| Form 5500-SF Short Form Annual Return/Report of Small Employe  |   |  |   |                          |             | <b>YEE</b> OMB Nos. 121<br>121       |                          |  |  |
|--|---|--|---|--------------------------|-------------|--------------------------------------|--------------------------|--|--|
| Department of the Treasury<br>Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe  |   |  |   |                          |             | 2013                                 |                          |  |  |
| Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605           Employee Benefits Security Administration         the Internal Revenue Code (the Code). |   |  |   |                          |             | This Form i                          | s Open to Public         |  |  |
| Pension Be   | nefit Guaranty Corporation  | Complete all entries in accorda  | Il entries in accordance with the instructions to the Form 5500-SF. |                          |             |                                      |                          |  |  |
| Part I   | Annual Report Id  |  |   |                          |             |                                      |                          |  |  |
| For calenda  | ar plan year 2013 or fisca  | and ending 1   | 2/31/2  | 2013                     |             |                                      |                          |  |  |
| A This ret   | urn/report is for:  |  | a one-partici   | pant plan                |             |                                      |                          |  |  |
| B This ret   | This return/report is: I the first return/report I the final return/report  |  |   |                          |             |                                      |                          |  |  |
| an amended return/report a short plan year return/report (less than 12 months)   |   |  |   |                          |             |                                      |                          |  |  |
| C Check b  | box if filing under:  | ✓ Form 5558  | utomatic extension  |                          |             | DFVC progra                          | am                       |  |  |
|  |   | special extension (enter description)  |   |                          |             |                                      |                          |  |  |
| Part II  |   | nation—enter all requested informati   | on  |                          |             |                                      | 1                        |  |  |
| <b>1a</b> Name<br>ASSOCIATE  | •   | RS OF GREATER NY, INC. 401(K) PL   | AN  |                          | 1b          | Three-digit<br>plan number<br>(PN) ► | 002                      |  |  |
|  |   |  |   |                          | 1c          | Effective date o                     |                          |  |  |
|  |   |  |   |                          |             | 01/01                                | •                        |  |  |
|  |   | ess; include room or suite number (em<br>RS OF GREATER NEW YORK  | ployer, if for a single-  | employer plan)           | 2b          | Employer Identi<br>(EIN) 11-16       | fication Number<br>22902 |  |  |
| 369 LEXING   | TON AVENUE, STE. 21   | 5  |   |                          | 2c          | Sponsor's telep<br>212-38            |                          |  |  |
| NEW YORK   |   | -  |   |                          | 2d          | Business code (<br>56190             | (see instructions)       |  |  |
| 3a Plan ad   | dministrator's name and   | address 🛛 Same as Plan Sponsor Na  | me Same as Plan   | Sponsor Address          | 3b          | Administrator's                      | EIN                      |  |  |
|  |   |  | _   |                          | 20          | A -luss is is too to size            | telephone number         |  |  |
|  |   | lan sponsor has changed since the las<br>er from the last return/report.   | t return/report filed fo  | or this plan, enter the  | 4b          | EIN                                  |                          |  |  |
| a Sponso   | , ,   | er nom the last return report.   |   |                          | 4c          | PN                                   |                          |  |  |
| 5a Total r   | number of participants at   | the beginning of the plan year   |   |                          | 5a          |                                      | 1                        |  |  |
| <b>b</b> Total r   | number of participants at   | the end of the plan year   |   |                          | 5b          |                                      | 0                        |  |  |
|  |   | count balances as of the end of the pla  |   |                          | 5c          |                                      | 0                        |  |  |
|  |   | uring the plan year invested in eligible   |   |                          |             |                                      | X Yes No                 |  |  |
| <ul> <li>b Are you under</li> <li>If you</li> </ul>  | u claiming a waiver of th<br>29 CFR 2520.104-46? (<br>answered "No" to eith | e annual examination and report of an<br>See instructions on waiver eligibility an<br><b>er line 6a or line 6b, the plan cannot</b><br>plan, is it covered under the PBGC insu | independent qualifie<br>d conditions.)<br>use Form 5500-SF          | and must instead use     | PA)<br>Form | 5500.                                | Yes No                   |  |  |
| Caution: A   | penalty for the late or   | incomplete filing of this return/repo  | rt will be assessed   | unless reasonable cau    | ise is      | established.                         |                          |  |  |
