Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARFD, LLP 401K PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/2002

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

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

600 THIRD AVENUE
NEW YORK, NY 10016

2b Employer Identification Number (EIN)
13-3690958

2c Sponsor's telephone number
212-593-2347

2d Business code (see instructions)
541110

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2014	LOUISE DIMICELI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP

600 THIRD AVENUE
NEW YORK, NY 10016

3b Administrator's EIN
13-3690958

3c Administrator's telephone number
212-593-6700

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	161
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	138
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	154
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2H 2J 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
ARFD, LLP 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

D Employer Identification Number (EIN)
13-3690958

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

1 Coverage Information:

(a) Name of insurance carrier

GENERAL AMERICAN

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
43-0285930	63665	6220677	1	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPANY EXPERIENCE

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

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
ARFD, LLP 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

D Employer Identification Number (EIN)
13-3690958

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

1 Coverage Information:

(a) Name of insurance carrier

THE LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	EPF208	4	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES TABLE ON FILE WITH CARRIER

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
ARFD, LLP 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

D Employer Identification Number (EIN)
13-3690958

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

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA OCCIDENTAL LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
95-1060502	67121	60088582	3	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPANY EXPERIENCE

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
ARFD, LLP 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

D Employer Identification Number (EIN)
13-3690958

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JP MORGAN CHASE & CO

13-3604093

(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?
27 28 33	INVESTMENT CO	12786	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 ☐

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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 instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

A Name of plan
ARFD, LLP 401K PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
AARONSON RAPPAPORT FEINSTEIN & DEUTSCH LLP

D Employer Identification Number (EIN)
13-3690958

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	32036	50709
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	8432	4299
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	181336	206100
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	981427	1189287
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	21357	10918
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1121800	1172946
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2346388	2634259
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2346388	2634259

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	92000	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		92000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18162	
(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)	738	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18900
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	12098	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12098
(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)	164873	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		164873

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		287871

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		287871
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ROGOFF & COMPANY,PC **(2)** EIN: 13-2688836

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

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

Part V Trust Information (optional)

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

ARFD LLP 401(K) Plan

FINANCIAL STATEMENTS

As of December 31, 2013 and 2012 and

For the Year Ended December 31, 2013

ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

355 Lexington Avenue, Sixth Floor
New York, NY 10017-6603
212-557-5666 F 212-557-9330

Independent Auditors' Report

The Plan Administrator
ARFD LLP 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ARFD LLP 401(K) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America and JP Morgan, the custodians of the Plan, except for comparing that information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

Rogoff + Company P.C.

New York, New York
August 8, 2014

ARFD LLP 401(K) Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
Assets:		
Investments, at fair value:		
Equities	$ 900,268	$ 655,878
Fixed income	495,119	506,885
Money market	50,709	32,036
Cash surrender value - life insurance	1,172,946	1,121,800
	2,619,042	2,316,599
Receivables:		
Notes receivable from participants	10,918	21,357
Participants' contributions receivable	4,299	8,431
Total Assets	2,634,259	2,346,387
Liabilities	-	-
Net Assets Available for Benefits	$ 2,634,259	$ 2,346,387

See accompanying notes to the financial statements.

ARFD LLP 401(K) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 113,728
Dividends	12,098
Interest	18,162
Total investment income	143,988
Interest income from notes receivable	738
Other income (life insurance)	51,146
Participants' contributions	92,000
Total additions	287,872
Deductions:	
Benefits paid to participants	-
Increase in net assets	287,872
Net assets available for benefits:	
Beginning of year	2,346,387
End of year	$2,634,259

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the ARFD LLP 401(K) Plan (the "Plan"), which commenced operations on January 25, 2002, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Plan is a defined contribution plan covering eligible employees employed by Aaronson Rappaport Feinstein & Deutsch, LLP ("the employer"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees are eligible to participate upon completion of twelve months of service from entry date and attainment of age 21. Investments are made by the Plan committee which is appointed by the employer's executive committee.

Contributions
Contributions made by participants are based upon a salary deferral agreement. Participants may elect to defer up to certain statutory limitations ($17,500 plus $5,500 if age 50 or older in 2013).

Employer contributions to the Plan are set each year by its governing body. Contributions made by the employer are subject to Plan Committee rules and certain statutory limitations. The Plan also gives the employer the discretion to decide whether to make a contribution to the Plan and to determine the amount of any such contribution. As of December 31, 2013, no contributions to the Plan have been made by the employer.

