					
SB or		and signed by an enrolled actuary,	actions, I declare that I have examined this return/re as well as the electronic version of this return/repor		0	•		

09/07/2016

Date

Date

SHERWIN SMITH

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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

Filed with authorized/valid electronic signature.

Signature of plan administrator

Signature of employer/plan sponsor

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t</li></ul>	an indepenand and condition	dent qualified public a	ccount	ant (IQ	PA)			Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No I	Not determined
Part III Financial Information	1							
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End o	f Year
a Total plan assets	7a		400	340				390460
<b>b</b> Total plan liabilities	7b		400	0				0
C Net plan assets (subtract line 7b from line 7a)	7c			340				390460
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) To	tai
(1) Employers	8a(1)		25	000				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b		-31	681				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-6681
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3	199				
e Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f			0				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3199
i Net income (loss) (subtract line 8h from line 8c)	8i							-9880
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
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 instructio	ns:
10 During the plan year:				Yes	No	N/A		Amount
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 Fi	duciary Correction	10a		X			
<b>b</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	Х				40000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X			40000
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 ne or all of t	by an insurance he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		X			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g 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	he required	notice or one of the	10ii					
j Did the plan trust incur unrelated business taxable income?			10i		X			
Part VI Pension Funding Compliance			.0,		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	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_		Toal	
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	s $\square$ No	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If duri	PBGC?ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifications are considered from the plan to another plan(s) and the plan to another plan (s).				<u> </u>	
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(s)		13c(3) F	PN(e)
	100(1)	tuno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>V</b> (3)
Dant		Turnet lafe una eti a c					
Part	Name c	Trust Information		14h 1	Γrust's Ell	N	
ı <del>T</del> a	Name C	n trust		175	iusi s Lii	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions		ı			
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					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)?			ased safe arbor	☐ ADF	P/ACP
450					ethod		
150		.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		∐ Ye	S	No	
	2(a)(2)	(ii))?		□ Ri	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con must have any other plans under the permissive aggregation rules?		Ye	s	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 plants of the plants of the favorable letter/ and the letter's serial representations.		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, e ination letter/		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. Virgir		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
		," 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

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

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▶ 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

	art 1 Annual Report	Identification Information				
Fo	r calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/201	.5
Α	This return/report is for:	a single-employer plan  a one-participant plan		lan (not multiemployer) employer information in	-	
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 r	months)	
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension ription)	To the state of th	DFVC p	rogram
(A)	artill Basic Plan Info	ormation enter all requested	information			
	Name of plan	nt Inc. Profit Sharng B			1b Three-digit plan numb (PN) ▶	
					1c Effective d 01/01/2	ate of plan
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P. ce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see ins	tructions)	(EIN) 11	dentification Number -2930625
	ECM Office Equipme	nt Inc.			(516) 6	telephone number 94-6000
	28 Baiting Place R		•	***	453990	ode (see instructions)
3a	US Farmingdale NY 11735 Plan administrator's name a	and address X Same as Pian Sp		3b Administra  3c Administra	tor's EIN	
4		ne plan sponsor has changed since	the last return/report filed	or this plan, enter the	4b EIN	
2	Sponsor's name	mber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	15
b	, ,	s at the end of the plan year			5b	14
c	Number of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	14
d	(1) Total number of active pa	rticipants at the beginning of the pl	an year	***************************************	5d(1)	11
		rticipants at the end of the plan yea			5d(2)	11
e	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ber	nefits that were	5e	0
U	nder penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete	uctions, I declare that I have	e examined this return/r	eport, including, if	applicable, a Schedule
	(S) ///		0/11	Sherwin Smith		,
	ERE Signature of plan adr	nigistrator	Date / ) / /	Enter name of individu	al signing as plan	administrator
	(e) i					
Preparer's name (including firm name, if applicable) and address; include room or suite number				Enter name of individu er	al signing as empl Preparer's teleph	

