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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		t Identification Information				
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017	
A This ref	turn/report is for:	x a single-employer plan		plan (not multiemployer) (employer information in ac	-	
		a one-participant plan	a foreign plan			
B This reti	urn/report is	the first return/report	the final return/repor			
0 5:		an amended return/report	a short plan year ret	urn/report (less than 12 m	_	
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension	1	DFVC program	n
Dout II	Dania Dian Inf					
Part II		ormation—enter all requested in	formation		46	1
1a Name THE MARCO	•	OFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	
					1c Effective da	ate of plan 07/01/1993
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		atrustiana)		dentification Number 13-3175150
-	ON GROUP, LTD.	nce, country, and ZIP or foreign post	ai code (ii foreign, see in	structions)		telephone number 4-784-0088
	_				2d Business co	ode (see instructions)
5 W MAIN S' ELMSFORD	I , NY 10523-2416					531390
3a Plan a	dministrator's name	and address X Same as Plan Spor	nsor.		3b Administrat	or's EIN
						or's telephone number
this pl		he plan sponsor or the plan name had no name had no name, EIN, the plan name a			4b EIN 4d PN	
C Plan N					40 FN	
5a Total	number of participant	ts at the beginning of the plan year			5a	5
		ts at the end of the plan year			5b	5
		n account balances as of the end of			5c	5
d(1) Tot	al number of active p	articipants at the beginning of the pl	an year		5d(1)	3
		participants at the end of the plan year			5d(2)	3
than	100% vested	o terminated employment during the			5e	0
		or incomplete filing of this return				
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a supplete.				
SIGN	Filed with authorize	d/valid electronic signature.	06/22/2018	GREGG SMOLEV		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor

Form 5500-SF 2017 Page **2**

	Were all of the plan's assets during the plan year invested in eligible							X Yes	No
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							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and mus	t instea	ad use	Form	5500.		-
С	If the plan is a defined benefit plan, is it covered under the PBGC in		-					Not determi	ined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			. (See instructio	ns.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	of Year	
а	Total plan assets	7a		44248				1861163	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	174	44248				1861163	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b	23	34915					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						234915	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11	18000					
е_	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						118000	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						116915	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension to 2E 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von	oluntary F	iduciary Correction	40-		V			
h	Program)			10a		X			
	reported on line 10a.)			10b		X			
С				10c	X			10000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	e or all of	the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g	X			50000	
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 2520.101			10i					

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	you 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 a minus sign to the left of a negative amount)	12d			
е	Will the 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				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0
	If "Yes," 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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

22370 1379HS belief, it is true, correct and comple 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 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 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. than 100% vested 0 Number of participants who terminated employment during the plan year with accrued benefits that were less d(2) Total number of active participants at the end of the plan year 3 2q(Z) d(1) Total number of active participants at the beginning of the plan year. 3 (L)b2 26 9 C Number of participants with account balances as of the end of the plan year (only defined contribution plans **D** Total number of participants at the end of the plan year..... 9 qg 5a Total number of participants at the beginning of the plan year....... 9 29 C Plan Name a Sponsor's name Nd Pt this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 3c Administrator's telephone number 3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN ELMSFORD, NY 10523-2416 068189 TS NIAM W 3 2d Business code (see instructions) 914-784-0088 THE MARCON GROUP, LTD. 2c Sponsor's telephone number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 13-3175150 Mailing address (include room, apt., suite no. and street, or P.O. Box) 2b Employer Identification Number 2a Plan sponsor's name (employer, if for a single-employer plan) 2661/10/20 1c Effective date of plan (Nd) 005 THE MARCON GROUP LTD. PROFIT SHARING PLAN blan number 1b Three-digit 13 Name of plan Basic Plan Information—enter all requested information Part II special extension (enter description) DFVC program automatic extension 8666 mro7 C Check box if filing under: a short plan year return/report (less than 12 months) an amended return/report the final return/report the first return/report b This return/report is a one-participant plan a foreign plan list of participating employer information in accordance with the form instructions.) A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a For calendar plan year 2017 or fiscal plan year beginning 12/31/2017 and ending 01/01/2017 Annual Report Identification Information ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Pension Benefit Guaranty Corporation Public Inspection Revenue Code (the Code). Employee Benefits Security Administration This Form is Open to Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This form is required to be filed under sections 104 and 4065 of the Employee Retirement 7102 Department of the Treasury Internal Revenue Service Benefit Plan 1210-0089 Short Form Annual Return/Report of Small Employee Form 5500-SF OMB Nos. 1210-0110

