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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pa	art I Annual Report	t Identification Information								
For	calendar plan year 2016 or f	fiscal plan year beginning 01/01/2	016 and ending 1	12/31/2016						
A	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a	•						
		a one-participant plan	a foreign plan							
В٦	This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 r	nonths)						
С	Check box if filing under:	Form 5558	automatic extension	DFVC pr	rogram					
		special extension (enter descr	ription)							
Pa	art II Basic Plan Info	ormation—enter all requested inf	formation							
	Name of plan OFFICE EQUIPMENT INC.	PROFIT SHARING PLAN		1b Three plan (PN)	number	001				
				\ /	tive date of	plan /2004				
2a	Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	,	2b Emplo		ication Number				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ECM OFFICE EQUIPMENT INC.				2c Sponsor's telephone number 516-694-6000						
				2d Business code (see instructions)						
28 BAITING PLACE ROAD FARMINGDALE, NY 11735-6233				453990						
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor.	3b Admir	nistrator's E	EIN				
				3c Administrator's telephone number						
4		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
а	Sponsor's name	·		4c PN						
5a	Total number of participants	s at the beginning of the plan year		5a		15				
b	Total number of participants	s at the end of the plan year		5b		(
С	' '		the plan year (only defined contribution plans	5c		(
d	(1) Total number of active pa	articipants at the beginning of the plant	an year	5d(1)		1:				
d	(2) Total number of active page	articipants at the end of the plan yea	ar	5d(2)						
е	Number of participants tha than 100% vested	t terminated employment during the	plan year with accrued benefits that were less	5e						
			n/report will be assessed unless reasonable ca							
Und	der penalties of perjury and o	ither penalties set forth in the instruc	ctions, I declare that I have examined this return/re	eport, ıncludir	ng, it applic	able, a Schedule				

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it is true correct and complete

SIGN	Filed with authorized/valid electronic signature.	10/12/2017	SHERWIN SMITH		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN					
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan spon			
Preparer's	name (including firm name, if applicable) and address (incl	mber) Preparer's telephone number			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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 6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of 								X Yes	No	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No	
If you answered "No" to either line 6a or line 6b, the plan car C If the plan is a defined benefit plan, is it covered under the PBGC					_	_	Пио Г	Not determi	inad	
Part III Financial Information	ilisurance p	Togram (See LINOA Se	- CHOIT 4	021):		103		Not determ	iiicu	
7 Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End of	Voor		
a Total plan assets	7a	(a) Beginning	390460				(b) End of	tear 0		
b Total plan liabilities	7a 7b			_						
C Net plan assets (subtract line 7b from line 7a)			390460)				0		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nf				(b) Tot	al		
a Contributions received or receivable from:		(a) runoui	<u> </u>				(2) 10			
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	` ` `		44540							
b Other income (loss)	8b		-11510							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-11510		
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		378950							
Certain deemed and/or corrective distributions (see instructions).	8e									
f Administrative service providers (salaries, fees, commissions)										
g Other expenses										
h Total expenses (add lines 8d, 8e, 8f, and 8g)								378950		
i Net income (loss) (subtract line 8h from line 8c)				-39				-390460		
j Transfers to (from) the plan (see instructions)										
Part IV Plan Characteristics	1 0									
9a If the plan provides pension benefits, enter the applicable pension 2E 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruc	tions:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amount		
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	st? (Do not i	include transactions	10b		X					
C Was the plan covered by a fidelity bond?			10c	X					40000	
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bo	nd, that was caused	10d		X					
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so					Х					
f Has the plan failed to provide any benefit when due under the p	f Has the plan failed to provide any benefit when due under the plan?				X					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g		Χ					
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 exceptions to providing the notice applied under 29 CFR 2520.1	the required	d notice or one of the	10i							

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Part	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No			
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co. A?			Yes X No						
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day	er ruling					
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1					
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d						
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets		1							
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No			
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to						
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
-											
Part	VIII	Trust Information									
14a	Name	of trust			14b ⁻	14b Trust's EIN					
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions		<u> </u>							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [erior y test	/ear" ADP			
			IП '	"Curre	ent year est	<u>"</u>	N/A				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A			
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No				
	the le		-								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination			
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No				
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes No							