		ta e je				٠.					
	Form 5500-SF 2015		Page	2							
			· · · · · · · · · · · · · · · · · · ·				-	<del></del>		:	
	Were all of the plan's assets during the plan year invested in eligible			1 '					*******	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	•	•	oublic acco	untar	nt (IQF	PA)			X Yes	Пио
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition of use For	ons.) m 5500-SF an	d must in	stead	usel	Form	5500.		<u> </u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC in			1					□ No	☐ Not det	ermined
	art III Financial Information			<u> </u>		<del></del>					
7	Plan Assets and Liabilities		(a) Be	ginning o	f Yea	ır			(b) End o	of Year	
а	Total plan assets	7a		4	00,3	40				390,4	60
b	Total plan liabilities	7b				0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		40	00,3	40				390,4	60
8	Income, Expenses, and Transfers for this Plan Year		(1	a) Amount	<u> </u>		463,000		(b) T	otal	566.0E0001V-00062000
a	Contributions received or receivable from: (1) Employers	8a(1)			25,0	00					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0					
b	Other income (loss)	8b	TO SEED, SEED, WAS A DRIVE AND THE SECOND CONTROL OF THE SECOND CO	(3:	1,68	1)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				į.		· Consumorativo	eroteka kasasika	(6,68	1)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		DATE OF THE PARTY	3,1	.99					
е	Certain deemed and/or corrective distributions (see instructions)	8e	·		·	0	1	1	1.111	1.04	
f	Administrative service providers (salaries, fees, commissions)	8f				0					
g	Other expenses	8g				0	i.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				g end				3,1	99
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		Î to				President March	Establishmen night	(9,88	0)
	Transfers to (from) the plan (see instructions)	8j				0	4				
-	Plan Characteristics										,
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the Lis	t of Plan C	harad	cteristi	ic Co	des in th	e instructi	ons:	
	2E 3D	***************************************									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List	of Plan Ch	aract	eristic	Code	es in the	instructio	ns:	
5123	<i>*</i>									· · · · · · · · · · · · · · · · · · ·	
10	Compliance Questions During the plan year:					Yes	No	107.6		· · · · · · · · · · · · · · · · · · ·	
10	Burning the plan year: Was there a failure to transmit to the plan any participant contributed	tions within	the time perio	d		res	NO			Amount	· · · · · ·
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										* =
	Program)				10a		х				
Ł	<ul> <li>Were there any nonexempt transactions with any party-in-interest?</li> <li>reported on line 10a.)</li> </ul>				10b		x				
					10c		-			40	,000
											,,000
	by fraud or dishonesty?				10d		х				
e											
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)				10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	************************	**********	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)		10g		x				
	If this is an individual account plan, was there a blackout period? (				.09						
•	2520.101-3.)				10h		X				
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101				10i						
j	Did the plan trust incur unrelated business taxable income?		********	*************	10j		х				
E	RVI Pension Funding Compliance				101	<u> </u>		11			
11										Yae	X No
11	a Enter the unpaid minimum required contribution for current year fro							11a		, ca i	110
	Is this a defined contribution plan subject to the minimum funding							302 of E	RISA?	Yes [	X No

