#### 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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in	accordance with the instru	ictions to the Form 55	00-SF.	ı	
	art I		Identification Informatio		and an Pan	40/04/	0040	
For	calenda	ar plan year 2012 or fi		01/2012		12/31/		
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)	1	a one-partici	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths	)	
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım
			special extension (enter des	scription)				
Pa	art II	Basic Plan Info	rmation—enter all requested	information				
1a	Name o	of plan				1b	Three-digit	
LERC	OY & CL	ARKSON, INC. 401(F	() PLAN				plan number	004
						10	(PN)	001
						10	Effective date o	•
2a	Plan sp	onsor's name and ad	dress; include room or suite num	nber (employer, if for a single	e-employer plan)	2b	Employer Identi	
LER	OY & CL	ARKSON, INC.			, ep.o, e. p.a,			03038
						2c	Sponsor's telep	hone number
	CENTRE	E ST.					212-43	
FL 5 NEW	YORK.	NY 10013				2d	Business code (	
						ļ.,	51210	
3a	Plan ac	dministrator's name ar	nd address XSame as Plan Spo	nsor Name Same as Pla	in Sponsor Address	3b	Administrator's	EIN
						3c	Administrator's	telephone number
						-		
4			e plan sponsor has changed sind mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b	EIN	
а		or's name	niber from the last return/report.			4c	PN	
			at the beginning of the plan yea	r		5a		17
b	Total n	umber of participants	at the end of the plan year					16
С			account balances as of the end			30		10
		• •		. , ,	•	. 5c		16
6a	Were	all of the plan's asset	s during the plan year invested ir	n eligible assets? (See instru	ctions.)			X Yes No
b			the annual examination and rep					N v. D v.
			? (See instructions on waiver elig					X Yes   No
_			ither line 6a or line 6b, the plan					
			or incomplete filing of this retu her penalties set forth in the inst					oblo o Cobodulo
			nd signed by an enrolled actuary					
beli	ef, it is t	rue, correct, and com	olete.				·	-
SIG	·NI	Filed with authorized/	valid electronic signature.	07/19/2013	KATE HILLIS			
HEI						d 1		-1-1-1
		Signature of plan a	aministrator	Date	Enter name of individ	duai si	gning as pian adr	ninistrator
SIG								
		Signature of emplo		Date	Enter name of individ	T		
Pre	parer's r	name (including firm r	name, if applicable) and address;	include room or suite numb	er (optional)	Pre	parer's telepnone	number (optional)

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	1 01111 3300 31 2012		r age <b>=</b>							
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Ye	ar	
a	Total plan assets	. 7a	13643				(5) =1.		09100	
	Total plan liabilities	7b	100.10						00100	
	Net plan assets (subtract line 7b from line 7a)	7c	13643	30			209100			
							(b) Total			
	Contributions received or receivable from:		(a) Amount				(15)	Total		
	(1) Employers	. 8a(1)	4123	86						
	(2) Participants	8a(2)	6470	00						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	. 8b	2150	)4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	27440	
d	Benefits paid (including direct rollovers and insurance premiums	0.1	5050	<b>.</b> 7						
_	to provide benefits)	. 8d	5052							
	Certain deemed and/or corrective distributions (see instructions)	8e		0						
	Administrative service providers (salaries, fees, commissions)	. 8f	424	13						
	Other expenses	. 8g			_					
	Total expenses (add lines 8d, 8e, 8f, and 8g)				-				54770	
	Net income (loss) (subtract line 8h from line 8c)								72670	
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coc	des from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:		
	7 1									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)		•	10a		X				
b	· · · · · · · · · · · · · · · · · · ·	•	•			X				
	on line 10a.)			10b		^				
C	Was the plan covered by a fidelity bond?			10c	X					13000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		X				
е	,									
	insurance service or other organization that provides some or all or instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the pla					X				
	<u> </u>			10f						
<u>g</u>				10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X				
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the									
-	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a						11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	П	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							. —		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date o	f the let Year		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedulo									
b	Enter the minimum required contribution for this plan year					12b				

