Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For calenda	ır plan year 2015 or fis	scal plan year beginning 01/01/20	16	and ending 10/21/	2016				
A This retu	urn/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (File player information in accord	_				
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 month	s)				
C Check b	ox if filing under:	Form 5558 special extension (enter descrip	automatic extension otion)		DFVC prog	ram			
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name o				1k	Three-digit plan number (PN)	001			
				10	Effective date o 02/0	f plan 1/2008			
Mailing	address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Employer Identification Num (EIN) 13-4097171				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RGOTECH GROUP, INC.				(actions)	2c Sponsor's telephone number 914-347-3800				
WESTCHE LMSFORD,	STER PLAZA NY 10523			20	Business code (,			
3a Plan ac	dministrator's name ar	nd address XSame as Plan Sponso	or.	3k	• Administrator's	EIN			
				30	Administrator's	telephone number			
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	EIN				
a Sponso	or's name				PN PN				
5a Total n	umber of participants	at the beginning of the plan year			5a	8			
		at the end of the plan year			5b	0			
		account balances as of the end of th			5c	0			
d(1) Tota	Il number of active pa	rticipants at the beginning of the plan	n year		d(1)	0			
d(2) Tota	al number of active pa	rticipants at the end of the plan year		5	d(2)	0			
than 1	00% vested	terminated employment during the p	······		5e	0			
		or incomplete filing of this return/				achia a Cahadula			
SB or Sche		her penalties set forth in the instructi nd signed by an enrolled actuary, as plete.	· · · · · · · · · · · · · · · · · · ·		0	•			
SIGN	Filed with authorized/	/valid electronic signature.	10/31/2016	CHRISTOPHER MALISSE					
HERE	Signature of plan a	dministrator	Date	Enter name of individual s	signing as plan adr	ninistrator			

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.	X	Yes No
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	1				-			
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End of Ye	
a Total plan assets	7a		631	537				0
b Total plan liabilities	7b		004	0				0
C Net plan assets (subtract line 7b from line 7a)	7c			537	-			0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		21	345				
(2) Participants	8a(2)			0				
(3) Others (including rollovers)	8a(3)			0				
b Other income (loss)	8b		2	167				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23512
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		653	8006				
Certain deemed and/or corrective distributions (see instructions)	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		2	2043				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							655049
i Net income (loss) (subtract line 8h from line 8c)	8i						-	631537
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in the	a instructions:	
If the plan provides wellare beliefits, effect the applicable wellare is	cature cout	23 HOITH THE LIST OF FIRE	ii Onaie	actorist	.10 000	103 111 1110	o mondonono.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amo	ount
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			0
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			0
C Was the plan covered by a fidelity bond?			10c	Х				20000
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			0
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persons ne or all of t	by an insurance he benefits under	10e	X				330
the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the pla								
			10f		X			0
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g		X			0
h If this is an individual account plan, was there a blackout period? 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?			10j					
Part VI Pension Funding Compliance			,		<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	<u> </u>	<u></u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes X No

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	(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	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	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				based safe ADP/ACP harbor test method			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year				Yes No			
	testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?							
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):						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?		te Ye		No		
17a	7a Has the plan been timely amended for all required tax law changes?					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	5	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	

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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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1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

	on Benefit Guaranty Corporation	▶ Complete all entries in	accordance with the instructions to the Form	5500 CE	Public Inspection
Part			1	1 3300-5F.	
- For Cale	endar plan year 2015 or fi		1/1/2016 and ending	10/2	1/2016
A This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer list of participating employer information in a foreign plan	er) (Filers check	ring this box must attach a
	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12)	months)	
	ck box if filing under:	Form 5558 special extension (enter desc	automatic extension	_	VC program
Part II	Basic Plan Info	rmation—enter all requested in	formation		
	ne of plan gotech Group, Inc. 40			1b Three-plan no (PN) 1c Effective	// O01 //e date of plan
City	rig address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta	Box) al code (if foreign, see instructions)	(EIN)	2/1/2008 ver Identification Number 13-4097171 or's telephone number
8 Wes	stchester Plaza				914-347-3800
Elmsfo 10523		NY		Zu Busines	ss code (see instructions) 332510
4 If the	name and/or EIN of the p	lan sponsor has changed since the from the last return/report.	ne last return/report filed for this plan, enter the	4b EIN	
a Spons	sor's name			4c PN	
5a Total	number of participants at	the beginning of the plan year		52	8
o rotal	number of participants at	the end of the plan year		5b	0
comp	lete this item)	balances as of the end of th	e plan year (defined benefit plans do not	5c	0
d(1) Total	al number of active partic	ipants at the beginning of the plar	n year	5d(1)	0
e Numb	ar number of active partic per of participants that ten	ipants at the end of the plan year.	les and the second seco	5d(2)	0
aution: A	penalty for the late or i	ncomplete filing of this		5e	0
B or Sche	alties of perjury and other edule MB completed and strue, correct, and complete	penalties set forth in the instruction is great by an enrolled actuary, as e.	eport will be assessed unless reasonable cau ons, I declare that I have examined this return/rep well as the electronic version of this return/report	oort, including, it, and to the bes	applicable, a Schedule t of my knowledge and
IGN IERE	Signature of plan adm	Mel instrator	10/31/16 Christo	pher N	Palisse
IGN ERE	N	310	Date Enter name of individu	pal signing as pl	an administrator
	Signature of employer name (including firm name	Alan sponsor e, if applicable) and address (inclu	Date Enter name of individu	al signing as er Preparer's tele	nployer or plan sponsor ohone number