Participant Accounts
Each participant's account will be credited with the participant's contributions and allocations of the employer's contribution and Plan earnings or losses, and charged with an allocation of administrative expenses (see Plan Operating Expenses). Allocations are based on participants' account balances, in accordance with uniformly and consistently applied accounting methods adopted by the Plan Committee. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their voluntary contributions, employer contributions plus actual allocated earnings thereon.

Payment of Benefits
Amounts in the participant's account are available for distribution upon retirement, death, disability, termination of employment, attainment of age 59-1/2 or hardship.

Plan Operating Expenses
Plan operating expenses are paid by the Employer. Administrative charges for certain investments are paid by the Plan.

1. **Description of the Plan** (continued)

Plan Termination
Although it has not expressed any intent to do so, the employer has the right to terminate the Plan at any time without the establishment of another defined contribution plan.

Notes Receivables from Participants
Loans are available to participants on a nondiscriminatory basis. The maximum loan amount is 50% of the participants' vested account balance. Generally, the term of the loan may not exceed five years. Loans bear interest and shall be repaid in level installments on a semi-monthly basis through payroll deductions. The amounts of interest and payments will be determined at the time of the loan. The loans are secured by the participants' account balances. Loan transactions are treated as transfers between the investment funds and the participant loan fund.

2. **Summary of Significant Accounting Policies**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Impact of Recently Issued Accounting Pronouncements
In September 2010, the FASB issued new accounting guidance on reporting loans to participants by defined contribution plans. The new guidance requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. The guidance became effective for plan reporting periods ending after December 15, 2010, and should be applied retrospectively to all prior periods presented. As a result of the adoption of the guidance, Participant loans have been reclassified as notes receivable from participants, and excluded from the Plan's investments.

2. **Summary of Significant Accounting Policies** (continued)

In January 2010, the FASB issued new accounting guidance providing clarification on existing requirements and requiring additional disclosures on transfers in and out of Levels 1 and 2 fair value measurement classifications. The guidance became effective for plan reporting periods beginning after December 15, 2009. The adoption of these changes did not have a material impact on the Plan's financial statements or notes thereto.

In May 2011, the FASB issued new accounting guidance to provide a consistent definition of fair value and ensure that the fair value measurement and disclosure requirements are similar between U.S. GAAP and International Financial Reporting Standards. The new guidance changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The guidance is effective for the Plan prospectively for the year ending December 31, 2012. The Plan is currently evaluating the impact of pending adoption of the new guidance on its financial statements and notes thereto.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividends date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments

Benefits are recorded when paid.

Reclassifications

Certain reclassifications have been made to the 2012 balances to conform to the 2013 presentation. These reclassifications had no effect on the change in net assets available for benefits in 2012 or net assets available for benefits as of December 31, 2012.

3. Tax Status

The Company adopted a Prototype Standardized Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on November 19, 2001 which stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan committee and the Plan's legal counsel believe that the Plan is being operated in compliance with the requirements of law and regulations.

4. Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2013	2012
Investments, at fair value:		
Equities	$ 900,268	$ 655,878
Fixed income	495,119	506,885
Money Market Fund	50,709	32,036
Investment income (loss)	139,689	89,545

5. Investments

Investments representing 5% or more of the Plan's net assets are separately identified below.

	2013	2012
Cash surrender value - life insurance	1,172,946	1,121,800

5. Investments (continued)

During 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as, held during the year) appreciated in value by $113,728 as follows:

Equities	$ 115,132
Fixed income	(1,404)
	$ 113,728

6. Fair Value Measurements

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

6. Fair Value Measurements (continued)

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Money market fund: Valued at the NAV of shares held by the plan at year end.

Cash surrender value – life insurance: Value that the participants would receive if the insurance policies were surrendered or terminated.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

6. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012.

2013	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Securities	$ 1,395,387	$ 1,395,387	$ -	$ -
Money market	50,709	50,709	-	-
Cash Surrender Value - life insurance	1,172,946	-	-	1,172,946
Total	$ 2,619,042	$ 1,446,096	$ -	$ 1,172,946

2012	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Securities	$ 1,162,763	$ 1,162,763	$ -	$ -
Money market	32,036	32,036	-	-
Cash Surrender Value - life insurance	1,121,800	-	-	1,121,800
Total	$ 2,316,599	$ 1,194,799	$ -	$ 1,121,800

6. **Fair Value Measurements** (continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2013.

