Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TF CORNERSTONE, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1988

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

TF CORNERSTONE, INC.

387 PARK AVENUE SOUTH
7TH FLOOR
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-2766269

2c Sponsor's telephone number
212-672-1000

2d Business code (see instructions)
531110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	08/27/2014	ANDREW GERSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/27/2014	ANDREW GERSTEIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	354
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	369
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	432
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	432
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	343
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
3D 2E 2G 2J 2K 2R 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TF CORNERSTONE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TF CORNERSTONE, INC.

D Employer Identification Number (EIN)
13-2766269

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE & ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PHZ566	432	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
7640	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SECURIAN FINANCIAL SERVICES INC
400 ROBERT ST N
SAINT PAUL, MN 55101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7640			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	3900602
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	3957336
c	Additions: (1) Contributions deposited during the year	7c(1)	339505		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	118341		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	14393		
	▶ LOAN REPAYMENTS				
	(6)Total additions			7c(6)	472239
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4429575
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	48480		
	(2) Administration charge made by carrier	7e(2)	167		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	580661		
	▶ NEW LOANS ISSUED TRANSFERS TO MUTUAL FUNDS				
	(5) Total deductions			7e(5)	629308
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3800267

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TF CORNERSTONE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TF CORNERSTONE, INC.

D Employer Identification Number (EIN)
13-2766269

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ING LIFE INSURANCE AND ANNUITY COMP

71-0294708

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

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71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	SERVICE PROVIDER	2215	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

SECURIAN FINANCIAL SERVICES INC

400 ROBERT STREET N
SAINT PAUL, MN 55101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	29422	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SECURIAN FINANCIAL SERVICES INC	55	29422

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ING FINANCIAL ADVISERS 06-1371577	ASSET BASED COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TF CORNERSTONE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TF CORNERSTONE, INC.

D Employer Identification Number (EIN)
13-2766269

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	213429	276347
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12370480	17374631
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3957336	3800267
(15) Other	1c(15)	106500	21921

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16647745	21473166
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	16647745	21473166

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	465786	
(B) Participants	2a(1)(B)	1581675	
(C) Others (including rollovers)	2a(1)(C)	23353	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2070814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14965	
(F) Other	2b(1)(F)	118341	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133306
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	733051	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		733051
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2226121
c Other income	2c		12047
d Total income. Add all **income** amounts in column (b) and enter total	2d		5175339
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	346507	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		346507
f Corrective distributions (see instructions)	2f		130
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3281	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3281
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		349918
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4825421
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CORNICK, GARBER & SANDLER, LLC **(2)** EIN: 13-2620561

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
TF CORNERSTONE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TF CORNERSTONE, INC.

D Employer Identification Number (EIN)
13-2766269

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 71-0294708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

TF CORNERSTONE, INC. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

Independent Auditors' Report

TF Cornerstone, Inc. 401(k) Plan
New York, New York

Report on the Financial Statements

We were engaged to audit the accompanying statements of net assets available for benefits of TF CORNERSTONE, INC. 401(k) PLAN as at December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment assets held by ING National Trust (ING), which was certified by ING, custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012 that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

(Continued)

TF Cornerstone, Inc. 401(k) Plan
New York, New York

Other Matter

The supplemental schedule of assets held at end of year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974.

Cornick, Garber & Sandler, LLP
CERTIFIED PUBLIC ACCOUNTANTS

New York, New York
August 12, 2014

TF CORNERSTONE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	As at December 31, 2013	2012
Investments at fair value:		
Mutual funds	**$ 17,396,552**	$ 12,476,980
ING fixed account	**3,900,601**	4,303,025
Total investments	**21,297,153**	16,780,005
Receivables:		
Employer contributions receivable	**540,339**	465,786
Participant loans	**276,347**	213,429
Total receivables	**816,686**	679,215
Net assets reflecting investments at fair value	**22,113,839**	17,459,220
Adjustment from fair value to contract value for ING fixed account	**(100,334)**	(345,689)
NET ASSETS AVAILABLE FOR BENEFITS	**$ 22,013,505**	$ 17,113,531

The notes to financial statements are made a part hereof.