| Under pena<br>SB or Sche   | alties of perjury and other   | r penalties set forth in the instructions, signed by an enrolled actuary, as well  | I declare that I have   | examined this return/rep | port, ir    | ncluding, if applic                  |                          |  |  |
| SIGN   | Filed with authorized/va  | lid electronic signature.  |   |                          |             |                                      |                          |  |  |
| HERE   | Signature of plan adn   | ninistrator  | Date  | Enter name of individ    | ual sig     | gning as plan adr                    | ninistrator              |  |  |
| SIGN<br>HERE   |   |  |   |                          |             |                                      |                          |  |  |
|  | Signature of employe  |  | Date  | Enter name of individ    |             |                                      |                          |  |  |
| reparer's  | narne (including firm nan   | ne, if applicable) and address; include  | room or suite numbe   | ι (ορτιοπαι)             | Prep        | parer s telephone                    | number (optional)        |  |  |

| 7 Plan Assets and Liabilitie   | es  |   | (a) Beginning of Yea  | ır   |                         |  | (b) End           | of Year |       |
|--|---|---|---|--|-------------------------|--|-------------------|---------|-------|
| a Total plan assets  |   | . 7a  | 19  | 4  |                         |  |                   |         | 0     |
| o Total plan liabilities   |   | . 7b  |   | 0  |                         |  |                   |         | 0     |
| C Net plan assets (subtract line 7b from line 7a)  |   | . 7c  | 19  | 4  |                         |  |                   |         | 0     |
| <b>B</b> Income, Expenses, and   | Transfers for this Plan Year  |   | (a) Amount  |  |                         |  | (b) T             | otal    |       |
| a Contributions received o   |   | 0-(4)   |   | 0  |                         |  |                   |         |       |
|  |   | 8a(1)   |   | 0  |                         |  |                   |         |       |
|  |   |   | 42  | -  |                         |  |                   |         |       |
|  | lovers)   | . 8a(3)<br>. 8b   | 1   |  |                         |  |                   |         |       |
|  | 8a(1), 8a(2), 8a(3), and 8b)  |   |   |  |                         |  |                   | 43      | 8     |
| ,  | direct rollovers and insurance premiums   | . 00  |   |  |                         |  |                   |         | .0    |
|  |   | . 8d  | 63  | 0  |                         |  |                   |         |       |
| e Certain deemed and/or of   | corrective distributions (see instructions)   | . 8e  | (   | 0  |                         |  |                   |         |       |
| f Administrative service pr  | roviders (salaries, fees, commissions)  | . 8f  | :   | 2  |                         |  |                   |         |       |
| g Other expenses   |   | . 8g  |   | 0  |                         |  |                   |         |       |
| h Total expenses (add line   | es 8d, 8e, 8f, and 8g)  | . 8h  |   |  |                         |  |                   | 63      | 32    |
|  | act line 8h from line 8c)   |   |   |  | _                       |  |                   | -19     | 94    |
| j Transfers to (from) the p  | lan (see instructions)  | 8j  |   | 0  |                         |  |                   |         |       |
|  | are benefits, enter the applicable welfare f  | eanne cooe  |   |  |                         | -5 111 11  | ie instructi      | JIIS.   |       |
|  | Questions   |   |   | Steriot  |                         |  |                   |         |       |
| Part V Compliance C  | Questions   |   |   | ciensi   | Yes                     | No   |                   | Amount  |       |
| Part V Compliance C<br>During the plan year:<br>a Was there a failure to t   | Questions<br>ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid  | utions within   | the time period described in  | 10a  |                         |  |                   | Amount  |       |
| Part V     Compliance 0       0     During the plan year:       a     Was there a failure to t<br>29 CFR 2510.3-102?       b     Were there any nonexed  | ransmit to the plan any participant contribu  | utions within<br>uciary Corre<br>t? (Do not in  | the time period described in<br>ction Program)<br>clude transactions reported   |  |                         | No   |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?         b       Were there any nonexe on line 10a.)  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes  | utions within<br>uciary Corre<br>t? (Do not in  | the time period described in<br>ction Program)<br>clude transactions reported   | 10a  |                         | No<br>X  |                   | Amount  | 5000  |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe on line 10a.)         c       Was the plan covered         d       Did the plan have a loss  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes  | utions within<br>uciary Corre<br>t? (Do not in<br>fidelity bond   | the time period described in<br>ction Program)<br>clude transactions reported   | 10a<br>10b   | Yes                     | No<br>X  |                   | Amount  | 5000  |