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	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?		Yes X No	
	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 of the PBGC?	control		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):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

### EN 90-0903038 /PN 001 /BCHA396T2012 FORM 5500SF RF12

#### Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  Annual Report Identification Information  For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012  A This retum/report is for:	
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012  A This retum/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan  This retum/report is:  the first retum/report  as hort plan year retum/report (less than 12 months)  C Check box if filing under:  Form 5558  automatic extension  DFVC program    Special extension (enter description)    Basic Plan Information—enter all requested information  1a Name of plan   Leroy & Clarkson, Inc. 401 (k) Plan	
This retum/report is:  the first retum/report an amended retum/report an amend	
This retum/report is:  the first retum/report the final retum/report an amended retum/report a short plan year retum/report (less than 12 months)  C Check box if filing under:  Form 5558 automatic extension DFVC program special extension (enter description)  Basic Plan Information—enter all requested information  1a Name of plan  Leroy & Clarkson, Inc. 401 (k) Plan  1b Three-digit plan number (PN) \( \rightarrow \)	
an amended retum/report a short plan year retum/report (less than 12 months)  Form 5558 automatic extension DFVC program  special extension (enter description)  Part   Basic Plan Information—enter all requested information  1a Name of plan  Leroy & Clarkson, Inc. 401 (k) Plan    Ashort plan year retum/report (less than 12 months)   DFVC program	
C Check box if filing under: Form 5558 automatic extension DFVC program    Special extension (enter description)    Part   Basic Plan Information—enter all requested information  1a Name of plan   Leroy & Clarkson, Inc. 401 (k) Plan    DFVC program   DFVC prog	
special extension (enter description)  Part Basic Plan Information—enter all requested information  1a Name of plan Leroy & Clarkson, Inc. 401 (k) Plan  1b Three-digit plan number (PN) > 00	
Part Basic Plan Information—enter all requested information  1a Name of plan Leroy & Clarkson, Inc. 401(k) Plan  Leroy & Clarkson, Inc. 401(k) Plan  (PN) ▶ 00	
1a Name of plan1b Three-digit plan numberLeroy & Clarkson, Inc. 401(k) Plan(PN) ▶	
Leroy & Clarkson, Inc. 401(k) Plan  Plan (PN) ▶ 00	
	.1
1c Effective date of plan	
01/01/2011	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Identification Number (employer, if for a single-employer plan)	mher
Leroy & Clarkson, Inc. (EIN) 90-0903038	
2c Sponsor's telephone num	er
(212) 431-9291	
211 Centre St. F1 5	tions
New York NY 10013 312100	
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN	
3c Administrator's telephone	number
4 The name and/or EIN of the plan sponsor has charlged since the last return/report filed for this plan, enter the 4b EIN	
name, EIN, and the plan number from the last return/report.	
a Sponsor's name	
5a Total number of participants at the beginning of the plan year5a	17
b Total number of participants at the end of the plan year	16
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not	16
complete this item)	
ha were all of the bian's assets duffly the bian year invested in engine assets. (Odd institutions)	□,,,
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	
and the state of t	hedule
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 So	e and
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	e and
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 belief, it is true, correct, and complete.	e and
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 belief, it is true, correct, and complete.  SIGN    Complete	Caro
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returning of the best of my knowledge belief, it is true, correct, and complete.	Caro
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returning of the best of my knowledge belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  Date	Caro
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returning of the best of my knowledge belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as employer or plan  Signature of employer/plan administrator  Date  Enter name of individual signing as employer or plan	sponsor
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 belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  SIGN  DANIEL MICS	sponsor
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 belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as employer or plan  Signature of employer/plan administrator  Date  Enter name of individual signing as employer or plan	sponsor
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 belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as employer or plan  Signature of employer/plan administrator  Date  Enter name of individual signing as employer or plan	sponsor
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 belief, it is true, correct, and complete.  SIGN  Signature of plan administrator  Date  Enter name of individual signing as employer or plan  Signature of employer/plan administrator  Date  Enter name of individual signing as employer or plan	sponsor