Date

Date

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

Signature of employer/plan sponsor

Signature of plan administrator

HEKE SIGN

HEBE

V.170203

Form 5500-SF (2017)

Enter name of individual signing as employer or plan sponsor

Enter name of individual signing as plan administrator

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7.	A	D	E	d	

Form 5500-SF 2017

			101	notice or one of the	beriuper er	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 $$!
	X		401	1		If this is an individual account plan, was there a blackout period? (2520.101-3.)	ч
00009		Х	901	(.br	s of year-er	Did the plan have any participant loans? (If "Yes," enter amount a	6
/ followsky butters for	X		101		გი	Has the plan failed to provide any benefit when due under the pla	ì
en Coten and State	×		901	by an insurance he benefits under	er persons e or all of tl		ə
	Х		10d				р
10000		X	10c			Was the plan covered by a fidelity bond?	၁
	X		10b	clude transactions	ni ton oU) ?	Were there any nonexempt transactions with any party-in-interest	q
	×		108	duciary Correction	oluntary Fic	described in 29 CFR 2510.3-102? (See instructions and DOL's V	В
During the plan year: Nes there a failure to transmit to the plan any participant contributions within the time period Nes there a failure to transmit to the plan any participant contributions within the time period Nes there a failure to transmit to the plan any participant contributions within the time period		01					
						V Compliance Questions	Part
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: The plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Also During the plan year: Amount Amount		a					
	benefits paid (including direct conrective distributions (see instructions). C Total income (ead lines 8a(1), 8a(3), and 8b). B Certain deemed and/or corrective distributions (see instructions) B Certain deemed and/or corrective distributions (see instructions) C Administrative service providers (salaries, fees, commissions) B Certain deemed and/or corrective distributions (see instructions) B Certain deemed and/or correction (see instructions) B In the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: C Was there a fallule to transmit to the plan any participant contributions within the time pend described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flaucisry Correction (as on line 10s.) C Was there as in a 1000 C Was there as loss, whether or not reimbursed by the plan's fidelity bond, that was caused (as on line 10s.) C Was the plan provides well as loss, whether or not reimbursed by the plan's fidelity bond, that was caused (as on line 10s.) C Was the plan provides well as loss, whether or not reimbursed by the plan's fidelity bond, that was caused (as on line 10s.) C Was the plan provides well as loss, whether or not reimbursed by the plan's fidelity bond, that was caused (as on line 10s.) C Was the plan provides well as loss, whether or not reimbursed by the plan's fidelity bond, that was c						
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COPPOR	Total plan isabilities						
1861163		+	4248	b71	73	otal plan assets	
(b) End of Year		+		o gninniged (s)		Salitities Ansk	
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NO Nesorted on line 12d be met by the funding deadline?	Will the minimum funding amou	ΛĐ
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c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	Subtract the amount in line 12c	s p
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olete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ou completed line 12a, comp	o <u>y</u> îl
Year Month Day Year	Taylew ant pritrest	Ô
ding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling	f a waiver of the minimum fund	9 11
lines 12b, 12c, 12d, and 12e below, as applicable.)	(If "Yes," complete line 12a or	
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lan subject to the minimum funding requirements of section 412 of the Code or section 302 of		
uired contributions for all years from Schedule SB (Form 5500) line 40	enter the unpaid minimum requ	11a E
w) West to minimum runding requirements? (If "Yes," see instructions and complete Schedule SB Yes X	Form 5500) and line 11a belov)
bject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB	us nalq titened beniteb s eith s	31 FF
ompliance	O gnibnu7 noisn99	V hsq
Page 3-	Form 5500-SF 2017	

If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the If "Yes," enter the amount of any plan assets that reverted to the employer this year

Has a resolution to terminate the plan been adopted in any plan year?

13c(1) Name of plan(s):

control of the PBGC?

which assets or liabilities were transferred. (See instructions.)

Part VII Plan Terminations and Transfers of Assets

13c(3) PN(s)

oN ⊠ seY

oN X

oN X say

oN ⊠ seY

13c(2) EIN(8)

139

Yes