| <ul> <li>Part V Compliance C</li> <li>During the plan year:</li> <li>a Was there a failure to t<br/>29 CFR 2510.3-102?</li> <li>b Were there any nonexe<br/>on line 10a.)</li> <li>c Was the plan covered</li> <li>d Did the plan have a los<br/>or dishonesty?</li> <li>e Were any fees or comr<br/>insurance service, or o</li> </ul>  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all   | utions within<br>uciary Corre<br>t? (Do not in<br>fidelity bond<br>her persons  | the time period described in<br>ction Program)<br>clude transactions reported<br><br>d, that was caused by fraud<br><br>by an insurance carrier,<br>fits under the plan? (See | 10a<br>10b<br>10c<br>10d   | Yes                     | No<br>X<br>X   |                   | Amount  | 5000  |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comminsurance service, or o<br>instructions.)   | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all   | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>l of the bene   | the time period described in<br>ction Program)<br>clude transactions reported<br><br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See     | 10a<br>10b<br>10c<br>10d   | Yes                     | No<br>X<br>X   |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe on line 10a.)         c       Was the plan covered         d       Did the plan have a los or dishonesty?         e       Were any fees or comminsurance service, or o instructions.)         f       Has the plan failed to p   | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the pla   | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>of the bene<br>an?  | the time period described in<br>ction Program)<br>clude transactions reported<br><br>d, that was caused by fraud<br><br>by an insurance carrier,<br>fits under the plan? (See | 10a<br>10b<br>10c<br>10d<br>10e<br>10f                                 | Yes                     | No × × × ×   |                   | Amount  | 5000  |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comminsurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a  | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>l of the bene<br>an?<br>as of year en   | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d   | Yes                     | No<br>×<br>×<br>×  |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comminsurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any         h       If this is an individual a<br>2520.101-3.)   | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the pla<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?  | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>l of the bene<br>an?<br>as of year en<br>(See instruc   | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10e<br>10f                                 | Yes                     | No × × × ×   |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comr<br>insurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any p         h       If this is an individual a<br>2520.101-3.)         i       If 10h was answered "Y<br>exceptions to providing   | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>fes," check the box if you either provided to<br>p the notice applied under 29 CFR 2520.10   | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>l of the bene<br>an?<br>(See instruc<br>(See instruc  | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10e<br>10f<br>10g                          | Yes                     | No<br>X<br>X<br>X<br>X<br>X  |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comr<br>insurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any         h       If this is an individual a<br>2520.101-3.)   | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>is, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>Yes," check the box if you either provided to<br>the notice applied under 29 CFR 2520.10<br><b>ling Compliance</b>  | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>of the bene<br>an?<br>(See instruc<br>the required<br>01-3  | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i            | Yes X X                 | No           X           X           X           X           X           X           X |                   | Amount  |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexed on line 10a.)         c       Was the plan covered         d       Did the plan have a loss or dishonesty?         e       Were any fees or comminsurance service, or o instructions.)         f       Has the plan failed to p         g       Did the plan have any p         h       If this is an individual a 2520.101-3.)         i       If 10h was answered "Nexceptions to providing         art VI       Pension Funct         1       Is this a defined benefiti 5500) and line 11a below  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>Yes," check the box if you either provided to<br>the notice applied under 29 CFR 2520.10<br><b>ling Compliance</b><br>I plan subject to minimum funding requiren<br>by)  | utions within<br>uciary Corre<br>t? (Do not in<br>fidelity bond<br>her persons<br>of the bene<br>an?<br>(See instruct<br>the required<br>01-3<br>nents? (If "Ye   | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i            | X                       | No<br>X<br>X<br>X<br>X<br>X<br>X   | (Form             |         |       |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a los<br>or dishonesty?         e       Were any fees or comr<br>insurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any the<br>instructions.)         h       If this is an individual a<br>2520.101-3.)         i       If 10h was answered "N<br>exceptions to providing<br>art VI         Pension Funct         1       Is this a defined benefiti<br>5500) and line 11a below         1a       Enter the unpaid minim  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>is, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>(es," check the box if you either provided to<br>the notice applied under 29 CFR 2520.10<br><b>ling Compliance</b><br>and subject to minimum funding requirent<br>participant contribution for current year for | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>of the bene<br>an?