## 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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500-	-SF.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				•	
	lar plan year 2013 or fisc		2013	and ending 12	2/31/20	013	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report		n/report (less than 12 mor	nths)	_	
C Check	box if filing under:	Form 5558 special extension (enter descri	automatic extension		Ĺ	DFVC progra	am
Part II	Rasic Plan Infor	mation—enter all requested info	,				
1a Name		mation—enter an requested into	iiiiauoii		1h -	Three-digit	
	LARKSON, INC. 401(K)	PLAN				plan number	
LLIKO I G O	L) ((1)	,				(PN) ▶	001
					1c	Effective date o	f plan
						01/01	/2011
	ponsor's name and add CLARKSON, INC.	fress; include room or suite number	r (employer, if for a single-	employer plan)			fication Number
					2c :	Sponsor's telep	
211 CENTR FL 5	RE ST.			_	24 1	212-43	
NEW YORK	K, NY 10013				20 I	51210	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b /	Administrator's	EIN
					3c /	Administrator's	telephone number
4							
		plan sponsor has changed since the ber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b	EIN	
	sor's name	iber nom the last return/report.			4c	PN	
		at the beginning of the plan year			5a	T	17
_		at the end of the plan year		<u> </u>	5b		17
		account balances as of the end of the		_	30		17
comp	lete this item)				5c		17
		during the plan year invested in eli					X Yes No
		the annual examination and report					X Yes No
		(See instructions on waiver eligibil ther line 6a or line 6b, the plan ca					M 165   No
-		t plan, is it covered under the PBG0					Not determined
C ii tile i	pian is a defined benefit	t plant, is it covered under the FBGC	o insurance program (see	ERISA Section 4021)?	···· Ш	Tes LINO	Not determined
		r incomplete filing of this return/					
SB or Sche		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ad	lministrator	Date	Enter name of individua	al sign	ning as nlan adr	ministrator
SIGN	Orginature or plantae		Butto	Enter name of marviage	ai oigi	iing do pidir ddi	Imiotrator
HERE							
	Signature of employ	/er/plan sponsor	Date	Enter name of individua	al sign	ning as employe	er or plan sponsor
Preparer's	Signature of employ name (including firm na	ver/plan sponsor ame, if applicable) and address; inc	Date slude room or suite number	Enter name of individua r (optional)			er or plan sponsor number (optional)
Preparer's							
Preparer's							
Preparer's							
Preparer's							

Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea		+		(b) Liid		34602	9	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	20910	0				- 3	346029	9	
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) T				
	Contributions received or receivable from:		(a) Amount				(6) 1	otai			
	(1) Employers	8a(1)	5254	3							
	(2) Participants	8a(2)	6777	6							
	(3) Others (including rollovers)	8a(3)	703	37							
b	Other income (loss)	8b	4196	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	169325	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2755	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	484	4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3239	6	
i	Net income (loss) (subtract line 8h from line 8c)								13692	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics				•						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruct	ons:			
	 							—		—	
Par				1		T	I				
10	During the plan year:	41 141- 1	He - Marco are sized alone with a disc.	1	Yes	No		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					21	1000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X					
—е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			Х					
	instructions.)			10e		Χ		—		—	—
f	Has the plan failed to provide any benefit when due under the plan	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
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							
Part						l					
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
11-	5500) and line 11a below)							Ш	168	^	INU
	Enter the unpaid minimum required contribution for current year fr		,		-	11a		F	1 1/-		N1-
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ection	302 of	ERISA?	டட	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otions	024	onto- !!	o dota of t	he !-	tter =	lin -	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		, and (	enter ti Day	e uate of t	ne ie Yea		ıırıg	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>		I				
b	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -		1
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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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)		
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l <b>4b</b> Tr	ust's EIN	

