Form 5500	Annual Return/Report of Employee Benefit Plan		OMB Nos. 12 12	10-0110 10-0089
Department of the Treasury	This form is required to be filed for employee benefit plan			
Department of the Treasury and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and Internal Revenue Service sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).			2013	
Department of Labor Employee Benefits Security	Complete all entries in accordance			
Administration Pension Benefit Guaranty Corporation	the instructions to the Form 5500	1. This	s Form is Open to Pu	blic
			Inspection	
	tification Information			
For calendar plan year 2013 or fiscal		and ending 12/31/2013		
A This return/report is for:	a multiemployer plan; a multiple-e	employer plan; or		
	a single-employer plan; a DFE (spe	cify)		
_				
B This return/report is:	the first return/report;	• •		
	an amended return/report; a short plar	n year return/report (less than 12 n	nonths).	
C If the plan is a collectively-bargain	ed plan, check here			
D Check box if filing under:	X Form 5558; automatic e	extension;	he DFVC program;	
Ű,	special extension (enter description)			
Part II Basic Plan Infor	nation—enter all requested information			
1a Name of plan		11	b Three-digit plan	002
THE LEATHERSTOCKING CORPOR	ATION PROFIT SHARING PLAN		number (PN) 🕨	
		10	C Effective date of pla 01/01/1996	an
2a Plan sponsor's name and addres	s; include room or suite number (employer, if for a single-en	nployer plan) 21	b Employer Identificat	tion
THE LEATHERSTOCKING CORP.			Number (EIN) 13-5555342	
		20	C Sponsor's telephone	е
C/O THE CLARK ESTATES, INC.			number 212-977-6900	
ONE ROCKEFELLER PLAZA - 31ST NEW YORK, NY 10020-2102	FLR. ONE ROCKEFELLER PLAZA - 3 NEW YORK, NY 10020-2102	31ST FLR. 20	d Business code (see	
		instructions)		
			721110	

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	Filed with authorized/valid electronic signature.	10/06/2014	RICHARD VANISON			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2014	RICHARD VANISON			
	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor		
SIGN HERE						
	Signature of DFE	Date	Enter name of individu	al signing as DFE		
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) Preparer's telephone number (optional)						
For Pap	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2013)					

	Form 5500 (2013) Page 2		
3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b ∧	dministrator's EIN
			dministrator's telephone umber
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:	4b ⊧	EIN
а	Sponsor's name	4c F	PN
5	Total number of participants at the beginning of the plan year	5	204
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	153
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	. 6c	55
d	Subtotal. Add lines 6a, 6b, and 6c	6d	208
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0
f	Total. Add lines 6d and 6e.	6f	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	208
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	7
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: 2E 2J

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)		9b	9b Plan benefit arrangement (check all that apply)			
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(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. (S				e indicated, enter the number attached. (See instructions)			
а	a Pension Schedules		b	General	Sc	hedules	
	(1)	×	R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Π	I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan		(3)		A (Insurance Information)
			actuary		(4)	Х	C (Service Provider Information)
	(3)	\square	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
		11	Information) - signed by the plan actuary		(6)	Х	G (Financial Transaction Schedules)

	SCHEDULE C Service Provider Information		OMB No. 1210-0110	
(⊢orm 5500)			2013	
Department of the Treasury Internal Revenue Service				
Department of Labor Employee Benefits Security Administration	► File as an attachmen	t to Form 5500.	This Form is Open to Public Inspection.	
Pension Benefit Guaranty Corporation		and an Para state		
For calendar plan year 2013 or fisca	a pian year beginning 01/01/2013		1/2013	
A Name of plan THE LEATHERSTOCKING CORPO	DRATION PROFIT SHARING PLAN	B Three-digit plan number (PN)	▶ 002	
C Plan sponsor's name as shown c THE LEATHERSTOCKING CORP.		D Employer Identificat 13-5555342	ion Number (EIN)	
Part I Service Provider I	nformation (see instructions)			
or more in total compensation (i.e plan during the plan year. If a pe answer line 1 but are not required	Accordance with the instructions, to report the info e., money or anything else of monetary value) in or rson received only eligible indirect compensation d to include that person when completing the rem Receiving Only Eligible Indirect Com	connection with services rendered to for which the plan received the req ainder of this Part.	the plan or the person's position with th	
indirect compensation for which the bound of the second se	thether you are excluding a person from the remain the plan received the required disclosures (see inst noter the name and EIN or address of each person pensation. Complete as many entries as needer	structions for definitions and condition providing the required disclosures	ons)Yes No	
(1)		· · · · · ·		
	r name and EIN or address of person who provid	· · · · · ·	ct compensation	
		ed you disclosures on eligible indire	ct compensation	
AMERICAN FUNDS	r name and EIN or address of person who provid P.O. BOX 6040	ed you disclosures on eligible indire	·	
AMERICAN FUNDS	r name and EIN or address of person who provid P.O. BOX 6040 INDIANAPOLIS, IN 4	ed you disclosures on eligible indire	·	
AMERICAN FUNDS	r name and EIN or address of person who provid P.O. BOX 6040 INDIANAPOLIS, IN 4	ed you disclosures on eligible indire 46206 led you disclosure on eligible indirec	t compensation	
AMERICAN FUNDS	r name and EIN or address of person who provid P.O. BOX 6040 INDIANAPOLIS, IN 4	ed you disclosures on eligible indire 46206 led you disclosure on eligible indirec	t compensation	
AMERICAN FUNDS (b) Ente	r name and EIN or address of person who provid P.O. BOX 6040 INDIANAPOLIS, IN 4	ed you disclosures on eligible indire 46206 led you disclosure on eligible indirec ed you disclosures on eligible indirec	t compensation	

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(b) Enter name and EIN or address of person who provided you disclosures 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

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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)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
0000(0)		by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?
					(f). If none, enter -0	
			Yes No	Yes No No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
						1
(b) Service	(C) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)		by the plan. If none,	receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or estimated amount?
					answered "Yes" to element (f). If none, enter -0	
			Yes No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service	(C) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect compensation	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee		receive indirect compensation? (sources	include eligible indirect compensation, for which the	compensation received by service provider excluding	provider give you a formula instead of
	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you	an amount or
			- sporiaor <i>j</i>	01301030163 !	answered "Yes" to element (f). If none, enter -0	counated amount?
					(i). If none, enter -0	
			Yes No	Yes No		Yes No
			1	1		

Page 3	-	2
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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
		compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect c	ompensation, including any
	formula used to determine t	the service provider's eligibility le indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect c	ompensation, including any the service provider's eligibility
	for or the amount of th	ie indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect conformula used to determine to	he service provider's eligibility
	for or the amount of th	e indirect compensation.