	Cash Surrender Value - Life Insurance
Balance, beginning of year	$ 1,121,800
Total gains or losses (realized)	51,146
Purchases, sales, issuances and settlements (net)	-
Balance, end of year	$ 1,172,946

7. **Risks and Uncertainties**

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

8. **Subsequent Events**

Management has evaluated subsequent events through October 7, 2013, the date which the financial statements were available to be issued. Management is not aware of any subsequent events which would require recognition of disclosure in the accompanying financial statements.

ARFD LLP 401(K) Plan

EMPLOYER IDENTIFICATION NUMBER 13-3690958

PLAN NUMBER 005

FORM 5500, SCHEDULE H, PART IV, LINE 4i

Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Cash:				
	JPMORGAN DEPOSIT ACCOUNT-A		$ 50,709	50,709
			50,709	50,709
Securities:				
		ABBVIE INC	1,026	1,109
		ACE LIMITED	2,653	2,795
		AES CORP	1,974	2,002
		AGCO CORP	806	829
		AGILENT TECHNOLOGIES INC	843	1,201
		AIA GROUP LTD	1,903	2,629
		AIR LIQUIDE-ADR	2,011	2,408
		AKZO NOBEL NV-SPONSORED ADR	1,069	1,501
		ALEXANDRIA REAL ESTATE	3,826	3,372
		ALLERGAN INC	2,399	2,777
		ALLIANCE DATA SYSTEM CORP	1,320	1,841
		ALLIANZ SE	1,803	2,640
		ALLSTATE CORP	941	1,527
		ALSTOM	536	500
		ALTISOURCE RESIDENTIAL	584	632
		AMAZON.COM INC	1,902	3,589
		AMERICAN CAPITAL AGENCY CORP	482	463
		AMERICAN EXPRESS COMPANY	2,015	3,266
		AMERICAN HOMES 4 RENT	1,416	1,377
		AMGEN INC	1,940	1,939
		AMREIT INC	2,212	2,150
		ANHEUSER-BUSCH INBEV SA	1,224	1,703
		APARTMENT INVESTMENT &	2,285	2,202
		APPLE INC	6,335	8,415
		ARM HOLDINGS PLC	1,050	1,971
		ASSOCIATED ESTATES REALTY CORP	2,172	2,119
		ATLAS COPCO AB-SPONSORED	1,133	1,249
		AVAGO TECHNOLOGIES LTD	474	476

ARFD LLP 401(K) Plan

EMPLOYER IDENTIFICATION NUMBER 13-3690958

PLAN NUMBER 005

FORM 5500, SCHEDULE H, PART IV, LINE 4i

Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		AVALONBAY COMMUNITIES INC	3,666	3,192
		AVIVA PLC	986	1,227
		AXA	866	1,420
		AXIS CAPITAL HOLDINGS LTD	395	381
		BAE SYSTEMS PLC	425	605
		BAIDU INC	1,094	1,957
		BANCO BILBAO VIZCAYA	1,135	1,450
		BANK OF AMERICA CORP	3,717	3,643
		BAYER AKTIENGESELLSCHAFT	955	1,686
		BAYERISCHE MOTOREN WERKE AG	1,609	1,879
		BB&T CORP	1,429	1,530
		BED BATH & BEYOND INC	2,758	3,292
		BERKSHIRE HATHAWAY INC DEL	6,733	6,876
		BG GROUP PLC ADR FINAL	1,467	1,418
		BILFINGER SE	362	360
		BNP PARIBAS	1,001	2,030
		BOSTON PROPERTIES INC	3,287	3,111
		BP P L C SPONSORED ADR	845	924
		BRANDYWINE REALTY TRUST-SBI	1,931	2,508
		BRISTOL MYERS SQUIBB CO	1,982	2,073
		BROCADE COMMUNICATIONS SYS INC	1,872	1,915
		BUNGE LTD	1,398	1,642
		CAMDEN PROPERTY TRUST-SBI	2,702	2,389
		CAMERON INTERNATIONAL	2,290	2,560
		CANADIAN NATIONAL RAILWAY	1,101	1,593
		CAPITAL ONE FINANCIAL CORP	3,617	3,907
		CBL & ASSOCIATES PROPERTIES	1,957	1,886
		CBS CORP	655	1,084
		CHEUNG KONG HOLDINGS LTD	440	505
		CHINA LIFE INSURANCE CO LTD	636	662
		CHINA MOBILE LIMITED	476	471