<br>(See instruct<br>the required<br>)1-3<br>ments? (If "Yo<br>from Schedu  | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i            | Yes<br>X<br>X<br>Schedu | No<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Ile SB  | 3 (Form           |         | s X M |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe on line 10a.)         c       Was the plan covered         d       Did the plan have a los or dishonesty?         e       Were any fees or comrinsurance service, or o instructions.)         f       Has the plan failed to p         g       Did the plan have any | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>s, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>provide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>Yes," check the box if you either provided to<br>the notice applied under 29 CFR 2520.10<br><b>ling Compliance</b><br>I plan subject to minimum funding requiren<br>by)  | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>of the bene<br>an?<br>(See instruct<br>the required<br>)1-3<br>ments? (If "Yo<br>from Schedu  | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i            | Yes<br>X<br>X<br>Schedu | No<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Ile SB  | 3 (Form           |         | s 🛛 1 |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to t         29 CFR 2510.3-102?       b         b       Were there any nonexe<br>on line 10a.)         c       Was the plan covered         d       Did the plan have a loss<br>or dishonesty?         e       Were any fees or comminsurance service, or o<br>instructions.)         f       Has the plan failed to p         g       Did the plan have any p         h       If this is an individual a<br>2520.101-3.)  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?   | utions within<br>uciary Corre<br>t? (Do not in<br>s fidelity bond<br>her persons<br>l of the bene<br>an?<br>(See instruct<br>the required<br>01-3<br>nents? (If "Yo<br>from Schedu<br>g requiremer<br>a a applicat                                | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i            | Yes<br>X<br>X<br>Schedu | No<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Ile SE                                   | 6 (Form<br>ERISA? |         | s X M |
| Part V       Compliance C         0       During the plan year:         a       Was there a failure to to 29 CFR 2510.3-102?         b       Were there any nonexe on line 10a.)         c       Was the plan covered         d       Did the plan have a loss or dishonesty?         e       Were any fees or comression instructions.)         f       Has the plan failed to perform the plan have any performance service, or or instructions.)         f       Has the plan have any performance service, or or or instructions.)         f       Has the plan have any performance service, or or or instructions.)  | ransmit to the plan any participant contribu<br>(See instructions and DOL's Voluntary Fid<br>empt transactions with any party-in-interes<br>by a fidelity bond?<br>is, whether or not reimbursed by the plan's<br>missions paid to any brokers, agents, or ot<br>ther organization that provides some or all<br>porvide any benefit when due under the plan<br>participant loans? (If "Yes," enter amount a<br>ccount plan, was there a blackout period?<br>Yes," check the box if you either provided to<br>the notice applied under 29 CFR 2520.10<br><b>ling Compliance</b><br>plan subject to minimum funding requirent<br>pow)   | utions within<br>uciary Corre<br>t? (Do not in<br>fidelity bond<br>her persons<br>of the bene<br>an?<br>as of year en<br>(See instruct<br>the required<br>01-3<br>nents? (If "Yo<br>from Schedu<br>g requiremer<br>7, as applicat<br>ng amortized | the time period described in<br>ction Program)<br>clude transactions reported<br>   | 10a<br>10b<br>10c<br>10d<br>10d<br>10f<br>10g<br>10h<br>10i<br>e or se | Yes<br>X<br>X<br>Schedu | No<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>Ile SE                                   | 6 (Form<br>ERISA? |         | s X M |

| C    | 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?  | . X Y    | ′es       | No     |       |
|      | If "Yes," enter the amount of any plan assets that reverted to the employer this year  | . 13a    |           |        | 0     |
| b    | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?  | control  |           | X Yes  | 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):   | 3c(2) El | N(s)      | 13c(3) | PN(s) |
|      |  |          |           |        |       |
|      |  |          |           |        |       |
| Part | VIII Trust Information (optional)  |          |           |        |       |
| 14a  | Name of trust  | 14b Tr   | ust's EIN |        |       |
|      |  |          |           |        |       |
|      |  |          |           |        |       |

| Form 5500-SF   | Department of the Treasury Benefit Plan  |  |                             |   |                                       |                   |  |  |
|--|--|--|-----------------------------|---|---------------------------------------|-------------------|--|--|
|  | Department of Labor This form is required to be filed under sections 104 and 4065 of the Empl<br>Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6 |  |                             |   |                                       |                   |  |  |
| Employee Benefits Security Administration  | t section 6057(b) and 60t<br>ne Code).   | 58(a) of                                 | This Form i                 | s Open to Public                                      |                                       |                   |  |  |