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P	art II Service Providers Who Fail or Refuse to I	Provide Infori	mation
4	Provide, to the extent possible, the following information for each this Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete
	(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
	(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
	(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

Part III		Termination Information on Accountants and Enrolled Actuaries (see in (complete as many entries as needed)	structions)
а	Name		b EIN:
C Position:			
d	Addre	SS:	e Telephone:
Ex	planatio	n:	

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:	
С	Position:		
d	Address:	e Telephone:	

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE G Financia					saction Schedul		OMB No. 1210-0110		
					nder section 104 of the Empl and section 6058(a) of the I		2013		
En	Department of Lab ployee Benefits Security A	or		Code	(the Code).			s Form is Open Inspection	
For c	alendar plan year 2	013 or fiscal plan year begin	ning 01/01	/2013	and er	nding 12/3	1/2013		
	ame of plan EATHERSTOCKING	G CORPORATION PROFIT				B Three-c	igit umber (PN) 🕨	002
	an sponsor's name a EATHERSTOCKING	as shown on line 2a of Form G CORP.	5500			D Employ 13-5555342		ation Number (El	IN)
Part	Complete as	e of Loans or Fixed In s many entries as needed to be a party in interest. Attack	report all loan	s or fixed inc n Explanatio	come obligations in default con for each loan listed. See	or classified as Instructions.	uncollectib		
(a)	(b) Ide	entity and address of obligor			led description of loan include and value of collateral, any renegotiation		of the loan	and the terms of	
		Amount received du	iring reporting	year			Amour	nt overdue	
(d) (Driginal amount of Ioan	(e) Principal	(f) Inte	erest	(g) Unpaid balance at end of year	(h) Princ	cipal	(i) Interest	
(a)	(b) Ide	entity and address of obligor			c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items				
		Amount received du	iring reporting	year			Amour	nt overdue	
(d) (Driginal amount of Ioan	(e) Principal			(g) Unpaid balance at end of year	(h) Princ	cipal	(i) Inter	rest
									,
(a)	(b) Identity and address of obligor				led description of loan includ e and value of collateral, any renegotiatio		of the loan	and the terms of	
		Amount received du	ring reporting	year			Amour	nt overdue	
(d) (Driginal amount of Ioan	(e) Principal	(f) Inte	erest	(g) Unpaid balance at end of year	(h) Princ	cipal	(i) Inter	rest

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Schedule G (Form 5500) 2013 v.130118

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(a)	(b) Identity and address of obligor				(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items							
		Amount received du	uring reporting	year		Amoun	t overdue					
(d) (Original amount of Ioan	(e) Principal	(f) Int	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest					
	Ioan											
(a)	(b) lde	entity and address of obligor		(c) Deta typ	iled description of loan inclue e and value of collateral, any renegotiatio	ding dates of making and r y renegotiation of the loan n, and other material items	and the terms of the					
		Amount received du	uring reporting	year		Amoun	t overdue					
(d) (Original amount of Ioan	(e) Principal	(f) Int	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest					
	Ioan											
(a)	(b) Ide	entity and address of obligor			etailed description of loan including dates of making and maturity, interest rate, the ype and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items							
		Amount received du	uring reporting	year		toverdue						
(d) (Original amount of Ioan	(e) Principal	(f) Int	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest					
(a)	(b) Ide	entity and address of obligor			(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items							
		Amount received du	Amount received during reporting year			Amoun	t overdue					
(d) (Original amount of loan	(e) Principal	(f) Int	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest					
	ioun				or year							
(a)	(b) Ide	entity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items								
		Amount received du	uring reporting	year			t overdue					
(d) (Original amount of Ioan	(e) Principal	(f) Int	erest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest					
							1					

Part III Schedule of Leases in Default or Classified as Uncollectible party in interest. Attach Overdue Lease is explained to readile data uncollectible. Check tox (a) if feasor or lease is known to be a party in interest. Attach Overdue Lease is explained to party an explore employee interest. (a) (b) Identity of Leason is an explore the party in interest. Attach Overdue Lease is explained to party an explore employee interest. (a) (b) Identity of Leason is an explore the party in interest. (b) Identity of Leason is an explore employee interest. (c) (c) <th></th> <th>Schedule G (I</th> <th>⁼orm 5500) 2013</th> <th></th> <th></th> <th>l</th> <th>Page 3 -</th> <th>1</th> <th></th> <th></th>		Schedule G (I	⁼ orm 5500) 2013			l	Page 3 -	1			
(a) (b) Identity of lesson/lessee imployee organization, or other part/-in-inferentiation, or other part/-in-infere	Part II	Complete as r	nany entries as neede	ed to r ease E	eport all leases in default or Explanation for each lease li	ssified as ι Ι. (See ins	tructions)				
(e) Original cost (f) Current value at time of lease receipts during the plan (f) Expenses plan user (g) Amount in arrears (a) (b) Identity of lessorilessee (c) Relationship to plan, employer approximation, or other party-in-interest (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property was lessed) (e) (b) Identity of lessorilessee (c) Relationship to plan, employer, year (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, locat	(a)	(b) Identity	of lessor/lessee	employee organization, or other				ourchased, t	erms regarding rent, taxes, i	nsurance, repairs,	
(e) Original cost (f) Current value at time of lease receipts during the plan (f) Expenses plan user (g) Amount in arrears (a) (b) Identity of lessorilessee (c) Relationship to plan, employer approximation, or other party-in-interest (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property was lessed) (e) (b) Identity of lessorilessee (c) Relationship to plan, employer, year (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, location and date it was purchased, terms regarding rent, taxes, insurance, reparts, expenses, renewal options, date property, locat											
(a) (b) Identity of Iesson/lessee employee organization, or other party-in-interest purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) (a) (b) Identity of Iesson/lessee (c) Relationship to plan, employer, employer, employee organization, or other party-in-interest (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) (a) (b) Identity of Iesson/lessee (c) Relationship to plan, employer, employer, employer, employee organization, or other party-in-interest (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) (e) Original cost (f) Current value at time of lease (g) Gross rental receipts during the plan year (h) Expenses paid during the plan year (g) Amount in arrears year (a) (b) Identity of Iesson/lessee (c) Relationship to plan, employer, emplo	(e) Or	riginal cost		receipts during the plan		(h)			(i) Net receipts	(j) Amount in arrears	
(a) (b) Identity of Iesson/lessee employee organization, or other party-in-interest purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) (a) (b) Identity of Iesson/lessee (c) Relationship to plan, employer, employer, employee organization, or other party-in-interest (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) (a) (b) Identity of Iesson/lessee (c) Relationship to plan, employer, employe						<u> </u>					
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	(e) Or	riginal cost		me of	receipts during the plan	(h)			(i) Net receipts	(j) Amount in arrears	