	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.			d enter ti Day	ne date of Yea		ruling
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to line	13.				
b	Enter the minimum required contribution for this plan year	**********************		12b			
С	Enter the amount contributed by the employer to the plan for this plan year	**********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			
е.	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?			Yes [	] No [	] N/A
MARCH ST	VIE Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		X Y	s 🗆 N	o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	nother plan, or bro	ught under the c	control	ſ	☐ Yes [	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
-	13c(1) Name of plan(s):		130	(2) EIN	s)	13c(3)	PN(s)
. ,		:					
Palai	V(   Trust Information						
14a.	Name of trust	: :		14b T	rust's EIN		
5.4		:					
44-		·	****	44-1-			
14C	Name of trustee or custodian			ı	rustee or o ohone nur	custodian' nber	S
iel:Ir	IRS Compliance Questions	<u>-</u>					
15a	Is the plan a 401(k) plan:		***************************************	☐ Ye	3	☐ No	:
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas	sign- sed safe bor thod	ADP/	ACP .
7 A	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	)-2(a)(2)(ii) and 1.4	401(m)-	☐ Ye	3	□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage require	rements under sec	tion 410(b):	☐ Rai Per Tes	centage	Avera	ige fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by co		☐ Ye		□ No	
17a	Has the Plan been timely amended for all required law changes?	***************************************	***************************************	☐ Ye	3	☐ No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was	adopted//	Enter th	e applica	ble code	(Se	е
17c	instructions for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master.			o a favo	able IRS	opinion or	
17d	advisory letter, enter the date of that favorable letter / and the plan is an individually-designed plan and recieved a favorable determination letter / /	he letter's serial nu tter from IRS, plea		te of plar	n's last fav	orable	
18	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2 Is or the U.S. Virgi	) has been n Islands)?	☐ Yes	3	□ No	
19	Were in-service distributions made during the plan year?		***************************************	☐ Ye	5	□ No	:
	If Yes, enter amount		*************	19		:	<del></del>
	Were minimum required distributions made to 5% owners who have attained age 70 not refired) as required under section 401(a)(9)?		whether or	☐ Ye	· · · · · · · · · · · · · · · · · · ·	☐ No	□ N/A

*X* .

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	art 1 Annual Report	Identification Information				
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Α	This return/report is for:	a single-employer plan  a one-participant plan		lan (not multiemployer) employer information in	-	
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 r	months)	
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension ription)	To the state of th	DFVC p	rogram
(A)	artill Basic Plan Info	ormation enter all requested	information			
	Name of plan	nt Inc. Profit Sharng B			1b Three-digit plan numb (PN) ▶	
					1c Effective d 01/01/2	ate of plan
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P. ce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see ins	tructions)	(EIN) 11	dentification Number -2930625
	ECM Office Equipme	nt Inc.			(516) 6	telephone number 94-6000
	28 Baiting Place R		•	***	453990	ode (see instructions)
3a	US Farmingdale NY 11735 Plan administrator's name a	and address X Same as Pian Sp		3b Administra  3c Administra	tor's EIN	
4		ne plan sponsor has changed since	the last return/report filed	or this plan, enter the	4b EIN	
2	Sponsor's name	mber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	15
b	, ,	s at the end of the plan year			5b	14
c	Number of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	14
d	(1) Total number of active pa	rticipants at the beginning of the pl	an year	***************************************	5d(1)	11
		rticipants at the end of the plan yea			5d(2)	11
e	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ber	nefits that were	5e	0
U	nder penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete	uctions, I declare that I have	e examined this return/r	eport, including, if	applicable, a Schedule
	(S) ///		0/11	Sherwin Smith		,
	ERE Signature of plan adr	nigistrator	Date / ) / /	Enter name of individu	al signing as plan	administrator
	(e) i					
Preparer's name (including firm name, if applicable) and address; include room or suite number				Enter name of individu er	al signing as empl Preparer's teleph	