Form 5500-SF 2015		pendent qualified public accountant (IQPA) inditions.)							
 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	of an independ y and condition anot use Form	ent qualified publ ns.)	lic acco	untant	(IQPA) 		Yes Yes	
if the plan is a defined perionic plan, is it covered under the PBGC	insurance pro	gram (see ERISA	section	n 4021)?	∏ Yes	u. s □No	Not determined	
Part III Financial Information	•		- (t.)	AL 2011-1-13	,		, []140		
7 Plan Assets and Liabilities		(a) Beginn	ing of	Year	T		(b) E	d of V	
a Total plan assets	7a	,,, ,	3		537		(D) EII	u or rear	
b Total plan liabilities					_			0	
C Net plan assets (subtract line 7b from line 7a)	7c			631	537			0	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Am	ount				(b)	Total	
(1) Employers	8a(1)						\		
(2) Participants	8a(2)			213	120				
(3) Others (including rollovers)	. 8a(3)			-					
b Other income (loss)	. 8b			21					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			21	07			22512	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d			6530	06			23512	
e Certain deemed and/or corrective distributions (see instructions)	. 8e				-				
f Administrative service providers (salaries, fees, commissions)	. 8f			20	43				
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							655049	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8i						-631537		
Part IV Plan Characteristics	8j				0				
B If the plan provides welfare benefits, enter the applicable welfare fe Part V Compliance Questions 10 During the plan year:	eature codes fi	om the List of Pla	an Char	acteris	stic Co	des in th	ne instructi	ions:	
				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fiduci	ary Correction	40						
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	/D 1		. 10a		V				
Was the plan covered by a fidelity bond?			10c	V				0000	
d Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	idelity bond, th	at was caused	10d		V			2000	
 vvere any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) 	er persons by a or all of the b	an insurance enefits under	10e	~				33	
f Has the plan failed to provide any benefit when due under the plan?	?				~				
g Did the plan have any participant loans? (If "Yes," enter amount as	of year end)		10f						
If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions	and 29 CFR	10g		~				
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10h						
j Did the plan trust incur unrelated business taxable income?			10j			V			
			- 1						
art VI Pension Funding Compliance									
art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)		see instructions a				ile SB (I	Form	☐ Yes ☑ No	
art VI Pension Funding Compliance	chedule SB (Fo	see instructions a				44		Yes No	

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(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 this plan year, see granting the waiver	instructions, an	d enter th	e date of	f the lette	r ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	ne 13	Day		Year_	
b Enter the minimum required contribution for this plan year	ne 13.	12b	Г		
C Enter the amount contributed by the employer to the plan for this plan year		12c			Was a
- Cabit dot tile difform tille 120 from the amount in line 12h Enter the result /					
9		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Translets of Assets					Water seller
13a Has a resolution to terminate the plan been adopted in any plan year?			Ye Ye	s No	
ir res, enter the amount of any plan assets that reverted to the employer this year		120			
of the PBGC?			V	Yes	No
which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to			
13c(1) Name of plan(s):	13c(2) EIN(s)		13c(3) PN(s)
Part VIII Trust Information					
14a Name of trust					
		14b Ti	ust's EIN	1	
14c Name of trustee or custodian					
		14d 1	rustee's elephone	or custoo number	lian's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		П.,	
				∐ No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADD/ADD to the section of the ADD/ADD to the ADD/ADD		Des bas hart met	ed safe oor	AD	P/ACP it
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	urrent year 101(m)-	Yes		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 16b. Does the plan action to the plan	on 410(b):	Ration percentest	o entage		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Yes	-	No	
Train has the plan been timely amended for all required tax law changes?		Yes		□No	□ N/A
for tax law changes and codes).	Enter the ap			(See ins	tructions
7c 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 letter	n that is subject	to a favo	rable IRS	Sopinion	or
7d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	umber_ iter the date of t	he plan's	last favo	rable	
8 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been	Yes		No	
9 Were in-service distributions made during the plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes			
If "Yes," enter amount				No	
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?	ether or not	19 Yes	I	No	∏ N/A
1/1/		□ . ••	I	7,40	LIN/A