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Part III Nonexempt Transactions Complete as many entries as needed to report all nonexempt transactions. Caution: If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.							
(a) Identity of party involv			to plan, employer,	(c) De	scription of transaction inclurest, collateral, par or matur		(d) Purchase price
(e) Selling price	(f)	Lease rental	(g) Transactic expenses	on (h) Cost of asset		(i) Current value of asset	(j) Net gain (or loss) on each transaction
			expenses			23501	
(a) Identity of party involv	red	(b) Relationship or other party-in-	to plan, employer, interest		scription of transaction inclu rest, collateral, par or matur		(d) Purchase price
(e) Selling price	(f)	Lease rental	(g) Transactic expenses	n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party invo	lved		to plan, employer, ty-in-interest	(c) De	scription of transaction inclu of interest, collateral, par c		(d) Purchase price
(e) Selling price	(f)	Lease rental (g) Transaction expenses		n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involv	red		to plan, employer,		scription of transaction inclu		(d) Purchase price
		or other party-in-	Interest	orinte	rest, collateral, par or matur	ity value	
(e) Selling price	(f)	Lease rental	(g) Transactic expenses	n	(h) Cost of asset (i) Current value of asset		(j) Net gain (or loss) on each transaction
				() 5			
(a) Identity of party involv	red	(b) Relationship or other party-in-			scription of transaction inclu rest, collateral, par or matur		(d) Purchase price
(e) Selling price	(f)	Lease rental	(g) Transactic expenses	n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved (b) Relationship to plan, em or other party-in-interest				scription of transaction inclurest, collateral, par or matur		(d) Purchase price	
(e) Selling price	(f)	Lease rental	(g) Transactic expenses	n	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H	Financial In		OMB No. 1210-0110					
(Form 5500)				2013	•			
Department of the Treasury Internal Revenue Service	This schedule is required to be filed u Retirement Income Security Act of 1974							
Department of Labor Employee Benefits Security Administration	Internal Revenue C File as an attachm		This F	orm is Ope Inspectio				
Pension Benefit Guaranty Corporation For calendar plan year 2013 or fiscal pla	an year beginning 01/01/2013		and	endir	ng 12/31/20	012		
A Name of plan			unu	B	Three-digit	015		
THE LEATHERSTOCKING CORPORA	TION PROFIT SHARING PLAN			–	plan numbe	er (PN)	•	002
								1
C Plan sponsor's name as shown on li	no 22 of Form 5500			D	Employer Ide	ontificatio	n Numbor (
THE LEATHERSTOCKING CORP.						enuncauc		
					13-5555342			
Part I Asset and Liability S	Statement							
1 Current value of plan assets and liab	pilities at the beginning and end of the plan							
	ommingled fund containing the assets of m							
	nter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, C							
	s also do not complete lines 1d and 1e. See				· · · · ·			
As	sets		(a) B	eginı	ning of Year		(b) End	of Year
a Total noninterest-bearing cash		1a						
b Receivables (less allowance for dou	btful accounts):							
(1) Employer contributions		1b(1)			4756	32		486417
(2) Participant contributions		1b(2)						
(3) Other		1b(3)						
	money market accounts & certificates	1c(1)						
• •		1c(2)						
(3) Corporate debt instruments (ot								
		1c(3)(A)						
		1c(3)(B)						
(4) Corporate stocks (other than e								
		1c(4)(A)						
.,		1c(4)(B)						
	sts	1c(5)						
., .,	er real property)	1c(6)						
(7) Loans (other than to participant	(s)	1c(7)						
(8) Participant loans	(8) Participant loans							
(9) Value of interest in common/co	1c(9)							
(10) Value of interest in pooled sepa	1c(10)							
(11) Value of interest in master trust	t investment accounts	1c(11)						
. ,	stment entities	1c(12)						
 (13) Value of interest in registered in funds)		1c(13)			63008	887		7482847
	e company general account (unallocated	1c(14)						
(15) Other		1c(15)						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year					
	(1) Employer securities	1d(1)							
	(2) Employer real property	1d(2)							
е	Buildings and other property used in plan operation	1e							
f	Total assets (add all amounts in lines 1a through 1e)	1f	6776519	7969264					
	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								
I	Net assets (subtract line 1k from line 1f)	11	6776519	7969264					
	Part II Income and Expense Statement								
2	Plan income, expenses, and changes in net assets for the year. Include all incom								

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)	980695	
(B) Participants	2a(1)(B)	36769	
(C) Others (including rollovers)	2a(1)(C)	1041687	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2059151
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	343966	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		343966
(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)	1023032	
 (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) 	2b(5)(C)		1023032

		Γ		(a)	Amount			(b) ⁻	Гotal	
	(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)								
С	Other income	2c								
d	Total income. Add all income amounts in column (b) and enter total	2d							3426149	
	Expenses									
е	Benefit payment and payments to provide benefits:									
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			22	233404				
	(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)							2233404	
f	Corrective distributions (see instructions)	2f								
g	Certain deemed distributions of participant loans (see instructions)	2g								
-	Interest expense	2h								
i	Administrative expenses: (1) Professional fees	2i(1)								
	(2) Contract administrator fees	2i(2)					1			
	(3) Investment advisory and management fees	2i(3)					-			
	(4) Other	2i(4)					1			
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)							0	
i	Total expenses. Add all expense amounts in column (b) and enter total	2j							2233404	
,	Net Income and Reconciliation									
k	Net income (loss). Subtract line 2j from line 2d	2k							1192745	
	Transfers of assets:									
-	(1) To this plan	2l(1)					-			-
	(2) From this plan	21(2)								
		()								
Pa	rt III Accountant's Opinion									
	Complete lines 3a through 3c if the opinion of an independent qualified public an attached.	ccountant is	attache	d to th	is Form 5	500. Com	nplete	line 3d if ai	1 opinion is no	ot
a 1	he attached opinion of an independent qualified public accountant for this plan	is (see instr	uctions)):						
	(1) 🛛 Unqualified (2) Qualified (3) Disclaimer (4)	Adverse						_		
b 🛛	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	-8 and/or 103	3-12(d)?	?				Yes	X No	
CE	Enter the name and EIN of the accountant (or accounting firm) below:									
	(1) Name: PKF O'CONNOR DAVIES CPAS		(2)	EIN: 2	7-172894	6				
d 1	The opinion of an independent qualified public accountant is not attached becaution (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach		ext Form	n 5500	pursuant	to 29 CF	R 252(0.104-50.		
Pa	rt IV Compliance Questions									
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not 103-12 IEs also do not complete lines 4j and 4I. MTIAs also do not complete		lines 4a	, 4e, 4	f, 4g, 4h,	4k, 4m, 4	n, or 5			
	During the plan year:			[Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within									
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any pruptil fully corrected (See instructions and DOL's Voluntary Eiduciany Correct			4-		Х				
b	until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correcti Were any loans by the plan or fixed income obligations due the plan in defaul	-	,	4a		^				_
IJ	close of the plan year or classified during the year as uncollectible? Disregard		loans							
	secured by participant's account balance. (Attach Schedule G (Form 5500) P	art I if "Yes"	is			x				
	checked.)			4b		^				

			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	
е	Was this plan covered by a fidelity bond?	4e	Х		5000000
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		Х	
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		Х	
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		Х	
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	Х		
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	Ţ		~	
ĸ	plan, or brought under the control of the PBGC?	4k		Х	
I	Has the plan failed to provide any benefit when due under the plan?	41		Х	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				
	2520.101-3.)	4m		Х	
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?	٦	Π		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	Yes	s 🗙 No	Amou	nt:
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s),	, ident	ify the pla	n(s) to wh	ich assets or liabilities were

If, during this plan year, any as transferred. (See instructions.)