ARFD LLP 401(K) Plan
EMPLOYER IDENTIFICATION NUMBER 13-3690958
PLAN NUMBER 005
FORM 5500, SCHEDULE H, PART IV, LINE 4i
Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		CHINA SHENHUA ENERGY CO LTD	366	340
		CHINA TELECOM CORP LIMITED	1,383	1,315
		CIGNA CORPORATION	2,119	2,100
		CISCO SYSTEMS INC	4,163	3,836
		CITIGROUP INC	5,692	5,576
		COCA COLA COMPANY	4,027	4,875
		COCHLEAR ORD PLC	870	738
		COMCAST CORP	5,967	6,548
		COSTCO WHOLESALE CORP-NEW	2,709	3,690
		CREDIT AGRICOLE SA	476	898
		CREDIT SUISSE GROUP	1,246	1,769
		CRH PLC-ADR	815	1,048
		CROWN HOLDINGS INC	1,522	1,560
		CSL LTD	777	1,326
		CVS CAREMARK CORPORATION	7,451	9,948
		DANAHER CORP	2,404	3,242
		DASSAULT SYSTEMS S A	1,976	2,735
		DAVITA HEALTHCARE PARTNERS INC	1,671	1,774
		DBS GROUP HOLDINGS LTD	1,840	2,221
		DEUTSCHE LUFTHANSA A G	810	1,105
		DEUTSCHE POST AG	223	438
		DIGITAL REALTY TRUST INC	3,273	2,309
		DISCOVER FINANCIAL SERVICES	1,646	1,734
		DOUGLAS EMMETT INC	2,341	2,562
		DOVER CORPORATION	1,205	1,738
		EASTGROUP PROPERTIES INC	2,328	2,723
		EATON CORPORATION PLC	1,766	1,903
		EBAY INC	3,258	3,347
		ECOLAB INC	1,434	2,294
		EMBRAER S A	432	483
		ENI S P A SPONSORED ADR	935	1,018

ARFD LLP 401(K) Plan
EMPLOYER IDENTIFICATION NUMBER 13-3690958
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FORM 5500, SCHEDULE H, PART IV, LINE 4i
Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		EOG RES INC	1,354	1,343
		EPR PROPERTIES	3,050	3,294
		EQUITY LIFESTYLE PROPERTIES	1,588	1,594
		EQUITY ONE INC	1,138	1,122
		EQUITY RESIDENTIAL	1,162	1,193
		ERICSSON	1,047	1,371
		ESSEX PROPERTY TRUST INC	2,805	2,727
		EXPRESS SCRIPTS HOLDING	6,598	7,867
		EXXON MOBIL CORP	8,611	9,209
		FANUC CORPORATION	2,213	2,442
		FASTENAL CO	2,571	2,518
		FEDERAL REALTY INVT TRUST	3,119	3,245
		FIFTH THIRD BANCORP	2,288	2,355
		FIRSTENERGY CORP	1,447	1,451
		FLEXTRONICS INTERNATIONAL	328	365
		FRESENIUS MEDICAL CARE AG	1,503	1,530
		G4S PLC	280	283
		GANNETT CO INC	1,169	1,302
		GAZPROM O A O	846	709
		GEA GROUP AG	220	381
		GENERAL ELECTRIC CO	2,990	4,176
		GENESEE & WYOMING INC-CL A	794	768
		GEO GROUP INC	1,633	1,611
		GETINGE AB	941	993
		GILEAD SCIENCES INC	2,962	6,158
		GLAXOSMITHKLINE PLC	1,348	1,548
		GLOBAL PAYMENTS INC	447	455
		GOLDMAN SACHS GROUP INC	1,233	1,773
		GOOGLE INC	5,808	8,966
		HCP INC	2,192	1,925
		HEALTH CARE REIT INC	3,318	3,107
		HEIDELBERGCEMENT AG	813	1,125