TF CORNERSTONE, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2013

Changes to net assets attributed to:		
Investment income:		
Net investment gain from registered investment companies		$ 2,226,121
Interest from fixed account		118,341
Dividends from registered investment company shares		733,051
Other income		12,047
Net investment gain		3,089,560
Interest income on participant loans		14,965
Contributions:		
Employer contributions	$ 540,339	
Participants' contributions	1,581,675	
Participant rollovers from other plans	23,353	2,145,367
Benefits paid to participants	(346,507)	
Corrective distributions	(130)	
Administrative expenses	(3,281)	(349,918)
NET INCREASE IN ASSETS AVAILABLE FOR BENEFITS		4,899,974
Net assets available for benefits - January 1, 2013		17,113,531
NET ASSETS AVAILABLE FOR BENEFITS - DECEMBER 31, 2013		$ 22,013,505

The notes to financial statements are made a part hereof.

TF CORNERSTONE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of Plan

General

The Plan was established effective January 1, 1988 as a defined contribution 401(k) plan for the exclusive benefit of all full-time nonunion employees, except for contract laborers and rental agents of TF Cornerstone, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts

Each participant's account is credited with the participant's contribution and earnings and allocations of the Company's contribution. Forfeited balances of terminated participants' non-vested accounts attributed to the Company's matching contributions and discretionary profit sharing contributions are used to reduce both the Company's matching contributions and discretionary profit sharing contributions for the Plan year in which the forfeitures become available. The Plan must maintain forfeited non-vested accounts until the earlier of distribution payments to the terminated participant or five years from termination of employment for those participants who do not elect distributions. As at December 31, 2013 and 2012, unallocated non-vested accounts totaled approximately $95,000 and $49,000, respectively. The statement of net assets available for benefits as at December 31, 2013 includes approximately $1,623,000 of accounts of vested participants who have terminated service or are no longer actively contributing to the Plan.

Contributions

Participants must have more than six months of service with the Company and may contribute up to 100% of their annual compensation, which cannot exceed the maximum allowable under the Internal Revenue Code which is currently $17,500 for participants under age 50 and $23,000 for those over 50. The Company makes a matching contribution equal to 50% of each participant's eligible contributions for the Plan year, which contributions may not exceed 6% of the participant's eligible compensation for the Plan year. A matching contribution of $563,799 was authorized for the year ended December 31, 2013 against which forfeitures of non-vested accounts of $23,460 was applied. The Company can also make a discretionary profit sharing contribution, which is determined by the Company's board of directors. No discretionary profit sharing contribution was authorized for the year ended

(Continued)

NOTE A - Description of Plan (Continued)

Contributions (Continued)

December 31, 2013. In order to be eligible for the employer matching and profit sharing plan contributions, a participant who is a continuing employee of the Company must have completed at least 1,000 hours of service during the Plan year. The discretionary profit sharing contribution is allocated in the ratio that the participants' compensation bears to all eligible participants' compensation.

Operating Expenses

Certain expenses of maintaining the Plan have been paid by the Company. Loan administration fees are charged directly to the participant's account and are included in administrative expenses.

Vesting

Participants are immediately vested in their contribution. The Company's matching and profit sharing contributions, plus the earnings thereon, vest according to the schedule below.

Years of Vesting Service For Employer Match	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

For purposes of computing years of vesting service, an employee must have completed at least 1,000 hours of service in any Plan year. However, upon the participant's death, disability or attainment of age 65, all amounts are immediately vested.

(Continued)

NOTE A - Description of Plan (Continued)

Participant Loans

Participants may borrow from their account a minimum of $1,000 and up to an amount equal to 50 percent of their pre-tax elective deferral account and rollover account. However, outstanding loans under the Plan cannot exceed $50,000 per participant. Loans, which are evidenced by a negotiable promissory note, bear interest at a rate reasonable and comparable to the rates being charged by representative commercial banks fixed at the date of the loan. Repayment must be made in level payments over a period not to exceed five years, unless the loan qualifies as a home loan in which case the repayment period is not to exceed thirty years. Participant loans are carried at their unpaid principal balance plus any accrued but unpaid interest.

Investment Options

All contributions to the Plan of amounts deferred by a participant and the Company's profit sharing and matching contributions are participant directed. The Plan provides for investments in a fully benefit-responsive investment contract and in certain mutual funds, which are offered by ING National Trust, Blackrock, Inc, Pacific Investment Management Company LLC, Oppenheimer Funds, Inc., American Century Mutual Funds, Baron Asset Management Company, Franklin Advisory Services, LLC, and TD Ameritrade. These investments offered through the Plan are held by and certified as to completeness and accuracy by ING National Trust, the custodian of the Plan.