5b(1	I) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)				
5c If th	5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Vot determined						
Part V	Trust Information (optional)						
6a Name of trust 6b Trust's EIN							

	SCHEDULE R	Retirement Plan Informa	tion			C	OMB No.	121	0-0110		
	(Form 5500)							013			
	Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 10 Employee Retirement Income Security Act of 1974 (E									
	Department of Labor	6058(a) of the Internal Revenue Code (the				This F	orm is Insp			Publi	С
	Employee Benefits Security Administration Pension Benefit Guaranty Corporation	File as an attachment to Form 55	00.				mop		••••		
-	r calendar plan year 2013 or fiscal	olan year beginning 01/01/2013	and endin	0	/31/2	013					
	Name of plan LEATHERSTOCKING CORPORA	TION PROFIT SHARING PLAN	B	b Three-o plan n (PN)		er		0	02		
	Plan sponsor's name as shown on LEATHERSTOCKING CORP.	line 2a of Form 5500	D	1.57	/er Ide 55534		tion Nu	mbe	er (EIN)	
Ра	art I Distributions										
All	references to distributions related	e only to payments of benefits during the plan year.				_					
1		n property other than in cash or the forms of property specific			1						0
2	Enter the EIN(s) of payor(s) who payors who paid the greatest dol	paid benefits on behalf of the plan to participants or benefic lar amounts of benefits):	aries during t	the year (i	f more	e than	two, en	ter E	EINs o	f the	two
	EIN(s): <u>95-6817943</u>				_						
	Profit-sharing plans, ESOPs, a	nd stock bonus plans, skip line 3.		F							
3		deceased) whose benefits were distributed in a single sum,			3						
Pa	Part II Funding Informat ERISA section 302, ski	ion (If the plan is not subject to the minimum funding requi p this Part)	ements of se	ection of 4	12 of	the Inte	ernal R	evei	nue Co	ode c	or
4	Is the plan administrator making ar	n election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Π	Yes		N	0		N/A
	If the plan is a defined benefit	plan, go to line 8.						-			
5	If a waiver of the minimum fundir										
-		ng standard for a prior year is being amortized in this nter the date of the ruling letter granting the waiver.	e: Month _		Da	у		Ye	ear		
-	plan year, see instructions and e If you completed line 5, completed line b	nter the date of the ruling letter granting the waiver. Date the lines 3, 9, and 10 of Schedule MB and do not complete the lines 3, 9, and 10 of Schedule MB and do not complete the lines and the lines are structured.	te the remain	nder of th				Ye	ear		
6	plan year, see instructions and eIf you completed line 5, completeda Enter the minimum required of	nter the date of the ruling letter granting the waiver. Dat	t e the remai n lated funding	nder of th				Ye	ear		
_	 plan year, see instructions and e If you completed line 5, completed a Enter the minimum required a deficiency not waived) 	nter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu	te the remain lated funding	nder of th	is sc			Ye	ear		
-	 plan year, see instructions and e If you completed line 5, completed line 5, completed line 5, completed line 6, completed line 6, completed line 5, completed line 6, complet	nter the date of the ruling letter granting the waiver. Date ete lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu	te the remain lated funding	nder of th	iis sc 6a			Ye	ear		
6	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, skip line b Enter the amount contributed c Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip line 	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu I by the employer to the plan for this plan year b from the amount in line 6a. Enter the result cof a negative amount) ines 8 and 9.	te the remain	nder of th	iis sc 6a 6b			Ye	ear		
-	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, skip line b Enter the amount contributed c Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip line 	The the date of the ruling letter granting the waiver. Date of the ruling letter granting the waiver. Date of the start of	te the remain	nder of th	iis sc 6a 6b 6c			Y (N/A
6	 plan year, see instructions and e If you completed line 5, completed line 5, completed line 5, completed line 6, completed line 6, completed line 6, completed line 6, skip I C Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic approximation 	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu I by the employer to the plan for this plan year b from the amount in line 6a. Enter the result cof a negative amount) ines 8 and 9.	te the remain lated funding dure or other ponsor or plar	nder of th 	iis sc 6a 6b 6c				0		
6 7 8	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, completed line 6, skip I G Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip I Will the minimum funding amound lif a change in actuarial cost methat authority providing automatic appart administrator agree with the characteristic of the second secon	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu by the employer to the plan for this plan year b from the amount in line 6a. Enter the result c of a negative amount) ines 8 and 9. t reported on line 6c be met by the funding deadline? b do was made for this plan year pursuant to a revenue proce proval for the change or a class ruling letter, does the plan sp	te the remain lated funding dure or other ponsor or plar	nder of th 	iis sc 6a 6b 6c	Yes] N	0		N/A
6 7 8	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, completed line 6, skip I Will the minimum funding amount for a change in actuarial cost methauthority providing automatic approxiministrator agree with the chart art III Amendments If this is a defined benefit pension year that increased or decreased 	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not complece contribution for this plan year (include any prior year accumu- by the employer to the plan for this plan year	te the remain lated funding dure or other bonsor or plan	nder of th	is sc 6a 6b 6c	Yes] N	0		N/A N/A
6 7 8 9	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, completed line 6, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic appleted line 6, skip I Amendments If this is a defined benefit pension year that increased or decreased box. If no, check the "No" box 	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not complece contribution for this plan year (include any prior year accumu- b by the employer to the plan for this plan year	te the remain lated funding dure or other ponsor or plan	nder of th	is sc 6a 6b 6c	Yes	э. В] N] N	0		N/A
6 7 8 9	 plan year, see instructions and e If you completed line 5, completed line 6, completed line 6, completed line 6, completed line 6, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic appleted line 6, skip I Amendments If this is a defined benefit pension year that increased or decreased box. If no, check the "No" box 	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not complece contribution for this plan year (include any prior year accumu- by the employer to the plan for this plan year	te the remain lated funding dure or other ponsor or plan	nder of th	is sc 6a 6b 6c	Yes	э. В] N] N	0		N/A N/A
6 7 8 9 Pa 10	plan year, see instructions and e If you completed line 5, completed a Enter the minimum required of deficiency not waived) b Enter the amount contributed c Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic approxiministrator agree with the chart art III Amendments If this is a defined benefit pension year that increased or decreased box. If no, check the "No" box int IV ESOPs (see inst. skip this Part. Were unallocated employer security	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not complecentribution for this plan year (include any prior year accumu- both the employer to the plan for this plan year	te the remain lated funding dure or other bonsor or plan Increase or 4975(e)(7	nder of th j j i	is sc 6a 6b 6c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes Yes Rever ?	•] N] N	o o Yes		N/A N/A No
6 7 8 9 Pa	plan year, see instructions and e If you completed line 5, completed line 5, completed line 5, completed line 6, completed line 6, completed line 6 C Subtract the amount contributed C Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic apprendministrator agree with the change art III Amendments If this is a defined benefit pension year that increased or decreased box. If no, check the "No" box Intr IV ESOPs (see instructions and exits a skip this Part. Were unallocated employer sect a Does the ESOP hold any providing and the sector of	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not comple contribution for this plan year (include any prior year accumu- l by the employer to the plan for this plan year	te the remain lated funding dure or other bonsor or plan Increase or 4975(e)(7 ed to repay an	nder of th j j i	is sc 6a 6b 6c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes Yes Rever ?	•] N] N	0 0		N/A N/A
6 7 8 9 Pa 10	plan year, see instructions and e If you completed line 5, completed line 5, completed line 5, completed line 6, completed line 6, completed line 6 B Enter the amount contributed C Subtract the amount in line 6 (enter a minus sign to the left If you completed line 6c, skip I Will the minimum funding amount If a change in actuarial cost methauthority providing automatic approxiministrator agree with the chanadiministrator agree with the chanadiministra	Inter the date of the ruling letter granting the waiver. Date ate lines 3, 9, and 10 of Schedule MB and do not complecentribution for this plan year (include any prior year accumu- both the employer to the plan for this plan year	te the remain lated funding dure funding dure or other ponsor or plan Increase or 4975(e)(7 ed to repay an part of a "back	nder of th 1	is sc 6a 6b 6c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes Yes Rever ?	•.] N] N	o o Yes		N/A N/A No