ARFD LLP 401(K) Plan

EMPLOYER IDENTIFICATION NUMBER 13-3690958

PLAN NUMBER 005

FORM 5500, SCHEDULE H, PART IV, LINE 4i

Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		HONEYWELL INTL INC	3,427	5,208
		HONG KONG EXCHANGES &	881	901
		HOSPITALITY PROPERTIES TRUST	4,040	4,298
		HOST HOTELS & RESORTS INC	3,981	4,607
		HSBC HOLDINGS PLC	610	772
		HUTCHISON WHAMPOA LTD-ADR	152	218
		IAC / INTERACTIVECORP	2,455	3,021
		ICICI BANK LTD	1,715	1,710
		IMPERIAL OIL LTD NEW	1,116	1,061
		INFINEON TECHNOLOGIES AG	634	909
		INFORMATICA CORPORATION	1,703	1,785
		ING GROEP NV-SPONSORED ADR	1,152	1,905
		INTERCONTINENTAL EXCHANGE	2,553	4,498
		INTERNATIONAL PAPER CO	1,084	1,128
		INTESA SANPAOLO SPA	989	1,231
		ITOCHU CORP-ADR	649	717
		J G C CORP	1,794	2,198
		JOHNSON & JOHNSON	4,789	4,580
		JPMORGAN CHASE & CO	4,098	5,439
		JUNIPER NETWORKS	2,496	2,731
		KB FINANCIAL GROUP INC	1,579	1,782
		KINGFISHER PLC	1,038	1,555
		KONICA MINOLTA INC	236	299
		L OREAL CO-ADR	1,294	2,041
		LEAR CORPORATION	2,295	2,267
		LEXINGTON REALTY TRUST	2,161	2,389
		LIBERTY GLOBAL PLC	2,457	2,614
		LIBERTY MEDIA CORP DELAWARE	2,740	2,633
		LLOYDS BANKING GROUP PLC	445	1,404

ARFD LLP 401(K) Plan

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FORM 5500, SCHEDULE H, PART IV, LINE 4i

Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		LOCKHEED MARTIN CORP	2,555	2,676
		LONZA GROUP AG ZUERICH	296	419
		LOWES COMPANIES INC	2,864	4,410
		LSI CORPORATION	1,194	1,644
		LTC PROPERTIES INC	1,709	1,840
		LVMH MOET HENNESSY LOUIS	828	914
		MACYS INC	1,475	1,495
		MARATHON OIL CORP	1,264	1,200
		MARKS & SPENCER GROUP PLC	813	903
		MARSH & MCLENNAN COMPANIES INC	1,960	2,515
		MCDONALDS CORP	3,153	3,299
		MCKESSON CORP	3,445	3,389
		MERCK KGAA	913	1,496
		METLIFE INC	1,266	1,294
		MICHAEL KORS HLDGS LTD	853	974
		MICHELIN COMPAGNIE GENERALE	763	1,107
		MICROSOFT CORP	4,627	6,023
		MITSUBISHI ESTATE CO LTD	1,195	1,197
		MONMOUTH REAL ESTATE INVT CORP	919	909
		MONOTARO CO LTD	506	448
		MONSANTO CO	5,274	7,226
		MTN GROUP LTD	654	746
		NATIONAL RETAIL PROPERTIES INC	2,071	2,244
		NESTLE SA-SPONSORED ADR	2,349	2,937
		NETAPP INC	1,927	1,934
		NEWS CORPORATION	842	865
		NIKE INC-CL B	978	1,494
		NIKON CORP-ADR	340	306
		NISSAN MOTOR CO LTD	1,402	1,177
		NOKIAN TYRES OYJ	1,029	1,177
		NORDSTROM INC	1,697	1,854
		NORFOLK SOUTHERN CORP	1,919	2,042

