## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		dentification Informati	ion					
For calend	ar plan year 2013 or fiso	cal plan year beginning 01	1/01/2013		and ending 1	2/31/	2013	
A This ref	turn/report is for:	X a single-employer plan	am	nultiple-employer pla	an (not multiemployer)		a one-particip	pant plan
<b>B</b> This ref	turn/report is:	the first return/report	the	final return/report				
		an amended return/report	t a sh	nort plan year return	/report (less than 12 m	onths	)	
C Check	box if filing under:	Form 5558	aut	tomatic extension			DFVC progra	am
	J	special extension (enter d	description)					
Part II	Basic Plan Infor	mation—enter all requester		n				
1a Name		1				1b	Three-digit	
TEALS EXP	RESS INC 401(K) PRO	FIT SHARING PLAN					plan number	
						10	(PN)	004
						10	Effective date o	•
2a Plan s	ponsor's name and add	ress; include room or suite nu	umber (emplo	over, if for a single-	employer plan)	2b	Employer Identi	
TEALS EXP		,	` '	, ,	. , . ,			10143
						2c	Sponsor's telep	hone number
	NTY ROUTE 281						315-788	
WATERTOV	NN, NY 13601					2d	,	(see instructions)
20 Dlan a		d address Mosma as Dian Cr	Na	- DC Dl	Canana Addusa	2h	48412 Administrator's	
<b>Ja</b> Plali a	idministrator's name and	d address XSame as Plan Sp	porisor marrie	e Usame as Plan	Sponsor Address	30	Administrators	CIIN
						3с	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed sir	nce the last i	return/report filed fo	r this plan, enter the	4b	EIN	
		ber from the last return/report	t.	•	,			
						1 1 -	DNI	
<b>a</b> Spons						-	PN	
<b>5a</b> Total	number of participants a	at the beginning of the plan ye				5a	PN	110
5a Total	number of participants a	at the end of the plan year				-	FIN	110 110
5a Total b Total c Numb	number of participants a number of participants a per of participants with a	. ,	d of the plan	year (defined bene	fit plans do not	5a	PN	
5a Total   b Total   c Numb	number of participants a number of participants a per of participants with a lete this item)	at the end of the plan year	d of the plan	year (defined bene	fit plans do not	5a 5b 5c		110
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<ul><li>5a Total I</li><li>b Total I</li><li>c Numb comp</li><li>6a Were</li><li>b Are younder</li></ul>	number of participants a number of participants a per of participants with a lete this item)	at the end of the plan year ccount balances as of the end during the plan year invested the annual examination and re (See instructions on waiver e	d of the plan  I in eligible as eport of an ir	year (defined bene- ssets? (See instruct ndependent qualifier conditions.)	ions.)d public accountant (IQ	5a 5b 5c		110
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Form 5500-SF 2013 Page **2** 

Pai	t III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) En	d of Y	ear	
	Total plan assets	7a	1704897				(5) =::		76684	5
	Total plan liabilities	7b	3339	8					(	)
	Net plan assets (subtract line 7b from line 7a)	7c	1701557	5				18	76684	5
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(4) / 4110 4111				(/			
	(1) Employers	8a(1)	58614	8						
	(2) Participants	8a(2)	30644	3						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	293533	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						38	327925	5
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	198239	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e	564.	2						
f	Administrative service providers (salaries, fees, commissions)	8f	8861	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2	07665	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1	75127	0
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2H 2J 2K 3D 3H	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instru	ctions	:	
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X				
С					Χ					500000
				10c						300000
d	or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	•	,							
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i						
Part		-								
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	X No
112	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr							<u>                                   </u>	. 00	
						11a		Тг	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	3U2 Of	EKISA?	L	res	^ INO
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being standard to universe.	ng amortize	ed in this plan year, see instruc		, and e	_	ne date o			ling
It.	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			ırı		Day		Yea	al	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
	13c(1) Name of plan(s):	3c(2) E	EIN(s	i)	13c(3)	PN(s)
Part	VIII Trust Information (optional)					
	Name of trust LS EXPRESS INC 401(K) PROFIT SHA	14b ⊺		's EIN 910143		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information 12/31/2013 01/01/2013 For calendar plan year 2013 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: 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) × Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information 1b Three-digit 1a Name of plan plan number TEALS EXPRESS INC 401(K) PROFIT SHARING PLAN (PN) ▶ 1c Effective date of plan 07/01/1996 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number TEALS EXPRESS INC (EIN) 16-0910143 2c Sponsor's telephone number (315) 788-6437 22411 COUNTY ROUTE 281 2d Business code (see instructions) 484120 US WATERTOWN NY 13601 3a Plan administrator's name and address 🗶 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 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. 4c PN 110 5a 5a Total number of participants at the beginning of the plan year .... Total number of participants at the end of the plan year ........ 5b 110 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 107 complete this item) X Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established 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. 9.4 loseph Tea SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Tea SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) 3 3 5 4 3 V