Page 2 -	1

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans					
13			llowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in					
	a		ee instructions. Complete as many entries as needed to report all applicable employers. of contributing employer					
	_							
	<u>b</u>	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						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise,						
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)					
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (<i>If employer contributes under more than one collective bargaining agreement, check box</i>					
	е		bution rate information (If more than one rate applies, check this box \square and see instructions regarding required attachment. Otherwise,					
	•	comp	ete lines 13e(1) and 13e(2).)					
		• •	Contribution rate (in dollars and cents)					
		.,						
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е		oution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,					
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)					
			Base unit measure: Hourly Weekly Unit of production Other (specify):					
	_							
	<u>а</u> ь		of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е		bution rate information (If more than one rate applies, check this box] and see instructions regarding required attachment. Otherwise,					
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)					
		. ,	Base unit measure: Hourly Weekly Unit of production Other (specify):					
	а	Name	of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
			e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year					
	е		oution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,					
			ete lines 13e(1) and 13e(2).) Contribution rate (in dollars and cents)					
		• •	Base unit measure: Hourly Weekly Unit of production Other (specify):					
		. ,						
	a L		of contributing employer					
	b	EIN	C Dollar amount contributed by employer					
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box					
	е		pution rate information (If more than one rate applies, check this box 🗌 and see instructions regarding required attachment. Otherwise,					
			ete lines 13e(1) and 13e(2).)					
			Base unit measure: Hourly Weekly Unit of production Other (specify):					

14	Enter the number of parti	cipants on whose behalf no	contributions were made by	/ an employer as an employ	er 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, o supplemental information to be included as an attachment.						
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
18	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	 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):						

Financial Statements For Year Ended December 31, 2013





Independent Auditors' Report

The Board of Trustees The Leatherstocking Corporation Profit Sharing Plan

We have audited the accompanying financial statements of The Leatherstocking Corporation Profit Sharing Plan (the "Plan") which comprise the statement of net assets available for plan benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

PKF O'CONNOR DAVIES, a division of O'CONNOR DAVIES, LLP 665 Fifth Avenue, New York, NY 10022 | Tel: 212.867.8000 | Fax: 212.286.4080 | www.odpkf.com O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of The Leatherstocking Corporation Profit Sharing Plan as of December 31, 2013 and 2012, and the changes therein for the year ended December 31, 2013 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules appearing on pages 11 and 12 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PKF O'Connor Davies

September 29, 2014

Statement of Net Assets Available for Plan Benefits

	December 31			
	2013	2012		
ASSETS Profit Sharing Investments, at Fair Value				
Money Market Fund	\$ 396,694	\$ 167,693 4,227,519		
Growth Fund Intermediate Bond Fund	5,231,973 1,580,130	4,227,319		
Contribution receivable	486,417	475,632 204,898		
Investments, at fair value, 401(k)	274,050	204,090		
Total Assets	\$ 7,969,264	<u>\$ 6,776,519</u>		
		<u>^</u>		
LIABILITIES	\$ -	\$ -		
NET ASSETS AVAILABLE FOR PLAN BENEFITS Beginning of year	6,776,519	5,900,526		
Net increase in net assets available for plan benefits	1,192,745	875,993		
End of year	\$ 7,969,264	\$ 6,776,519		

See notes to financial statements

Statement of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31					
			2013			
					401(K)	
					American	
			Profit Sharing		Funds	
		Growth	Intermediate	Money	Retirement	
	Total	Fund	Bond Fund	Market Fund	Resources	
Additions to net assets attributed to						
Investment Income						
Net appreciation (depreciation) of						
investments during the year	\$ 1,023,032	\$ 1,028,952	\$ (41,539)	\$-	\$ 35,619	
Interest and dividends	343,966	319,511	16,066	-	8,389	
Transfer		(70,168)	(22,927)	93,095	-	
Contributions						
Employer's	980,695	337,359	145,241	498,095	-	
Employees'	36,769	-	-	-	36,769	
Trustee transfer in	1,041,687	-	-	1,041,687	-	
Total Additions	3,426,149	1,615,654	96,841	1,632,877	80,777	
Deductions from net assets attributed						
to participants' distributions						
and withdrawals	2,233,404	607,918	215,808	1,398,053	11,625	
Net Increase (Decrease) in						
Net Assets Available for						
Plan Benefits	\$ 1,192,745	\$ 1,007,736	<u>\$ (118,967)</u>	\$ 234,824	\$ 69,152	

See notes to financial statements

Notes to Financial Statements December 31, 2013

1. Description of Plan

a. General

Effective January 1, 1994, Leatherstocking Corporation (Employer) established The Leatherstocking Corporation Profit Sharing Plan (the Plan), a defined contribution plan, covering substantially all employees who have satisfied the age and service eligibility requirements. A Trust Fund was established by the Employer for the purpose of funding the Plan and into which contributions are to be made and from which benefits and expenses are to be paid in accordance with the provisions of the Plan. The Trustee shall receive the contributions to the Trust Fund made pursuant to the Plan and shall hold, invest, reinvest, and distribute such funds in accordance with the terms and provisions of the Trust Agreement. The Plan and its related Trust are subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and section 401(a) of the Internal Revenue Code of 1986, as amended.

Effective January 1, 2002, the Plan was amended and restated to permit Plan participants to make elective deferral contributions within the limits prescribed by section 401(k) of the Internal Revenue Code (Code) and to make rollover contributions and permit the employer to make matching contributions within the limits prescribed by section 401(m) of the Code and to permit services withdrawals under certain circumstances. Contributions to the 401(k) plan began in 2004. In addition, the amendment and restatement was to comply with the General Agreement on Tariffs and Trade, the Uniformed Services Employment and Reemployment Rights Act of 1994, the Small Business Job Protection Act of 1996 and the Taxpayer Relief Act of 1997 and provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. The Internal Revenue Service has issued a favorable determination letter regarding this amendment and restatement.

On October 31, 2010 the balance of the Plan, approximately \$5 million, was transferred to new individual profit sharing accounts.

On September 15, 2013 the Employer's pension plan was dissolved. Participants in the pension plan were provided the option to roll-over their account balances to the Plan and either become a participant in the Plan or after the roll-over, have their balance or a portion thereof distributed.

The following outlines the more significant provisions of the Plan and Trust Agreement. The Plan document contains a more detailed description of the Plan provisions.