Withdrawals

A participant may withdraw an amount not in excess of the amount attributable to the participant's vested amount, subject to Internal Revenue Service early withdrawal penalty if made before the participant attains 59 ½ years of age.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant is to receive the vested value of their account in either a lump sum, if the account balance is less than $5,000 or at the participant's discretion, an annuity contract on an installment basis or a lump sum, if the account balance is greater than $5,000.

Termination of Plan

In the event of the termination of the Plan, after payment of administrative expenses, if any, the trust fund shall be used for the exclusive benefit of Plan members and their beneficiaries and for no other purpose.

(Continued)

NOTE B - Summary of Significant Accounting Policies

Valuation of Investments

The Plan's investments are stated at fair value with the exception of the investment in the ING fixed account which is valued at contract value per the Financial Accounting Standards Board codification. Shares of mutual funds are valued by the custodian of the Plan at the net asset value of shares held by the Plan at year end based on quoted market values. The contract value of the fixed account equals deposits made to the fund, plus interest credited under the terms of the contract, less any withdrawals. The investment in the ING fixed account provides a guaranteed interest rate for a specific period of time. Both the principal and interest are guaranteed by ING.

Tax Status

The Internal Revenue Service has issued a determination letter stating that a prototype plan from which the Plan was derived meets the requirements of Section 401(a) of the Internal Revenue Service Code (IRC) qualifying for tax-exempt status. Therefore, a specific determination letter for the Plan has not been applied for or obtained.

Use of Estimates and Subsequent Events

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. The Company has considered subsequent events occurring through August 12, 2014, the date the financial statements were available for issuance, in evaluating its estimates and in the preparation of its financial statements.

NOTE C - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

The Financial Accounting Standards Board standard on *"Fair Value Measurements"* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 is observable information for similar items in active or inactive markets, and Level 3 inputs are unobservable inputs to be used in situations where markets don't exist or are illiquid. Level 3 have the lowest priority.

(Continued)

NOTE C - Fair Value Measurements (Continued)

The following summarizes the Plan's investments at fair value:

December 31, 2013	Fair Value Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Mutual Funds:			
Asset allocation funds	$ 3,235,787	$ 3,235,787	
Balanced funds	1,348,618	1,348,618	
Bond funds	1,237,902	1,237,902	
Global/International funds	1,610,580	1,610,580	
Large Cap Growth funds	2,520,683	2,520,683	
Large Cap Value funds	3,703,906	3,703,906	
Stability funds	407,898	407,898	
Small/Mid/Specialty funds	3,309,258	3,309,258	
Other funds	21,920	21,920	
Total mutual funds	17,396,552	17,396,552	
Investment in ING fixed account	3,900,601		$3,900,601
Total	$21,297,153	$17,396,552	$3,900,601
December 31, 2012			
Mutual Funds:			
Asset allocation funds	$ 2,256,231	$ 2,256,231	
Balanced funds	1,011,497	1,011,497	
Bond funds	1,084,586	1,084,586	
Global/International funds	1,058,175	1,058,175	
Large Cap Growth funds	1,719,869	1,719,869	
Large Cap Value funds	2,608,455	2,608,455	
Stability funds	542,247	542,247	
Small/Mid/Specialty funds	2,089,420	2,089,420	
Other funds	106,500	106,500	
Total mutual funds	12,476,980	12,476,980	
Investment in ING fixed account	4,303,025		$4,303,025
Total	$16,780,005	$12,476,980	$4,303,025

(Continued)

NOTE D - Investment In ING Fixed Account

The Plan has a fully benefit-responsive investment contract with ING Life Insurance and Annuity Company (ILIAC). ILIAC maintains the contributions in their general account. The account is credited with declared rates of interest and is subject to a minimum rate described in the contract. The contract is included in the financial statements at contract value as reported to the plan by ILIAC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note B, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

The fair value of the investment contract at December 31, 2013 and 2012 was $3,900,601 and $4,303,025, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on an annual basis.

The ILIAC contract itself does not have a maturity date. Under some contracts, ILIAC may terminate the contract after completion of a certain number of years, without application of any otherwise required market value adjustment or contract surrender charge. ILIAC may also retain the right to defer payments from the general account in the event of certain emergency conditions or as provided by applicable law.