75 H (a)

P	art III Financial Information		25				
7_	Plan Assets and Liabilities	E (6) -21	(a) Beginning of Yea	ir			(b) End of Year
a	Total plan assets	. 7a	17,048,9	73	1		18,766,845
<u>b</u>	Total plan liabilities	. 7b	33,3				0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	17,015,5	575		- 22	18,766,845
8 a	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	586,1	40	71.30	2 17 - 5 1 180 - 5	Comment of the commen
	(2) Participants	8a(2)	0		J. N.		
	(3) Others (including rollovers)	8a(3)	306,4	143			
b	Other income (loss)	8b	2,935,3	24	-		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	网络二代基础 医高级性 医动物			17.0	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,982,3		- 40 mg/s - 40 mg/s - 10 mg/s - 10 mg/s - 10 mg/s	Gial - al	3,827,925
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	5,6		3 -9	4, 14	10 1
_f	Administrative service providers (salaries, fees, commissions)	8f	88,6			General Control	
g	Other expenses	8g				). " [	The second secon
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	one to the second secon	r : :gra, hr	1		2,076,655
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	81			- 1		1,751,270
	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics			100			
b	If the plan provides pension benefits, enter the applicable pension fer  2A 2E 2H 2J 2K 3D 3H  If the plan provides welfare benefits, enter the applicable welfare feat						
Pe	MV Compliance Questions						
10	During the plan year:	-		-	Yes	No	America
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Corre	ction Program)	10a	193	x	Amount
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in	nclude transactions reported	10Ь		x	
<u>c</u>	Was the plan covered by a fidelity bond?	040000000000000000000000000000000000000		10c	х		F00 000
d 	Did the plan have a loss, whether or not reimbursed by the plan's fiver dishonesty?	delity hon	d that was caused by found	10d		x	500,000
e 	Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all or instructions.)	r persons	by an insurance carrier,	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	?	***************************************	10f		x	7
g	Did the plan have any participant loans? (If "Yes," enter amount as			40-		_	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instru	ctions and 20 CED	10g		<u>x</u>	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required	notice or one of the	10h 10i		X	
Par	M Pension Funding Compliance		*************************************	101			The state of the s
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Y	es," see instructions and compl	ete S	chedul	e SB	(Form
11a	Enter the unpaid minimum required contribution for current year from	n Cake d	de OD /F FF00: "	*********			Yes X No
12	Is this a defined contribution plan subject to the minimum funding re	quiremen	its of section 412 of the Code or	secti	on 302	1a 2 of E	RISA? Yes X No
nana	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	s applica	ble.)				
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortize	d in this plan year, see instruction	ons, a	ind ent	er the	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	AB (Form	5500), and skip to line 13.				
b		***********	PP500420440900001 D00324pp270440444444444444444444444444444444		4	2b	

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C. Enter the amount contributed by the	<del> </del>	
Enter the amount contributed by the employer to the plan for this plan year	12c	W
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to the left of a	26
Will the minimum funding amount reported on line 12d be met by the funding deadling	e?	
Part VII Plan Terminations and Transfers of Assets	E? LJ Yes	∐ No ∐ N/A
13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes 区	] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	120	
b Were all the plan assets distributed to participants or beneficiaries, transferred to ano of the PBGC?	that plan as beautiful at the second	
C If during this plan year, any assets or liabilities were transferred from this plan to anot which assets or liabilities were transferred. (See instructions.)	her plan(s), identify the plan(s) to	Yes X No
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
	105(2) 2.11(0)	Today Piv(s)
Part VIII Trust Information (optional)		
4a Name of trust	14b Trust's F	
		2200