Notes to Financial Statements December 31, 2013

1. Description of Plan (continued)

b. Contributions and Related Investment Funds

The Plan requires the Employer to make a profit sharing contribution for each plan year in which a participant retires, dies or becomes permanently disabled, or otherwise completes 1,000 hours of service in such plan year. A profit sharing contribution for any plan year shall be based on a discretionary percentage, not to exceed 15%, and will be allocated to the accounts of eligible participants in the proportion that each participant's compensation bears to the compensation of all eligible participants. For the year ended December 31, 2013, the Employer contribution was 10% of participants' compensation.

The American Funds Service Company has been appointed as the custodian of all Plan assets, and the recipient of all contributions. In order to meet with Plan investment objectives, three separate Plan Funds have been established, namely, the Money Market Fund, the Growth Fund, and the Intermediate Bond Fund.

The investment objective of the Money Market Fund is to provide investors with a way to earn income on their cash reserves. The Fund seeks to achieve its objective by investing in a high-quality portfolio of money market instruments.

The investment objective of the Growth Fund is growth of capital. The fund seeks to achieve its objective by investing in a diversified portfolio consisting primarily of common stocks.

The investment objective of the Intermediate Bond Fund is to seek current income consistent with its stated maturity and quality and preservation of capital. The Fund will attempt to achieve this objective primarily through investing in bonds with effective maturities of 3 to 10 years and will not purchase any bonds with an effective maturity greater than 10 years.

The Plan is arranged as a nonparticipant directed Plan, therefore, all investment decisions are made at the Trustee's discretion.

c. Participation and Vesting

Each employee becomes a participant in the Plan on the later of January 1, 1994 or the first day of the month coincident with or immediately following the date of a complete year of eligibility service and attaining age 21. A year of eligibility service generally means each Plan year during which an employee completes 1,000 hours of service.

Notes to Financial Statements December 31, 2013

1. Description of Plan (continued)

c. Participation and Vesting (continued)

A participant is fully vested in profit sharing and matching 401(k) contributions made by the employer after completing five years of service. A participant who ceases to be an employee and who has a break in service, other than by death and prior to retirement, in accordance with the provisions of the Plan, and who has completed fewer than five years of service shall cease to be a participant and will not be entitled to any benefit under this Plan.

d. Participant Accounts

Each participant's account is credited with allocations of (a) the Employer's contribution and (b) Plan earnings. Employer contribution allocations are based on participant compensation earnings and Plan investment earnings allocations are based on account balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Employer contributions.

e. Benefits

Each participant is entitled to a monthly benefit payable for life commencing at the participant's normal retirement date equal to the value of the participant's account converted to an actuarial equivalent life annuity. The Plan document includes a detailed description of forms and amounts of distributions of benefits.

f. Costs and Expenses

All costs and expenses incurred or sustained in operating or administering the Plan, including the expenses of the Pension Committee and the fees and expenses of the Trustees, have been paid by the Employer.

g. Plan Termination

Subject to limitations imposed by ERISA and rules and regulations promulgated thereunder, the Employer reserves the right to amend, modify, suspend, discontinue or terminate the Plan. In the event of termination or partial termination of the Plan, the interest of all affected participant accounts and benefits accrued to the date of such termination or partial termination will become fully vested and nonforfeitable. In the event of complete discontinuance of all profit sharing contributions to the Plan, the interests of all participants to accounts accrued to the date of such discontinuance will become fully vested and nonforfeitable.

Notes to Financial Statements December 31, 2013

2. Summary of Significant Accounting Policies

The following are significant accounting policies consistently followed by the Plan in maintaining the underlying records of the Plan's net assets and the accounts of participants. The financial statements have been prepared in accordance with these policies.

Basis of Presentation

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP"). The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits and disclosure of contingent net assets available for Plan benefits at the date of the financial statements and the reported amounts of additions and deductions to net assets available for Plan benefits during the period.

Payment of Benefits

Benefits are recorded when paid.

Investments and Fair Value Measurement

Investments are carried at fair value. The Plan follows Financial Accounting Standards Board (FASB) guidance on Fair Value Measurements, which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

The Plan recognizes unrealized appreciation or depreciation of the fair value of investments. Realized gains and losses from security transactions are computed on the basis of net proceeds against an average cost of the security (see note 4).

Annual Employer contributions, interest and dividends earned, and distributable amounts to participants are accrued at year end.

Notes to Financial Statements December 31, 2013

3. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan administrator by a letter dated October 3, 2002, that the Plan and related trust were designed in accordance with the applicable regulations of the Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The Plan recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition or disclosure.

The Plan's tax returns for all years since 2010 remain open to examination by the respective tax authorities. There are currently no tax examinations in progress.

4. Investments Profit Sharing

The following table presents the fair values (determined using quoted market prices) categorized as Level 1 inputs in the fair value hierarchy of the Plan's investments.

Fair Value of Investments			
	December 31, 2013		
	Number of		
	Shares or		
	Principal Fair		
	Amount	Value	
Investments at fair value as determined			
by quoted market prices			
Money Market Funds	396,694	\$ 396,694	
Growth Fund	123,485	5,231,973	
Intermediate Bond Fund	117,812	1,580,130	
Total Investments at Fair Value	637,991	\$ 7,208,797	

Notes to Financial Statements December 31, 2013

4. Investments Profit Sharing (Continued)

Fair Value of Investments		
	December 31, 2012	
	Number of	
	Shares or	
	Principal	Fair
	Amount	Value
Investments at fair value as determined		
by quoted market prices		
Money Market Fund	167,693	\$ 167,693
Growth Fund	124,789	4,227,519
Intermediate Bond Fund	123,669	1,700,777
Total Investments at Fair Value	416,151	\$ 6,095,989

During 2013, these investments (including gains and losses in investments bought and sold as well as held during the year) appreciated in value by \$987,413.

The Growth Fund and Intermediate Bond Fund represent more than 5% of the Plan's net assets available for Plan benefits as of December 31, 2013 and 2012.

5. Investments 401(k)

Investments in American Funds are carried at fair values (determined using quoted market prices categorized as Level 1 inputs in the fair value hierarchy). The following are the 401(k)'s investments at December 31, 2013 and 2012:

	2013	2012	
Washington Mutual American Mutual Fund The Growth Fund of America The Bond Fund of America American Balanced Fund Capital Income Builder Europacific Growth Fund American High Income Trust Intermediate Bond Fund of America Capital World Growth and Income Smallcap World Fund Money Market Fund	 \$ 19,957 41,883 60,392 7,643 30,017 37,644 10,648 6,997 17,376 21,010 11,039 9,444 	2012 \$ 13,199 29,599 41,261 6,812 25,783 31,515 7,616 5,678 15,049 16,441 6,536 5,409 \$ 204,898	
Total	\$ 274,050	<u>φ 204,090</u>	

Notes to Financial Statements December 31, 2013

5. Investments 401(k) (*Continued*)

During 2013, these investments (including gain and losses in investments bought and sold, as well as held during the year) appreciated in value by \$35,619.

6. Risk 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 such changes could materially affect account balances and the amounts reported in the statement of net assets available for plan benefits.