## SIGN HERE Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) 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 (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) 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 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 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 62 50 belief, it is true, correct, and complete **2a** C 3a Plan administrator's name and address W 1a Name of plan A This return/report is for: Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning O 0 n Þ ۵ 211 Centr F1 5 New York Check box if filing under Pension Benefit Guaranty Corporation This return/report is Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Leroy & Clarkson, Inc. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Leroy & Clarkson, If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 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.) Total number of participants at the end of the plan year .... Total number of participants at the beginning of the plan year..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)... complete this item)..... Form 5500-SF Department of the Treasury Internal Revenue Service Centre Basic Plan Information—enter all requested information ignature of plan administrator St. 11110 Inc. 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) an amended return/report the first return/report special extension (enter description) Form 5558 a single-employer plan Short Form Annual Return/Report of Small Employee Complete all entries in accordance with the instructions to the Form 5500-SF 401(k) ⊠Same as Plan Sponsor Name Plan a short plan year return/report (less than 12 months) automatic extension 01/01/2013 **Benefit Plan** the final return/report a multiple-employer plan (not multiemployer) Date 6-26-14 Same as Plan Sponsor Address N NY 10013 KATE Enter name of individual signing as plan administrator and ending HILLIS 56 4 52 <u>3</u> 200 6 50 **4**0 3c Administrator's telephone number 2d Business code (see instructions) 2b Employer Identification Number Yes Sponsor's telephone number (212) 431-9291 冒 Administrator's EIN 512100 Effective date of plan 01/01/2011 (PN) ▼ plan number Three-digit a one-participant plan (EIN) 90-0903038 DFVC program 12/31/2013 This Form is Open to Public Inspection 2013 OMB Nos. 1210-0110 1210-0089 Not determined $\boxtimes$ $\boxtimes$ Yes Yes 001 S R 17 17

			Part IV Plan Characteristics
		8	j Transfers to (from) the plan (see instructions)
136,929		<u>&amp;</u>	i Net income (loss) (subtract line 8h from line 8c)
32,396		왕	h Total expenses (add lines 8d, 8e, 8f, and 8g)
		8g	g Other expenses
	4,844	왕	f Administrative service providers (salaries, fees, commissions)
	0	8e	e Certain deemed and/or corrective distributions (see instructions)
	27,552	P8	<ul> <li>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</li> </ul>
169,325		80	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)
	41,969	86	b Other income (loss)
	7,037	8a(3)	(3) Others (including rollovers)
	67,776	8a(2)	(2) Participants
	52,543	8a(1)	a Contributions received or receivable from:     (1) Employers
(b) Total	(a) Amount		8 Income, Expenses, and Transfers for this Plan Year
346,029	209,100	7c	C Net plan assets (subtract line 7b from line 7a)
		7ь	b Total plan liabilities
346,029	209,100	7a	a Total plan assets
(b) End of Year	(a) Beginning of Year		7 Plan Assets and Liabilities
			Part III   Financial Information

## Part V 6 9a 0 5 9 n If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 2E 2F 2G 2J 2K 2T 3D 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 Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)...... If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3 Has the plan failed to provide any benefit when due under the plan? If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Did the plan have any participant loans? (If "Yes," enter amount as of year end.)... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported During the plan year: 2520.101-3.) .... Was the plan covered by a fidelity bond? **Compliance Questions** 105 10g 6 10d 용 럋 10a 101 100 Yes $\approx$ No × × × × × × × Amount 21,000

Part VI

Pension Funding Compliance

1

11a

Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).

12

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Enter the minimum required contribution for this plan year.

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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
Day
Year

Yes

×

<u>N</u>

Yes

X

8

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

12c   12d   12d   12d   13a   13c(2) EIN(s)   14b Trust's	Part VIII Trust Information (optional)  14a Name of trust	13c(1) Name of plan(s):	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.)	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a Has a resolution to terminate the plan been adopted in any plan year?	Part VII Plan Terminations and Transfers of Assets	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	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).	C Enter the amount contributed by the employer to the plan for this plan year
	146	13c(2) E	(s) to	ne control				3.55	12d	12c

Form 5500-SF 2013 130118