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Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		NOVARTIS AG	287	402
		NOVO NORDISK A/S-ADR	830	924
		OCCIDENTAL PETE CORP	6,596	7,418
		OMNICARE INC	2,154	2,233
		OMNICOM GROUP INC	787	818
		ON SEMICONDUCTOR CORP	1,077	1,252
		ORACLE CORPORATION	2,477	2,755
		ORIFLAME COSMETICS S A	498	461
		PANERA BREAD CO CL A	1,381	1,414
		PARKER HANNIFIN CORP	1,427	1,544
		PERRIGO COMPANY PLC	-	4,143
		PETROLEO BRASILEIRO SA	690	382
		PETROLEO BRASILEIRO SA	814	496
		PFIZER INC	6,020	5,728
		PHILIP MORRIS INTERNATIONAL	5,590	5,402
		PHILLIPS 66	2,396	2,700
		POSCO	1,001	1,014
		PRECISION CASTPARTS CORP	1,860	2,962
		PRICE T ROWE GROUP INC	1,603	2,262
		PRICELINE GROUP INC (THE)	1,062	2,325
		PUBLIC STORAGE	6,619	6,924
		QUALCOMM INC	6,891	8,019
		QUEST DIAGNOSTICS INC	1,060	910
		RANDSTAD HOLDINGS NV	236	390
		RAYTHEON CO	2,016	2,086
		REALTY INCOME CORP	2,520	2,538
		REPSOL SA	596	757
		REXAM PLC	355	439
		ROCHE HOLDING LTD	2,531	4,063
		ROCK-TENN CO-CL A	1,339	1,470
		ROCKWELL AUTOMATION INC	889	1,063
		ROSS STORES INC	1,790	2,173

ARFD LLP 401(K) Plan

EMPLOYER IDENTIFICATION NUMBER 13-3690958

PLAN NUMBER 005

FORM 5500, SCHEDULE H, PART IV, LINE 4i

Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		ROYAL DUTCH SHELL PLC	2,156	2,281
		ROYAL DUTCH SHELL PLC	929	976
		SAIPEM SPA SAN DONATO	664	536
		SANOFI	3,918	4,344
		SAP SE	2,793	3,747
		SASOL LTD-SPONSORED ADR	737	692
		SCHLUMBERGER LTD	7,779	9,101
		SCHNEIDER ELECTRIC SA	1,426	1,922
		SEAGATE TECHNOLOGY PLC	1,114	1,292
		SENIOR HSG PPTYS TR	1,997	1,978
		SHANGHAI ELECTRIC GROUP CO	727	633
		SHINHAN FINL GROUP CO LTD	502	548
		SIEMENS AG	2,507	3,047
		SILVER BAY RLTY TR CORP	493	496
		SIMON PROPERTY GROUP INC	7,763	8,369
		SINGAPORE TELECOMMUNICATION	842	957
		SIX FLAGS ENTERTAINMENT	375	368
		SOCIETE GENERALE	317	419
		SONOVA HOLDING AG	694	891
		STARBUCKS CORP	1,738	2,587
		STATE STREET CORP	1,593	1,615
		STATOIL ASA	943	893
		SUNCOR ENERGY INC	398	420
		SUNTORY BEVERAGE & FOOD LTD	564	543
		SVENSKA HANDELSBANKEN	627	886
		SWATCH GROUP AG (THE)	825	1,160
		SWIRE PACIFIC LTD-SPONSORED	287	305
		SWISS RE LTD	723	1,107
		SYMANTEC CORPORATION	438	448
		SYSMEX CORPORATION	1,081	1,477
		TAIWAN SEMICONDUCTOR MFG CO	2,749	3,139

ARFD LLP 401(K) Plan
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		TALISMAN ENERGY INC	793	801
		TANGER FACTORY OUTLET CENTERS	2,703	2,850
		TE CONNECTIVITY LTD	1,165	1,212
		TELEFONICA SA	1,130	1,226
		TELENOR ASA	829	1,216
		TESCO PLC-SPONSORED ADR	2,057	2,160
		TEVA PHARMACEUTICAL	650	681
		TEXAS INSTRUMENTS INCORPORATED	1,921	2,547
		THE TRAVELERS COMPANIES INC	821	815
		TIME WARNER CABLE INC	900	1,491
		TIME WARNER INC	3,118	3,277
		TNT EXPRESS NV	1,106	1,330
		TOTAL S A	1,012	1,164
		TOYOTA MOTOR CORPORATION	659	975
		TREND MICRO INC	739	875
		TURKCELL ILETISIM	307	307
		TURKIYE GARANTI BANKASI A S	1,315	1,053
		TWENTY FIRST CENTURY FOX INC	1,048	1,125
		TYCO INTERNATIONAL LTD	888	944
		TYSON FOODS INC-CL A	2,140	2,242
		UNICHARM CORP	1,601	1,701
		UNILEVER PLC	643	824
		UNION PACIFIC CORP	2,310	3,360
		UNITEDHEALTH GROUP INC	4,376	5,271
		VALERO ENERGY CORP NEW	906	1,008
		VALIDUS HOLDINGS LTD	953	967
		VENTAS INC	2,477	2,406
		VISA INC	2,675	3,118
		VIVENDI SA	569	713
		VMWARE INC CL A	1,546	1,884
		VODAFONE GROUP PLC	1,017	1,454
		VORNADO REALTY TRUST	1,695	1,687