7. Subsequent Events

Management of the Plan has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is September 29, 2014.

* * * * *

Schedule of Assets Held for Investment Purposes (Attachment to Form 5500 - Schedule H - Line 4i) December 31, 2013

a)	(b) Identity of Issuer, Borrower, Lessor of Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Fair Value
	Profit Sharing			
	American Funds Service Company American Funds Service Company American Funds Service Company	Money Market Fund Growth Fund Intermediate Bond Fund	\$ 396,694 3,095,103 1,978,357	\$ 396,694 5,231,973 1,580,130
	<u>401(K) Plan</u>			
	American Funds Retirement Services	Registered Investment Company	<u>271,299</u> \$ 5,741,453	274,050 \$ 7,482,847

(a)

See independent auditors' report

Schedule of Reportable Transactions (Attachment to Form 5500 - Schedule H - Line 4j) For Year Ended December 31, 2013

		Net	Gain or	(Loss)
Current	Value of	Asset on	Cost of Transaction G	Data
			Cost of	Asset
	Expense	Incurred	with	Transaction
				Price
			Purchase Selling	Price
				Description of Asset
			Number of	Transactions
				Identity of Party Involved

None

See independent auditors' report

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Financial Statements For Year Ended December 31, 2013





Independent Auditors' Report

The Board of Trustees The Leatherstocking Corporation Profit Sharing Plan

We have audited the accompanying financial statements of The Leatherstocking Corporation Profit Sharing Plan (the "Plan") which comprise the statement of net assets available for plan benefits as of December 31, 2013 and 2012, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

PKF O'CONNOR DAVIES, a division of O'CONNOR DAVIES, LLP 665 Fifth Avenue, New York, NY 10022 | Tel: 212.867.8000 | Fax: 212.286.4080 | www.odpkf.com O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of The Leatherstocking Corporation Profit Sharing Plan as of December 31, 2013 and 2012, and the changes therein for the year ended December 31, 2013 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules appearing on pages 11 and 12 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

PKF O'Connor Davies

September 29, 2014

Statement of Net Assets Available for Plan Benefits

	December 31	
	2013	2012
ASSETS Profit Sharing Investments, at Fair Value		
Money Market Fund	\$ 396,694	\$ 167,693 4,227,519
Growth Fund Intermediate Bond Fund	5,231,973 1,580,130	4,227,319
Contribution receivable	486,417	475,632 204,898
Investments, at fair value, 401(k)	274,050	204,090
Total Assets	\$ 7,969,264	<u>\$ 6,776,519</u>
		<u>^</u>
LIABILITIES	\$ -	\$ -
NET ASSETS AVAILABLE FOR PLAN BENEFITS Beginning of year	6,776,519	5,900,526
Net increase in net assets available for plan benefits	1,192,745	875,993
End of year	\$ 7,969,264	\$ 6,776,519

See notes to financial statements

Statement of Changes in Net Assets Available for Plan Benefits

	Year Ended December 31				
			2013		
					401(K)
					American
			Profit Sharing		Funds
		Growth	Intermediate	Money	Retirement
	Total	Fund	Bond Fund	Market Fund	Resources
Additions to net assets attributed to					
Investment Income					
Net appreciation (depreciation) of					
investments during the year	\$ 1,023,032	\$ 1,028,952	\$ (41,539)	\$-	\$ 35,619
Interest and dividends	343,966	319,511	16,066	-	8,389
Transfer		(70,168)	(22,927)	93,095	-
Contributions					
Employer's	980,695	337,359	145,241	498,095	-
Employees'	36,769	-	-	-	36,769
Trustee transfer in	1,041,687	-	-	1,041,687	-
Total Additions	3,426,149	1,615,654	96,841	1,632,877	80,777
Deductions from net assets attributed					
to participants' distributions					
and withdrawals	2,233,404	607,918	215,808	1,398,053	11,625
Net Increase (Decrease) in					
Net Assets Available for					
Plan Benefits	\$ 1,192,745	\$ 1,007,736	<u>\$ (118,967)</u>	\$ 234,824	\$ 69,152

See notes to financial statements

Notes to Financial Statements December 31, 2013

1. Description of Plan

a. General

Effective January 1, 1994, Leatherstocking Corporation (Employer) established The Leatherstocking Corporation Profit Sharing Plan (the Plan), a defined contribution plan, covering substantially all employees who have satisfied the age and service eligibility requirements. A Trust Fund was established by the Employer for the purpose of funding the Plan and into which contributions are to be made and from which benefits and expenses are to be paid in accordance with the provisions of the Plan. The Trustee shall receive the contributions to the Trust Fund made pursuant to the Plan and shall hold, invest, reinvest, and distribute such funds in accordance with the terms and provisions of the Trust Agreement. The Plan and its related Trust are subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and section 401(a) of the Internal Revenue Code of 1986, as amended.

Effective January 1, 2002, the Plan was amended and restated to permit Plan participants to make elective deferral contributions within the limits prescribed by section 401(k) of the Internal Revenue Code (Code) and to make rollover contributions and permit the employer to make matching contributions within the limits prescribed by section 401(m) of the Code and to permit services withdrawals under certain circumstances. Contributions to the 401(k) plan began in 2004. In addition, the amendment and restatement was to comply with the General Agreement on Tariffs and Trade, the Uniformed Services Employment and Reemployment Rights Act of 1994, the Small Business Job Protection Act of 1996 and the Taxpayer Relief Act of 1997 and provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001. The Internal Revenue Service has issued a favorable determination letter regarding this amendment and restatement.

On October 31, 2010 the balance of the Plan, approximately \$5 million, was transferred to new individual profit sharing accounts.

On September 15, 2013 the Employer's pension plan was dissolved. Participants in the pension plan were provided the option to roll-over their account balances to the Plan and either become a participant in the Plan or after the roll-over, have their balance or a portion thereof distributed.

The following outlines the more significant provisions of the Plan and Trust Agreement. The Plan document contains a more detailed description of the Plan provisions.

Notes to Financial Statements December 31, 2013

1. Description of Plan (continued)

b. Contributions and Related Investment Funds

The Plan requires the Employer to make a profit sharing contribution for each plan year in which a participant retires, dies or becomes permanently disabled, or otherwise completes 1,000 hours of service in such plan year. A profit sharing contribution for any plan year shall be based on a discretionary percentage, not to exceed 15%, and will be allocated to the accounts of eligible participants in the proportion that each participant's compensation bears to the compensation of all eligible participants. For the year ended December 31, 2013, the Employer contribution was 10% of participants' compensation.

The American Funds Service Company has been appointed as the custodian of all Plan assets, and the recipient of all contributions. In order to meet with Plan investment objectives, three separate Plan Funds have been established, namely, the Money Market Fund, the Growth Fund, and the Intermediate Bond Fund.

The investment objective of the Money Market Fund is to provide investors with a way to earn income on their cash reserves. The Fund seeks to achieve its objective by investing in a high-quality portfolio of money market instruments.

The investment objective of the Growth Fund is growth of capital. The fund seeks to achieve its objective by investing in a diversified portfolio consisting primarily of common stocks.