| Pension Benefit Guaranty Corporation   | Complete all entries in accord   | dance with the inst                      | ructions to the Form 55     | 00-SF.  | In                                    | spection          |  |  |
| For calendar plan year 2013 or fisca   | entification Information   | 01/01/2013                               | and ending                  |   |                                       |                   |  |  |
| A This return/report is for:   |  |  | r plan (not multiemployer)  |   | 31/2013                               |                   |  |  |
| B This return/report is:   | the first return/report  | the final return/repo                    |                             | ′ [];   | a one-particip                        | lant plan         |  |  |
|  | months)  |  |                             |   |                                       |                   |  |  |
| C Check box if filing under:   |  | DFVC program                             | m                           |   |                                       |                   |  |  |
|  | special extension (enter descriptio  | •  |                             |   |                                       |                   |  |  |
| Part II Basic Plan Inform<br>1a Name of plan   | nation enter all requested infor   | mation                                   |                             |   |                                       |                   |  |  |
| ·  |  |  |                             |   | ree-digit<br>n number                 |                   |  |  |
| LESSOURCE BOILDERS   | OWNERS OF GREATER NY,  | INC. 401(K) PI                           | LAN                         | (PN   | V) ►                                  | 002               |  |  |
| <b>2</b> 2 Dia   |  |  |                             |   | ective date of<br>/01/2001            | plan              |  |  |
| 2a Pian sponsor's name and addre<br>ASSOCIATED BUILDERS &  | ess; include room or suite number (e<br>GONNERS OF GREATER NEW 1   | mployer, if for a sing<br>YORK           | le-employer plan)           | 2b Employer Identification Number<br>(EIN) 11-1622902 |                                       |                   |  |  |
| 369 LEXINGTON AVENUE,  |  |  |                             | 2c Spc  | onsor's teleph                        | one number        |  |  |
|  | 31A. 215   |  |                             |   | 12) 385-4                             | see instructions) |  |  |
| US NEW YORK<br>3a Plan administrator's name and  | NY 10017   |  |                             | 561   | 1900                                  |                   |  |  |
| the men commission shame and a   | address 🗴 Same as Plan Sponsor   | Name Same as                             | Plan Sponsor Address        | 3b Adn  | ninistrator's E                       | IN                |  |  |
|  |  |  |                             | 2   |                                       |                   |  |  |
|  |  |  |                             | JC Adm  | ninistrator's te                      | elephone number   |  |  |
|  |  |  |                             |   |                                       |                   |  |  |
| 4 If the name and/or EIN of the pla  | an sponsor has changed since the la  | est return/report filed                  | for this star ( 1)          | <u> </u>  |                                       |                   |  |  |
| and the plan humbe   | r from the last return/report.   | ist returnineport med                    | for this plan, enter the    | 4b EIN  | · · · · · · · · · · · · · · · · · · · |                   |  |  |
| a Sponsor's name<br>5a Total number of participants at ti  |  | an a |                             | 4c PN   |                                       | -                 |  |  |
| b Total number of participants at the  | he beginning of the plan year  | ******                                   | *********                   | <u>5a</u>   |                                       | 1                 |  |  |
| <ul> <li>number of paticipants with according</li> </ul>   | ount balances as of the end of the ni  | an year (defined hor                     | ofit plana da ant           | 5b  |                                       | 0                 |  |  |
|  | ***************************************  |  |                             | 5c  |                                       | 0                 |  |  |
| <ul><li>6a Were all of the plan's assets dur</li><li>b Are you claiming a waiver of the</li></ul>                      | annual examination and report of ar  | assets? (See instru-                     | ctions.)                    | *****   | *****                                 | XYes No           |  |  |
| under 25 CFR 2520, 104-46? (Se   | e instructions on waiver eligibility ar  | id conditions.)                          |                             |   |                                       | XYes No           |  |  |
| If you answered "No" to either   | line 6a or line 6b, the plan cannol  | t use Form 5500-SF                       | and must instand use        | Corres Fron   | <b>`</b>                              |                   |  |  |
|  | an, is it covered under the PBGC ins   |  |                             |   |                                       | Not determined    |  |  |
| Caution: A penalty for the late or in  | ncomplete filing of this return/rep  | ort will be assesse                      | d unless reasonable ca      | use is esta   | blished.                              |                   |  |  |
| Under penalties of perjury and other<br>SB or Schedule MB completed and s<br>belief, it is true, correct, and complete |  | , I declare that I hav                   | e examined this return/re   | port, includ  | ling, if applica                      | ble, a Schedule   |  |  |