		ta e je				٠.					
	Form 5500-SF 2015		Page	2							
			· · · · · · · · · · · · · · · · · · ·				-	<del></del>		:	
	Were all of the plan's assets during the plan year invested in eligible			1 '					*******	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	•	•	oublic acco	untar	nt (IQF	PA)			X Yes	Пио
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition of use For	ons.) m 5500-SF an	d must in	stead	usel	Form	5500.		<u> </u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC in			1					□ No	☐ Not det	ermined
	art III Financial Information			<u> </u>		<del></del>					
7	Plan Assets and Liabilities		(a) Be	ginning o	f Yea	ır			(b) End o	of Year	
а	Total plan assets	7a		4	00,3	40				390,4	60
b	Total plan liabilities	7b				0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		40	00,3	40				390,4	60
8	Income, Expenses, and Transfers for this Plan Year		(1	a) Amount	<u> </u>		463,000		(b) T	otal	566.0E0001V-00062000
a	Contributions received or receivable from: (1) Employers	8a(1)			25,0	00					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0				Market State	
b	Other income (loss)	8b	TO SEED, SEED, WHEN A REAL PROPERTY CONTROL OF WARE	(3:	1,68	1)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				į.		· Consumorativo	eroteka kasasika	(6,68	1)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		DATE OF THE PARTY	3,1	.99					
е	Certain deemed and/or corrective distributions (see instructions)	8e	·		·	0	i.	1	1.111	1.04	
f	Administrative service providers (salaries, fees, commissions)	8f				0					
g	Other expenses	8g				0	i.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				g end				3,1	99
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		Î to				President March	Establishmen night	(9,88	0)
	Transfers to (from) the plan (see instructions)	8j				0	4				
-	Plan Characteristics										,
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the Lis	t of Plan C	harad	cteristi	ic Co	des in th	e instructi	ons:	
	2E 3D	***************************************									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List	of Plan Ch	aract	eristic	Code	es in the	instructio	ns:	
	**************************************									· · · · · · · · · · · · · · · · · · ·	
10	Compliance Questions During the plan year:					Yes	No	107.6		· · · · · · · · · · · · · · · · · · ·	
10	Burning the plan year: Was there a failure to transmit to the plan any participant contributed	tions within	the time perio	d		res	NO			Amount	· · · · · ·
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										* =
	Program)				10a		х				
Ł	<ul> <li>Were there any nonexempt transactions with any party-in-interest?</li> <li>reported on line 10a.)</li> </ul>				10b		x				
					10c		-			40	,000
											,,000
	by fraud or dishonesty?				10d		х				
e											
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)				10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	************************	**********	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)		10g		x				
	If this is an individual account plan, was there a blackout period? (				.09						
•	2520.101-3.)				10h		X				
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101				10i						
j	Did the plan trust incur unrelated business taxable income?		********	*************	10j		х				
E	RVI Pension Funding Compliance				101	<u> </u>		11			
11										Yae	X No
11	a Enter the unpaid minimum required contribution for current year fro							11a		, ca i	110
	Is this a defined contribution plan subject to the minimum funding							302 of E	RISA?	Yes [	X No

	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.			d enter ti Day	ne date of Yea		ruling
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to line	13.				
b	Enter the minimum required contribution for this plan year	**********************		12b			
С	Enter the amount contributed by the employer to the plan for this plan year	**********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			
е.	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?			Yes [	] No [	] N/A
MARCH ST	VIE Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		X Y	s 🗆 N	o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	nother plan, or bro	ught under the c	control	ſ	☐ Yes [	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
-	13c(1) Name of plan(s):		130	(2) EIN	s)	13c(3)	PN(s)
. ,		:					
Palai	V(   Trust Information						
14a.	Name of trust	: :		14b T	rust's EIN		
5.4		:					
44-		·	****	44-1-			
14C	Name of trustee or custodian			ı	rustee or o ohone nur	custodian' nber	S
iel:Ir	IRS Compliance Questions	<u>-</u>					
15a	Is the plan a 401(k) plan:		***************************************	☐ Ye	3	☐ No	:
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas	sign- sed safe bor thod	ADP/	ACP .
7 A	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	)-2(a)(2)(ii) and 1.4	401(m)-	☐ Ye	3	□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage require	rements under sec	tion 410(b):	☐ Rai Per Tes	centage	Avera	ige fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by co		☐ Ye		□ No	
17a	Has the Plan been timely amended for all required law changes?	***************************************	***************************************	☐ Ye	3	☐ No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was	adopted//	Enter th	e applica	ble code	(Se	е
17c	instructions for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master.			o a favo	able IRS	opinion or	
17d	advisory letter, enter the date of that favorable letter / and the plan is an individually-designed plan and recieved a favorable determination letter / /	he letter's serial nu tter from IRS, plea		te of plar	n's last fav	orable	
18	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2 Is or the U.S. Virgi	) has been n Islands)?	☐ Yes	3	□ No	
19	Were in-service distributions made during the plan year?		***************************************	☐ Ye	5	□ No	:
	If Yes, enter amount		**************	19		:	<del></del>
	Were minimum required distributions made to 5% owners who have attained age 70 not refired) as required under section 401(a)(9)?		whether or	☐ Ye	· · · · · · · · · · · · · · · · · · ·	☐ No	□ N/A

*X* .