The investment objective of the Intermediate Bond Fund is to seek current income consistent with its stated maturity and quality and preservation of capital. The Fund will attempt to achieve this objective primarily through investing in bonds with effective maturities of 3 to 10 years and will not purchase any bonds with an effective maturity greater than 10 years.

The Plan is arranged as a nonparticipant directed Plan, therefore, all investment decisions are made at the Trustee's discretion.

c. Participation and Vesting

Each employee becomes a participant in the Plan on the later of January 1, 1994 or the first day of the month coincident with or immediately following the date of a complete year of eligibility service and attaining age 21. A year of eligibility service generally means each Plan year during which an employee completes 1,000 hours of service.

Notes to Financial Statements December 31, 2013

1. Description of Plan (continued)

c. Participation and Vesting (continued)

A participant is fully vested in profit sharing and matching 401(k) contributions made by the employer after completing five years of service. A participant who ceases to be an employee and who has a break in service, other than by death and prior to retirement, in accordance with the provisions of the Plan, and who has completed fewer than five years of service shall cease to be a participant and will not be entitled to any benefit under this Plan.

d. Participant Accounts

Each participant's account is credited with allocations of (a) the Employer's contribution and (b) Plan earnings. Employer contribution allocations are based on participant compensation earnings and Plan investment earnings allocations are based on account balances. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Employer contributions.

e. Benefits

Each participant is entitled to a monthly benefit payable for life commencing at the participant's normal retirement date equal to the value of the participant's account converted to an actuarial equivalent life annuity. The Plan document includes a detailed description of forms and amounts of distributions of benefits.

f. Costs and Expenses

All costs and expenses incurred or sustained in operating or administering the Plan, including the expenses of the Pension Committee and the fees and expenses of the Trustees, have been paid by the Employer.

g. Plan Termination

Subject to limitations imposed by ERISA and rules and regulations promulgated thereunder, the Employer reserves the right to amend, modify, suspend, discontinue or terminate the Plan. In the event of termination or partial termination of the Plan, the interest of all affected participant accounts and benefits accrued to the date of such termination or partial termination will become fully vested and nonforfeitable. In the event of complete discontinuance of all profit sharing contributions to the Plan, the interests of all participants to accounts accrued to the date of such discontinuance will become fully vested and nonforfeitable.

Notes to Financial Statements December 31, 2013

2. Summary of Significant Accounting Policies

The following are significant accounting policies consistently followed by the Plan in maintaining the underlying records of the Plan's net assets and the accounts of participants. The financial statements have been prepared in accordance with these policies.

Basis of Presentation

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP"). The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits and disclosure of contingent net assets available for Plan benefits at the date of the financial statements and the reported amounts of additions and deductions to net assets available for Plan benefits during the period.

Payment of Benefits

Benefits are recorded when paid.

Investments and Fair Value Measurement

Investments are carried at fair value. The Plan follows Financial Accounting Standards Board (FASB) guidance on Fair Value Measurements, which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

The Plan recognizes unrealized appreciation or depreciation of the fair value of investments. Realized gains and losses from security transactions are computed on the basis of net proceeds against an average cost of the security (see note 4).

Annual Employer contributions, interest and dividends earned, and distributable amounts to participants are accrued at year end.

Notes to Financial Statements December 31, 2013

3. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Plan administrator by a letter dated October 3, 2002, that the Plan and related trust were designed in accordance with the applicable regulations of the Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The Plan recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition or disclosure.

The Plan's tax returns for all years since 2010 remain open to examination by the respective tax authorities. There are currently no tax examinations in progress.

4. Investments Profit Sharing

The following table presents the fair values (determined using quoted market prices) categorized as Level 1 inputs in the fair value hierarchy of the Plan's investments.

Fair Value of Investments		
	December 31, 2013	
	Number of	
	Shares or	
	Principal	Fair
	Amount	Value
Investments at fair value as determined		
by quoted market prices		
Money Market Funds	396,694	\$ 396,694
Growth Fund	123,485	5,231,973
Intermediate Bond Fund	117,812	1,580,130
Total Investments at Fair Value	637,991	\$ 7,208,797

Notes to Financial Statements December 31, 2013

4. Investments Profit Sharing (Continued)

Fair Value of Investments		
	December 31, 2012	
	Number of	
	Shares or	
	Principal	Fair
	Amount	Value
Investments at fair value as determined		
by quoted market prices		
Money Market Fund	167,693	\$ 167,693
Growth Fund	124,789	4,227,519
Intermediate Bond Fund	123,669	1,700,777
Total Investments at Fair Value	416,151	\$ 6,095,989

During 2013, these investments (including gains and losses in investments bought and sold as well as held during the year) appreciated in value by \$987,413.

The Growth Fund and Intermediate Bond Fund represent more than 5% of the Plan's net assets available for Plan benefits as of December 31, 2013 and 2012.

5. Investments 401(k)

Investments in American Funds are carried at fair values (determined using quoted market prices categorized as Level 1 inputs in the fair value hierarchy). The following are the 401(k)'s investments at December 31, 2013 and 2012:

	2013	2012	
Washington Mutual American Mutual Fund The Growth Fund of America The Bond Fund of America American Balanced Fund Capital Income Builder Europacific Growth Fund American High Income Trust Intermediate Bond Fund of America Capital World Growth and Income Smallcap World Fund Money Market Fund	 \$ 19,957 41,883 60,392 7,643 30,017 37,644 10,648 6,997 17,376 21,010 11,039 9,444 	2012 \$ 13,199 29,599 41,261 6,812 25,783 31,515 7,616 5,678 15,049 16,441 6,536 5,409 \$ 204,898	
Total	\$ 274,050	<u>φ 204,090</u>	

Notes to Financial Statements December 31, 2013

5. Investments 401(k) (*Continued*)

During 2013, these investments (including gain and losses in investments bought and sold, as well as held during the year) appreciated in value by \$35,619.

6. Risk 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 such changes could materially affect account balances and the amounts reported in the statement of net assets available for plan benefits.

7. Subsequent Events

Management of the Plan has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is September 29, 2014.

* * * * *

Schedule of Assets Held for Investment Purposes (Attachment to Form 5500 - Schedule H - Line 4i) December 31, 2013

a)	(b) Identity of Issuer, Borrower, Lessor of Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Fair Value
	Profit Sharing			
	American Funds Service Company American Funds Service Company American Funds Service Company	Money Market Fund Growth Fund Intermediate Bond Fund	\$ 396,694 3,095,103 1,978,357	\$ 396,694 5,231,973 1,580,130
	<u>401(K) Plan</u>			
	American Funds Retirement Services	Registered Investment Company	<u>271,299</u> \$ 5,741,453	274,050 \$ 7,482,847

(a)

See independent auditors' report

Schedule of Reportable Transactions (Attachment to Form 5500 - Schedule H - Line 4j) For Year Ended December 31, 2013

		Net	Gain or	(Loss)
Current	Value of	Asset on	Cost of Transaction G	Data
			Cost of	Asset
	Expense	Incurred	with	Transaction
				Price
			Purchase Selling	Price
				Description of Asset
			Number of	Transactions
				Identity of Party Involved

None

See independent auditors' report

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