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1 4	rt III Financial Information					-	
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
а	Total plan assets	7a	136	, 430	1		209,100
b	Total plan liabilities	7b			-		
С	Net plan assets (subtract line 7b from line 7a)	7c	136.	, 430			209,100
8	income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Total
а	Contributions received or receivable from		4.1	, 230			
	(1) Employers	8a(1)		, 700	_		
	(2) Participants	8a(2)	04	, 100			
	(3) Others (including rollovers)	8a(3)	21	,50	4		
	Other income (loss)	8b	21	, 50	7		127,440
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+	-	1277110
d	to provide benefits)	8d	50	, 52	7		
	Certain deemed and/or corrective distributions (see instructions)	8e			0		
f		8f	4	,24	3		
-	Other expenses	8g					
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					54,770
<del>- ;;</del>	Net income (loss) (subtract line 8h from line 8c)	8i					72,670
÷	Transfers to (from) the plan (see instructions)	8i					
Ė	Plan Characteristics	1 9 1					
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare f  Compliance Questions	eature code	es from the List of Plan Charac	teristi	c Cod	es in th	e instructions
10					Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	utions within	n the time period described in rection Program)	10a		Х	
	Were there any nonexempt transactions with any party-in-interes on line 10a)	t? (Do not i	include transactions reported	10b		Х	
	C Was the plan covered by a fidelity bond?			10c	Х		13,000
	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	s fidelity bo	nd, that was caused by fraud	10d		х	
	Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	of the bene	etits under the plan? (See	10e		Х	
	f Has the plan failed to provide any benefit when due under the plantage.			10f		Х	
	The state of the s			10g		Х	
	g Did the plan have any participant loans? (If "Yes," enter amount			109	<del>                                     </del>		
	h If this is an individual account plan, was there a blackout period? 2520.101-3.)		************	10h	_	Х	
	If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 CFR 2520.1	01-3	GHOROGO MICHOLOR	10i			
Pro							
	is this a defined benefit plan subject to minimum full ding require	ments? (If "	"Yes," see instructions and com	plete	Sche	dule SE	3 (Form
1′	5500) and line 112 nelow)						
	5500) and line 11a below)					11a	
1	a Enter the amount from Schedule SB line 39						ERISA?
	2 Enter the amount from Schedule SB line 39 2 Is this a defined contribution plan subject to the minimum funding.	ig requirem	ents of section 412 of the Code				ERISA?
1	Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	ng requirem w, as applic	nents of section 412 of the Code cable.) zed in this plan year, see instru	e or s	ection	302 of	ne date of the letter ruling
1	2 Is this a defined contribution plan subject to the minimum funding	ng requirem w, as applic eing amortiz	nents of section 412 of the Code cable.) zed in this plan year, see instru	e or s ctions	ection	302 of enter th	ne date of the letter ruling

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c d	Enter the amount contributed by the employer to the plan for this plan year	sign to the left of a	12c				
е	d he met by the funding deadling?			Yes	П	No	N/A
Part	Plan Terminations and Transfers of Assets		<del></del>	X X	No		
13a	Has a resolution to terminate the plan been adopted in any plan year?		13a	159 A	140		
b	and the second s	an, or brought under the	control		ſ	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another play which assets or liabilities were transferred. (See instructions.)	an(s), identify the plan(s)	to				
	13c(1) Name of plan(s)	1	3c(2) E	IN(s)	$\dashv$	1 <b>3</b> c(	3) PN(s)
Part	t VIII Trust Information (optional)						
	Name of trust		14b T	rust's Ell	١		