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

	art 1 Annual Report	Identification Information				
Fo	r calendar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/201	.5
Α	This return/report is for:	a single-employer plan  a one-participant plan		lan (not multiemployer) employer information in	-	
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 r	months)	
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension ription)	To the state of th	DFVC p	rogram
(A)	artill Basic Plan Info	ormation enter all requested	information			
	Name of plan	nt Inc. Profit Sharng B			1b Three-digit plan numb (PN) ▶	
					1c Effective d 01/01/2	ate of plan
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P. ce, country, and ZIP or foreign pos	D. Box) tal code (if foreign, see ins	tructions)	(EIN) 11	dentification Number -2930625
	ECM Office Equipme	nt Inc.			(516) 6	telephone number 94-6000
	28 Baiting Place R		•	***	453990	ode (see instructions)
3a	US Farmingdale NY 11735 Plan administrator's name a	and address X Same as Pian Sp		3b Administra  3c Administra	tor's EIN	
4		ne plan sponsor has changed since	the last return/report filed	or this plan, enter the	4b EIN	
2	Sponsor's name	mber from the last return/report.			4c PN	
		s at the beginning of the plan year			5a	15
b	, ,	s at the end of the plan year			5b	14
c	Number of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	14
d	(1) Total number of active pa	rticipants at the beginning of the pl	an year	***************************************	5d(1)	11
		rticipants at the end of the plan yea			5d(2)	11
e	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ber	nefits that were	5e	0
U	nder penalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, inplete	uctions, I declare that I have	e examined this return/r	eport, including, if	applicable, a Schedule
	(S) ///		0/11	Sherwin Smith		,
	ERE Signature of plan adr	nigistrator	Date / ) / /	Enter name of individu	al signing as plan	administrator
	(e) i					
Preparer's name (including firm name, if applicable) and address; include room or suite number				Enter name of individu er	al signing as empl Preparer's teleph	

		ta e je				٠.					
	Form 5500-SF 2015		Page	2							
			· · · · · · · · · · · · · · · · · · ·				-	<del></del>		:	
	Were all of the plan's assets during the plan year invested in eligible			1 '					*******	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	•	•	oublic acco	untar	nt (IQF	PA)			X Yes	Пио
	under 29 CFR 2520.104-467 (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno	nd condition of use For	ons.) m 5500-SF an	d must in	stead	usel	Form	5500.		EL I GS E	
С	If the plan is a defined benefit plan, is it covered under the PBGC in			1					□ No	☐ Not det	ermined
	art III Financial Information			<u> </u>		<del></del>					
7	Plan Assets and Liabilities		(a) Be	ginning o	f Yea	ır			(b) End o	f Year	
а	Total plan assets	7a		4	00,3	40				390,4	60
b	Total plan liabilities	7b				0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		40	00,3	40				390,4	60
8	Income, Expenses, and Transfers for this Plan Year		(1	a) Amount	<u> </u>		463,000		(b) T	otal	566.0E0001V-00062000
a	Contributions received or receivable from: (1) Employers	8a(1)			25,0	00					
	(2) Participants	8a(2)				0					
	(3) Others (including rollovers)	8a(3)				0				Market State	
b	Other income (loss)	8b	TO SEED, SEED, WHEN A REAL PROPERTY CONTROL OF WARE	(3:	1,68	1)					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				į.		· Consumorativo	eroteka kasasika	(6,68	1)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		DATE OF THE PARTY	3,1	.99					
е	Certain deemed and/or corrective distributions (see instructions)	8e	·		·	0	1	1	1.111	1.04	
f	Administrative service providers (salaries, fees, commissions)	8f				0					
g	Other expenses	8g				0	i.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				g end				3,1	99
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		Î to				President March	esant someon successive	(9,88	0)
	Transfers to (from) the plan (see instructions)	8j				0	4				
-	Plan Characteristics										,
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the Lis	t of Plan C	harad	cteristi	ic Co	des in th	e instructi	ons:	
	2E 3D	***************************************									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List	of Plan Ch	aract	eristic	Code	es in the	instructio	ns:	
5123	<i>*</i>									· · · · · · · · · · · · · · · · · · ·	
10	Compliance Questions During the plan year:					Yes	No	107.6		· · · · · · · · · · · · · · · · · · ·	
10	Burning the plan year: Was there a failure to transmit to the plan any participant contributed	tions within	the time perio	d		res	NO			Amount	· · · · · ·
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										* =
	Program)				10a		х				
Ł	<ul> <li>Were there any nonexempt transactions with any party-in-interest?</li> <li>reported on line 10a.)</li> </ul>				10b		x				
					10c		-			40	,000
											,,000
	by fraud or dishonesty?				10d		х				
e											
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)				10e		х				
f	Has the plan failed to provide any benefit when due under the plan	1?	************************	**********	10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)		10g		x				
	If this is an individual account plan, was there a blackout period? (				.09						
•	2520.101-3.)				10h		X				
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101				10i						
j	Did the plan trust incur unrelated business taxable income?		********	*************	10j		х				
E	RVI Pension Funding Compliance				101	<u> </u>		11			
11										Yae	X No
11	a Enter the unpaid minimum required contribution for current year fro							11a		, ca i	110
	Is this a defined contribution plan subject to the minimum funding							302 of E	RISA?	Yes [	X No