| to relationships of  |  | as the electronic vi                     | ersion of this return/repor | t, and to the   | e best of my l                        | (nowledge and     |  |  |
| SIGN Dan Margulies   |  | 7/21/14                                  | Dan Mar                     | gulies  | S                                     |                   |  |  |
| HERE Signature of plan adminis   | trator   | Date                                     | Enter name of individua     | l signing as  | s plan adminis                        | strator           |  |  |
| SIGN Dan Margulies   | η του παιρομές.<br>Το ποι παιρομές συνάθει του ποιαθητώσει φαλισμητερίους (««Εξ).<br>Το δύο 27 ΑΝΤΟΥ   | 7/21/14                                  | Dan Ma                      |   |                                       |                   |  |  |
| HERE Signature of employer/plan  | n sponsor  | Date                                     | Enter name of individua     | I signing as  | employer or                           | plan sponsor      |  |  |
| Preparer's name (including firm name   | and address; include   | room or suite numb                       | er (optional)               | Preparer's  | telephone nu                          | mber (optional)   |  |  |
|  |  |  |                             |   |                                       |                   |  |  |
|  |  |  |                             |   |                                       |                   |  |  |
|  |  |  |                             |   |                                       |                   |  |  |
| For Paperwork Reduction Act Notic  |  | Form                                     | n 5500-SF (2013)            |   |                                       |                   |  |  |

Page 2

| Plan Assets and Liabilities  | States.   | (a) Beginning of Ye   | ar   | (b) End of Year  |   |                                | l of Year      |
|--|---|---|--|------------------|---|--------------------------------|----------------|
| a Total plan assets  | 7a  |   | 194  |                  |   |                                | (              |
| D Total plan liabilities   | 7b  |   | 0  |                  |   |                                | (              |
| Net plan assets (subtract line 7b from line 7a)  | 7c  |   | 194  |                  |   |                                |                |
| Income, Expenses, and Transfers for this Plan Year   |   | (a) Amount  |  |                  |   | (b)                            | Total          |
| Contributions received or receivable from:     (1) Employers   | 0-/4)   |   |  |                  |   |                                |                |
| (2) Participants   | 8a(1)   |   | 0  |                  |   |                                |                |
| (3) Others (including rollovers)   | 8a(2)   |   | 0  |                  |   |                                |                |
| Other income (loss)  | 8a(3)<br>8b   | 4   | 127  | 1000<br>日本語      |   |                                |                |
| Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c  |   | 11   |                  |   |                                |                |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits)  | 8d  |   |  |                  |   |                                | 438            |
| Certain deemed and/or corrective distributions (see instructions)  |   | t to the second | 30   |                  |   |                                |                |
| Administrative service providers (salaries, fees, commissions)   | 8e  | ······  | 0  |                  |   |                                |                |
| Other expenses   | 8f  | ·   | 2  |                  |   |                                |                |
| Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8g  |   | 0  | 感激               |   |                                |                |
| Net income (loss) (subtract line 8h from line 8c)  | 8h  |   |  | \$\$<br>}        |   |                                | 632            |
| Transfers to (from) the plan (see instructions)  | 8i  |   |  | 5                | 1   |                                | (194)          |
| Part IV Plan Characteristics   | 8j  |   | 0  | 開設               |   |                                |                |
| art V Compliance Questions   |   |   |  |                  |   |                                |                |
| During the plan year:  |   |   |  |                  | ·   | 1                              |                |
| a Was there a failure to transmit to the plan any participant contribute   |   |   | <br>T  | Yes              | No  |                                | Amount         |
| <ul> <li>Was there a failure to transmit to the plan any participant contribution</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Enducia</li> </ul>   | ani Correr  | tion Drogram)   | 10a  | Yes              | No<br>X                                   |                                | Amount         |
| <ul> <li>Was there a failure to transmit to the plan any participant contribution</li> <li>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> </ul>  | ary Correc<br>(Do not in  | tion Program)<br>clude transactions reported  | 10a<br>10b   | Yes              |   |                                | Amount         |
| <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>b Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> </ul>   | ary Correc<br>(Do not in  | tion Program)   |  |                  | x   |                                |                |
