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

Р	art I Annual Repo	rt Identification Information	1					
For	calendar plan year 2015 or	fiscal plan year beginning 01/01/2	2016 and ending 04	4/05/2016				
A	This return/report is for:	a single-employer plan a one-participant 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) a foreign plan					
В	This return/report is	the first return/report an amended return/report	x the final return/report x a short plan year return/report (less than 12 months)					
	Check box if filing under:	Form 5558 special extension (enter desc						
		formation—enter all requested in	formation	T				
1a Name of plan MPS MANAMATION PAYROLL SERVICES, INC 401(K) PLAN				1b Three-digit plan numbe (PN) ▶	001			
		1c Effective date of plan 01/01/1992						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					entification Number 1-2883504			
/IPS	MANAMATION PAYROLL	2c Sponsor's telephone number 516-889-5473						
210 WASHINGTON BOULEVARD ONG BEACH, NY 11561				2d Business code (see instructions) 541214				
3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN				
				3c Administrator's telephone number				
4		the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report. onsor's name		4b EIN				
а	Sponsor's name			4c PN				
5a	Total number of participar	nts at the beginning of the plan year.		5a	2			
b	Total number of participar	nts at the end of the plan year		5b	0			
С	Number of participants with complete this item)	th account balances as of the end of	the plan year (defined benefit plans do not	5c	0			
d(1) Total number of active participants at the beginning of the plan year				5d(1)	2			
d(2) Total number of active participants at the end of the plan year				5d(2)				
	than 100% vested		e plan year with accrued benefits that were less	5e	0			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule								
			ctions, I declare that I have examined this return/rep as well as the electronic version of this return/report					

belief, it is true, correct, and complete SIGN Filed with authorized/valid electronic signature 11/29/2016 MICHAEL BUSCH **HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a Were all of the plan's assets during the plan year invested in eligib b 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	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		×	Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not	determi	ned
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Ye		
a Total plan assets	7a		60	565					C	
b Total plan liabilities	7b		0.0	0)
C Net plan assets (subtract line 7b from line 7a)	7c		60565			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)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)		0							
b Other income (loss)	8b		-	377						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-377	7
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		59	352						
e Certain deemed and/or corrective distributions (see instructions)	8e		30002							
f Administrative service providers (salaries, fees, commissions)	8f			836						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								60188	3
i Net income (loss) (subtract line 8h from line 8c)	8i								-60565	5
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in t	the instr	uctions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in th	a instru	ctions:		-
If the plant provides welfare benefits, effer the applicable welfare to	cature couc	23 HOITH THE LIST OF FIRE	Onare	actorist	.10 000	103 111 111	ic mana	ctions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
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					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
	C Was the plan covered by a fidelity bond?				X					
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ne or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х					
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						
i If 10h was answered "Yes," check the box if you either provided the	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the			X						
	exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part VI Pension Funding Compliance			10j				<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem								Ιп	Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		<i></i>	100	NO
12 Is this a defined contribution plan subject to the minimum funding							RISA?.	П	Yes	X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If		ng the waiver		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			(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol					
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)			
Part		Trust Information							
14a	Name o	f 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?		☐ Ye	s	No			
	10 110			Design-					
15b	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		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		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	16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					Ratio Average benefit			
16b	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?				Ye	S	No	N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted// Enter the a for tax law changes and codes).						(See ins	tructions		
17c	17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter / and the letter's serial number								
17d	17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter/								
18	Is the I	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?			S	No			
19	Were in	Vere in-service distributions made during the plan year?			S	No			
	If "Yes	If "Yes," enter amount							
20		Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?			s	No	N/A		