ARFD LLP 401(K) Plan
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FORM 5500, SCHEDULE H, PART IV, LINE 4i
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		WALT DISNEY CO	3,207	4,278
		WEINGARTEN REALTY INVESTORS	2,001	2,166
		WELLS FARGO & CO	8,177	11,713
		WESTERN DIGITAL CORP	1,049	1,175
		WEYERHAEUSER CO	3,102	3,315
		WPP PLC NEW	1,492	2,757
		XINYI GLASS HOLDINGS LTD	297	441
		CBL & ASSOCIATES PPTYS INC	1,050	998
		ITAU UNIBANCO BANCO HOLDING	2,172	1,968
		VALE S A	421	252
		ALLSTATE CORP	15,300	15,317
		AMERICAN EXPRESS CO	16,744	17,305
		BANK NEW YORK INC	14,846	14,684
		CISCO SYS INC	16,437	16,502
		COMCAST CORP NEW	10,018	10,015
		CONOCOPHILLIPS	15,661	15,636
		DOW CHEMICAL CO/THE	15,666	15,495
		GENERAL ELEC CAP CORP	15,357	15,660
		HEWLETT PACKARD CO	15,467	15,699
		JOHN DEERE CAPITAL CORP	15,211	14,960
		JPMORGAN CHASE & CO	15,341	15,468
		KRAFT FOODS GROUP INC SR NT	14,774	14,619
		U S BANCORP	10,128	10,141
		VALERO ENERGY CORP NEW	16,669	17,103
		WAL MART STORES INC	10,338	10,211
		WELLS FARGO & CO	15,426	15,280
		FEDERAL HOME LN MTG CORP	18,344	18,394
		FEDERAL HOME LN MTG CORP	18,006	17,904
		FEDERAL NATIONAL MTG ASSN	18,615	18,626

ARFD LLP 401(K) Plan
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FORM 5500, SCHEDULE H, PART IV, LINE 4i
Schedule of Assets (Held at December 31, 2013)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
		UNITED STATES TREASURY NOTE	3,106	3,106
		UNITED STATES TREASURY NOTE	10,422	10,426
		UNITED STATES TREASURY NOTE	15,783	15,801
		UNITED STATES TREASURY NOTE	16,887	16,704
		UNITED STATES TREASURY NOTE	11,996	11,725
		UNITED STATES TREASURY NOTE	20,964	20,984
		UNITED STATES TREASURY NOTE	15,425	15,455
		UNITED STATES TREASURY NOTE	12,281	12,281
		UNITED STATES TREASURY NOTE	21,480	20,330
		UNITED STATES TREASURY NOTE	13,279	13,299
		UNITED STATES TREASURY NOTE	6,918	6,782
		UNITED STATES TREASURY NOTE	9,102	8,779
		UNITED STATES TREASURY NOTE	15,375	14,693
		UNITED STATES TREASURY NOTE	5,003	4,948
		UNITED STATES TREASURY NOTE	15,006	15,014
		UNITED STATES TREASURY NOTE	15,718	15,773

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		PUT SPY 03/22/14 175	3,006	880
		ISHARES 20 PLUS YEAR TREASURY	13,576	13,242
		ISHARES MSCI ACWI EX US INDEX	39,040	42,003
		ISHARES MSCI EMERGING MARKETS	20,043	20,898
		ISHARES RUSSELL 2000 ETF	34,848	39,107
		ISHARES RUSSELL MID CAP ETF	40,904	44,994
		SECTOR SPDR TRUST	5,373	6,219
		SECTOR SPDR TRUST	5,599	5,933
		SELECT SECTOR SPDR FUND	5,366	6,009
		SPDR S&P 500 ETF TRUST	91,743	101,580
			1,285,423	1,395,387
		Cash surrender value - life insurance	1,172,946	1,172,946
		Notes receivable from participants	10,918	10,918
			$ 2,519,996	$ 2,629,960