| <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>b Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?</li> </ul>   | ary Correc<br>(Do not in<br>delity bond   | clude transactions reported   | 105<br>10c   |                  | x<br>x                                    |                                | Amount<br>50,0 |
| <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>b Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of</li> </ul>   | (Do not in<br>(Do not in<br>delity bond<br>r persons  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the place 2 (5)   | 10b<br>10c<br>10d                                    | x                | x   |                                | 50,0           |
| <ul> <li>Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidor dishone'sty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> </ul>  | (Do not in<br>(Do not in<br>delity bond<br>r persons<br>the bene  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See  | 10b<br>10c<br>10d<br>10e                             | x                | x<br>x<br>x                               |                                |                |
| <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia</li> <li>b Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>c Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?</li> <li>c Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> <li>c Has the plan failed to provide any benefit when due under the plan?</li> </ul>  | (Do not in<br>(Do not in<br>delity bond<br>r persons<br>the bene  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See  | 10b<br>10c<br>10d                                    | x                | x<br>x                                    |                                | 50,0           |
| <ul> <li>Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonesty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of if this is an individual account plan, was there a blackout period? (See the plan was the plan backout period?)</li> </ul>  | felity bond<br>r persons<br>the bene  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See  | 10b<br>10c<br>10d<br>10e                             | x                | x<br>x<br>x                               |                                | 50,0           |
| <ul> <li>Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia)</li> <li>Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>Was the plan covered by a fidelity bond?</li> <li>Did the plan have a loss, whether or not reimbursed by the plan's fidor dishone'sty?</li> <li>Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> <li>Has the plan failed to provide any benefit when due under the plan?</li> <li>Did the plan have any participant loans? (If "Yes," enter amount as of if this is an individual account plan, was there a blackout period? (See 2520.101-3.)</li> </ul>   | ary Correc<br>(Do not in<br>delity bond<br>r persons<br>the bene<br>of year en<br>ee instruc<br>required i  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>d.)<br>tions and 29 CFR   | 10b<br>10c<br>10d<br>10e<br>10f                      | x                | x<br>x<br>x<br>x                          |                                | 50,0           |
| <ul> <li>a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia</li> <li>b Were there any nonexempt transactions with any party-in-interest? (on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>c Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty?</li> <li>c Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)</li> <li>c Has the plan failed to provide any benefit when due under the plan?</li> <li>c Did the plan have any participant loans? (If "Yes," enter amount as constructions.)</li> <li>c If this is an individual account plan, was there a blackout period? (See 2520.101-3.)</li> <li>c If the was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.</li> </ul>  | ary Correc<br>(Do not in<br>delity bond<br>r persons<br>the bene<br>of year en<br>ee instruc<br>required i  | tion Program)<br>clude transactions reported<br>d, that was caused by fraud<br>by an insurance carrier,<br>fits under the plan? (See<br>d.)<br>tions and 29 CFR   | 10b<br>10c<br>10d<br>10e<br>10f<br>10g               | x                | x<br>x<br>x<br>x<br>x<br>x<br>x           |                                | 50,0           |
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| <u> </u>   | 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)   | 120           |           |          |           |
| e          | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |               | L         |          |           |
| Part       | VII Plan Terminations and Transfers of Assets   |               | Yes       |          | N/A       |
| <u>13a</u> | Has a resolution to terminate the plan been adopted in any plan year?   | X Ye          |           | • •      |           |
|            | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |               | s 🛄       | No       |           |
| b          | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c  | 13a<br>ontrol | ••••••••• |          | 0         |
| -          | 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.) | ,<br>,        |           | X Yes    | <u>No</u> |
|            | 3c(1) Name of plan(s):  | (2) EIN(s     | s)        | 13c(3) P | N(c)      |
|            |   | <u> </u>      |           | 100(0)11 | (3)       |
|            |   |               |           |          |           |
| Part       | VIII Trust Information (optional)   |               |           |          |           |
| 14a N      | ame of trust  |               |           |          |           |
|            |   | 14b Tri       | ust's El  | N        |           |