	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.			d enter ti Day	ne date of Yea		ruling
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	), and skip to line	13.				
b	Enter the minimum required contribution for this plan year	**********************		12b			
С	Enter the amount contributed by the employer to the plan for this plan year	**********************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			
е.	Will the minimum funding amount reported on line 12d be met by the funding deadli	ine?			Yes [	] No [	] N/A
MARCH ST	VIE Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		X Y	s 🗆 N	o	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	nother plan, or bro	ught under the c	control	ſ	☐ Yes [	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
-	13c(1) Name of plan(s):		130	(2) EIN	s)	13c(3)	PN(s)
. ,		:					
Palai	V(   Trust Information						
14a.	Name of trust	: :		14b T	rust's EIN		
5.4		:					
44-		·	****	44-1-			
14C	Name of trustee or custodian			ı	rustee or o ohone nur	custodian' nber	S
iel:Ir	IRS Compliance Questions	<u>-</u>					
15a	Is the plan a 401(k) plan:		***************************************	☐ Ye	3	☐ No	:
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			bas	sign- sed safe bor thod	ADP/	ACP .
7 A	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k) 2(a)(2)(ii))?	)-2(a)(2)(ii) and 1.4	401(m)-	☐ Ye	3	□ No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage require	rements under sec	tion 410(b):	☐ Rai Per Tes	centage	Avera	ige fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) at this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by co		☐ Ye		□ No	
17a	Has the Plan been timely amended for all required law changes?	***************************************	***************************************	☐ Ye	3	☐ No	□ N/A
17b	Date of the last plan amendment/restatement for the required tax law changes was	adopted//	Enter th	e applica	ble code	(Se	е
17c	instructions for tax law changes and codes).  If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or voluding the plan sponsor is an adopter of a pre-approved master.			o a favo	able IRS	opinion or	
17d	advisory letter, enter the date of that favorable letter / and the plan is an individually-designed plan and recieved a favorable determination letter / /	he letter's serial nu tter from IRS, plea		te of plar	n's last fav	orable	
18	ls the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2 Is or the U.S. Virgi	) has been n Islands)?	☐ Yes	3	□ No	
19	Were in-service distributions made during the plan year?		***************************************	☐ Ye	5	□ No	:
	If Yes, enter amount		**************	19		:	<del></del>
	Were minimum required distributions made to 5% owners who have attained age 70 not refired) as required under section 401(a)(9)?		whether or	☐ Ye	· · · · · · · · · · · · · · · · · · ·	☐ No	□ N/A

*X* .