Form 5500-SF

Department of the Treasury Internal Revenue Bervice

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	Identification Information									
For calendar plan year 2016 or f		01/01/2016	and ending	12/31/2	016					
A This return/report is for:	X a single-employer plan		olan (not multiemployer) (mployer information in ac							
	a one-participant plan	a foreign plen			,					
B This return/report is	the first return/report	X the final return/report		•						
	an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)						
C Check box if filing under:	X Form 5558	automatic extension		DFVC program						
David (No. Basis Plan Infe	ormation—enter all requested in									
HILLIAN COLUMN CONTRACTOR CONTRAC	ormation—enter all requested in	rormation		46 The 200						
1a Name of plan ECM Office Equipment	Inc. Profit Sharing	Plan		1b Three-digit plan number	.					
	,			(PN) ▶	001					
arma oraciona.		1c Effective dat 01/01/2								
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	D. Bax)	hu saaimana h	2b Employer Ide (EIN) 11-	entification Number 2930625					
ECM Office Equipment		ai code (n loreigh, see ins	iruciona)	2c Sponsor's te (516) 69						
					le (see instructions)					
28 Baiting Place Roa	d		~	453990						
Farmingdale		N)	11735-6233							
3a Plan administrator's name a	nd address 🛭 Same as Plan Spor	nsor.		3b Administrato	r's EIN					
			:	3c Administrator's telephone number						
					*					
0				0						
	e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN						
a Sponsor's name	moet nom the total recommeports			4c PN						
5a Total number of perticipants	at the beginning of the plan year			5a	15					
b Total number of participants	at the end of the plan year	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		5b	0					
 Number of participants with 	account balances as of the end of t	the plan year (only defined	contribution plans	5c	0					
	rticipants at the beginning of the pla		The state of the s	5d(1)						
	rticipants at the end of the plan yea			5d(2)	0					
 Number of participants that 	terminated employment during the	plan year with accrued be	enefits that were less	5e	0					
Caution: A penalty for the late	or incomplete filing of this return	r/report will be assessed	l uniess reasonable cau	ise is established.						
	her penalties set forth in the instruc nd signed by an enrolled actuary, a plate.									
SIGNED LOKEN	ult.	10/12/17	Sherwin Smith	***************************************						
Signature of plan administrator Date Enter name of individual					edministrator					
SIGN										
Signature of emplo		Date	Enter name of individu	al signing as empl	yer or plan sponsor					
Preparer's name (Including firm r	ame, if applicable) and address (in	alude room or suite numb	er)	Preparer's telepho						
			I							
	0									
	e ·									

	Were all of the plan's assets during the plan year invested in eligib		,						X Ye	s No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s \square No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						<u> </u>	- Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes	No	Not de	termined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	d of Year	
а	Total plan assets	7a		390,	460					0
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		390,	460					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b)	Total	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)			_					
b	Other income (loss)	8b		-11,	510					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								·11 , 510
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		378,	950					
е	Certain deemed and/or corrective distributions (see instructions)	8e		3 7 0 7	300					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			378					378 , 950
i	Net income (loss) (subtract line 8h from line 8c)	8i				-390,46				
j	Transfers to (from) the plan (see instructions)	8i								·
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Char	acteris	tic Cod	des in t	he inst	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	t
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \		•							
	Program)			10a		Х				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					40,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10q		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI F	Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)				B	<u></u>	Yes	_ I	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Ιп	Yes	x I	No
	(If "Y	A? es," 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 ins ng the waiver		ns, and	d enter t Day		of the le Yea		ng	
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			1				
b	Enter tl	ne minimum required contribution for this plan year			12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)			12d					
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	_ N	I/A	
Part	VII F	Plan Terminations and Transfers of Assets								
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a					0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No)	
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to					
	13c(1) N	Name of plan(s):	•	13c(2)	EIN(s)		130	(3) PN	(s)	
Part	: VIII	Trust Information								
	Name o				14h	Trust's I	=INI			
140	ivallie (ว่า trust			140	TTUST 5	_111			
14c	Name	of trustee or custodian					's or cust ne numb			
Par	t IX	IRS Compliance Questions								
15a	Is the p	plan a 401(k) plan? If "No," skip b		Yes			No			
15b		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe r	n-based narbor	Į	☐ "Prior test	year" <i>I</i>	ADP	
				ADP t	ent year test		N/A			
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	t 🗌	N/A	A
16b		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the lett		-							•
17b	If the place letter _	olan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rec	ent deter	minatio	n	
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep or?		from	Ye	s	No			
19	Was a	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No			