Form 5500-SF		Short Form Annual Return/Report of Small Employ					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			ee 20		013		
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).			B(a) of This Form is Open t				
Pension B	enefit Guaranty Corporation	tions to the Form 5500)-SF.	Ins	pection				
Pension benefit dualative corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information									
For calend	ar plan year 2013 or fisca			and ending 12	2/31/2	2013			
A This re	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-participant plan			
B This re	turn/report is:	the first return/report	he final return/report						
		an amended return/report a short plan year return/report (less than 12 m							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
		special extension (enter description)						
Part II	Basic Plan Inform	nation—enter all requested informat	tion			Three-digit			
1a Name	•								
VP RECORI	D DISTRIBUTORS 401K					plan number (PN) ▶	001		
					1c	Effective date of	f plan		
						01/01	/2000		
	ponsor's name and addred D DISTRIBUTORS, INC.	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 11-34	fication Number 46323		
8905 138TH	I ST				2c	Sponsor's telephone number 718-425-1100			
JAMAICA, N	NY 11435-4138				2d	Business code (81299	see instructions)		
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Na	ime Same as Plan	Sponsor Address	3b	Administrator's EIN			
					2.0		elephone number		
name	4 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.								
<u> </u>	or's name	the beginning of the plan war				PN			
		the beginning of the plan year		-	5a	33			
 b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 				5b		31			
		count balances as of the end of the pla			5c		8		
-	all of the plan's assets d								
		ne annual examination and report of ar							
		See instructions on waiver eligibility ar er line 6a or line 6b, the plan canno					X Yes 🗌 No		
-		blan, is it covered under the PBGC ins			_		Not determined		
							Not determined		
		incomplete filing of this return/repo							
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 belief, it is true, correct, and complete.									
SIGN	Filed with authorized/va	lid electronic signature.	07/24/2014	RANDY CHIN					
HERE	Signature of plan adm	ure of plan administrator Date Enter name of indivi				idual signing as plan administrator			
SIGN									
HERE	Signature of employe	/plan sponsor Date		Enter name of individu	lual signing as employer or plan sponsor				
Preparer's	name (including firm nam	ne, if applicable) and address; include	room or suite number	r (optional)	Prep	parer's telephone	number (optional)		

a Contributions received or receivable from: Ba(1) 0 (1) Employers Ba(2) 7460 (2) Participants Ba(2) 7460 (3) Others (including rollowers) Ba(3) 0 b Others (including rollowers) Ba(3) 0 c Total income (idos) Bb 12043 c Total income (idos) Bc 19603 d Benefits paid (including direct followers and insurance permisms to provide benefits) Bd 19603 g Other synemetits Go (including direct followers and insurance permisms to provide benefits) Bf 233 g Other synemetits Go (including direct followers and insurance permisms to provide benefits) Bf 233 g Other synemes Bg 0 17744 Total expenses Bg 0 17744 T Antionstrative service providers (salaries, fees, commissions) Bi 0 17744 T Net norms Bg 0 17744 17744 I Net norms Bi 0 17744 1774 I Net norms Bg 0 17744 17744 I Net norms Set fee a follow to transmit to the p	7 Plan Assets and Liabilities		(a) Beginning of Yea	eginning of Year			(b) End of Year		
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11 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) Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 112 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes 13a 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 granting the waiver. Month Day Year	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t 	in construct in co	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × × × ×		Amount	
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. 	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount at h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	in construct in co	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h	×	× × × × ×		Amount	
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. 	 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	uciary Correc t? (Do not inc if delity bond her persons b of the benefi an? (See instruct he required n 1-3 hents? (If "Ye	tion Program) dude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X	3 (Form		23
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a 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 granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi an? as of year enc (See instruct he required n 1-3	tion Program)	10b 10c 10d 10e 10f 10g 10h 10i	×	X X X X X ule SE	3 (Form		496
a 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 granting the waiver	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interess on line 10a.)	uciary Correc t? (Do not inc fidelity bond her persons b of the benefi an? (See instruct he required n 1-3 hents? (If "Ye rom Schedule	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X ule SE	3 (Form	Yes [490
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interess on line 10a.)	uciary Correc t? (Do not inc if delity bond her persons b of the benefi an? as of year enc (See instruct he required n 1-3 hents? (If "Ye rom Schedule g requirement	tion Program) dude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X Sched	X X X X X ule SE	3 (Form	Yes [496 N
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correc t? (Do not inc if delity bond her persons b of the benefi an? as of year enc (See instruct he required n 1-3 nents? (If "Ye rom Schedule g requirement r, as applicab ng amortized	tion Program) lude transactions reported , that was caused by fraud oy an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 0r se ctions,	X X Sched	X X X X X ule SE	B (Form B (Form ERISA?	Yes [496 N
	 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interess on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or otti insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.100 vart VI Pension Funding Compliance I1 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fi I s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is bei granting the waiver. 	uciary Correc t? (Do not inc if delity bond her persons b of the benefi an? as of year enc (See instruct he required n 1-3 nents? (If "Ye rom Schedule g requirement a applicabl ng amortized le MB (Form	tion Program) lude transactions reported , that was caused by fraud by an insurance carrier, ts under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 10i 0r se ctions,	X X Sched	X X X X X ule SE	B (Form B (Form ERISA?	Yes [49

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?	Ye	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 c of the PBGC?	ontrol		Yes X No				
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.)								
13c(1) Name of plan(s): 13			l(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)		1					
14a Name of trust								