	2013	2012
Average yields:		
Based on actual earnings	**2.97%**	2.97%
Based on interest rate credited to participants	**3.00%**	3.00%

(Continued)

NOTE E - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the assets available for benefits per the financial statements to the Form 5500 as at December 31:

	2013	2012
Net assets available for benefits per the financial statements	**$22,013,505**	$17,113,531
Less:		
Employer contribution applicable to accrued profit sharing and employer match	**(540,339)**	(465,786)
Net assets available for benefits per Form 5500	**$21,473,166**	$16,647,745

The following is a reconciliation of the net increase in net assets available for benefits per the financial statement to the Form 5500 for the year ended December 31, 2013:

Net increase in net assets available for benefits per the financial statements	**$ 4,899,974**
Contributions receivable applicable to accrued payroll, employer match and profit sharing:	
January 1, 2013	**465,786**
December 31, 2013	**(540,339)**
Net increase in assets available for benefits per Form 5500	**$ 4,825,421**

(Continued)

NOTE F - Investments

The following presents investments that represent 5 percent or more of the Plan's net assets as of:

	December 31,	
	2013	2012
ING Fixed Account	**$3,900,601**	$4,303,025
ING U.S. Stock Index Portfolio	**2,070,839**	
American Century Europacific Growth	**1,168,691**	
American Funds Growth Fund R4	**1,146,745**	
ING TRowePrice Cap App Port-Svc	**1,348,618**	1,011,497

NOTE G - Certification by the Custodian

ING National Trust has certified as to the completeness and accuracy of the investments of the Plan as of December 31, 2013 and 2012 and for the years then ended. The certifications cover the related investment income, including interest and dividends, the appreciation or depreciation in the quoted market value of investments, and the fair and contract values of the ING Fixed Account, a fully benefit-responsive investment contract.

NOTE H - Related Party Transactions

Certain Plan investments are managed by ING National Trust, the Plan's investment custodian and, therefore, these transactions qualify as party-in-interest transactions. However, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan for the investment management services are netted against net appreciation in the fair value of investments. Based on information provided by the custodian, these annualized fees ranged from approximately .63% to 1.36% of investments during the year ended December 31, 2013.

NOTE I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

TF CORNERSTONE, INC. 401(k) PLAN

EMPLOYER IDENTIFICATION NUMBER 13-2766269, PLAN NUMBER 001

SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

AS AT DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral or Maturity Value	(d) Cost	(e) Current Value
	AmCen Equity Income Fund A	Registered Investment Company	N/A	$ 680,499
	AmCen One Choice 2015 Port Inv	Registered Investment Company	N/A	318,373
	AmCen One Choice 2020 Port Inv	Registered Investment Company	N/A	1,040,305
	AmCen One Choice 2025 Port Inv	Registered Investment Company	N/A	109,546
	AmCen One Choice 2030 Port Inv	Registered Investment Company	N/A	995,504
	AmCen One Choice 2035 Port Inv	Registered Investment Company	N/A	91,663
	AmCen One Choice 2040 Port Inv	Registered Investment Company	N/A	515,805
	AmCen One Choice 2045 Port Inv	Registered Investment Company	N/A	1,818
	AmCen One Choice 2050 Port Inv	Registered Investment Company	N/A	85,300
	AmCen One Choice 2055 Port Inv	Registered Investment Company	N/A	679
	AmCen One Choice Inc Port Inv	Registered Investment Company	N/A	76,794
	American Funds Cap Wld G&I R4	Registered Investment Company	N/A	263,626
	American Funds EuroPacific R4	Registered Investment Company	N/A	1,168,691
	American Funds Growth Fnd R4	Registered Investment Company	N/A	1,146,745
	Baron Growth Fund Ret	Registered Investment Company	N/A	1,072,080
	BlkRck Capital Apprec Fnd IA	Registered Investment Company	N/A	748,077
	BlkRck Equity Dividend Fnd Ins	Registered Investment Company	N/A	952,568
	Franklin Growth Fund A	Registered Investment Company	N/A	625,861
*	ING AmCen Sm-MdCp Vl Pt Srv	Registered Investment Company	N/A	169,848
*	ING Fixed Account	Insurance Company General Account	N/A	3,900,601
*	ING GNMA Income Fund	Registered Investment Company	N/A	440,749
*	ING PIMCO High Yield Portfolio Srv	Registered Investment Company	N/A	96,713
*	ING International Index - Cl S	Registered Investment Company	N/A	125,833
*	ING JPM MdCp Value Port Srv	Registered Investment Company	N/A	593,527
*	ING MidCap Opportunities Fnd I	Registered Investment Company	N/A	693,974
*	ING Money Market Fund A	Registered Investment Company	N/A	407,898
*	ING Real Estate Fund	Registered Investment Company	N/A	180,687
*	ING Rusel Small Cap Apprec Port Srv	Registered Investment Company	N/A	165,470
*	ING SMID Cap Equity Fund A	Registered Investment Company	N/A	433,672
*	ING TRwPr Cap Appreci Port Srv	Registered Investment Company	N/A	1,348,618
*	ING US Stock Index Port Ins	Registered Investment Company	N/A	2,070,839
	Oppenhmr Developing Mkts Fnd A	Registered Investment Company	N/A	52,430
	PIMCO Low Durtn Fnd Adm Cls	Registered Investment Company	N/A	78,039
	PIMCO Total Rtn Fund - Class D	Registered Investment Company	N/A	622,401
	TD Ameritrade SDBA	Self Directed Brokerage Account	N/A	21,920
		Total mutual funds		21,297,153
	Participant Loans	Interest at 5.25% - 10.25% a year		276,347
				$ 21,573,500

*Indicates party-in-interest to the Plan.

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
TF Cornerstone Inc. 401(k) Plan
EIN 13-2766269
Plan 001
As of December 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AmCen Equity Income Fund A	Registered Investment Company		$680,499
	AmCen One Choice 2015 Port Inv	Registered Investment Company		$318,373
	AmCen One Choice 2020 Port Inv	Registered Investment Company		$1,040,305
	AmCen One Choice 2025 Port Inv	Registered Investment Company		$109,546
	AmCen One Choice 2030 Port Inv	Registered Investment Company		$995,504
	AmCen One Choice 2035 Port Inv	Registered Investment Company		$91,663
	AmCen One Choice 2040 Port Inv	Registered Investment Company		$515,805
	AmCen One Choice 2045 Port Inv	Registered Investment Company		$1,818
	AmCen One Choice 2050 Port Inv	Registered Investment Company		$85,300
	AmCen One Choice 2055 Port Inv	Registered Investment Company		$679
	AmCen One Choice Inc Port Inv	Registered Investment Company		$76,794
	American Funds Cap Wld G&I R4	Registered Investment Company		$263,626
	American Funds EuroPacific R4	Registered Investment Company		$1,168,691
	American Funds Growth Fnd R4	Registered Investment Company		$1,146,745
	Baron Growth Fund Ret	Registered Investment Company		$1,072,080
	BlkRck Capital Apprec Fnd IA	Registered Investment Company		$748,077
	BlkRck Equity Dividend Fnd Ins	Registered Investment Company		$952,568
	Franklin Growth Fund A	Registered Investment Company		$625,861
*	ING AmCen Sm-MdCp Vl Pt Srv	Registered Investment Company		$169,848
*	ING Fixed Account	Insurance Company General Account		$3,800,267
*	ING GNMA Income Fund	Registered Investment Company		$440,749
*	ING High Yield Portfolio Srv	Registered Investment Company		$96,713
*	ING International Index - Cl S	Registered Investment Company		$125,833
*	ING JPM MdCp Value Port Srv	Registered Investment Company		$593,527
*	ING MidCap Opportunities Fnd I	Registered Investment Company		$693,974
*	ING Money Market Fund A	Registered Investment Company		$407,898
*	ING Real Estate Fund	Registered Investment Company		$180,687
*	ING Rusel Small Cap Indx Cl S	Registered Investment Company		$165,470
*	ING SMID Cap Equity Fund A	Registered Investment Company		$433,672
*	ING TRwPr Cap Apprec Port Srv	Registered Investment Company		$1,348,618
*	ING US Stock Index Port Ins	Registered Investment Company		$2,070,839
	Oppenhmr Developing Mkts Fnd A	Registered Investment Company		$52,430
	PIMCO Low Durtn Fnd Adm Cls	Registered Investment Company		$78,039
	PIMCO Total Rtn Fund - Class D	Registered Investment Company		$622,401
	TD AMERITRADE SDBA	Self Directed Brokerage Account		$21,921
	Participant Loan Fund	Participant Loans - Rates 5.25% to 5.25%		$276,347
	TOTAL			$21,473,166

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.