# 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
L & R DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 11/01/1997

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

L & R DISTRIBUTORS

9301 AVENUE D
BROOKLYN, NY 11236-1806

**2b** Employer Identification Number (EIN)
11-1812912

**2c** Sponsor's telephone number
718-272-2100

**2d** Business code (see instructions)
423990

**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. | 10/14/2014 | L R DISTRIBUTORS |
| | **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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 695 |
| **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** | 644 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 15 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 659 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 659 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 232 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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 2F 2G 2J 2K 2T 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) | | **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)** | [X] 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. (See instructions)

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] 0 **A** (Insurance Information)

**(4)** [X] **C** (Service Provider Information)

**(5)** [X] **D** (DFE/Participating Plan Information)

**(6)** [ ] **G** (Financial Transaction Schedules)

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**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
L & R DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
L & R DISTRIBUTORS

**D** Employer Identification Number (EIN)
11-1812912

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PAYCHEX SECURITIES CORPORATION

16-1486352

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

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

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

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

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

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

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

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

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

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

**(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)

| **(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 ☐ |

**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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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.**

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
L & R DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
L & R DISTRIBUTORS

**D** Employer Identification Number (EIN)
11-1812912

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION R

**b** Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 22-2712853-000 | C | 2482610 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# 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
L & R DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
L & R DISTRIBUTORS

**D** Employer Identification Number (EIN)
11-1812912

## 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 | 0 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | |
| **(2)** Participant contributions | 1b(2) | 0 | |
| **(3)** Other | 1b(3) | 0 | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | |
| **(2)** U.S. Government securities | 1c(2) | 0 | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | |
| **(B)** All other | 1c(3)(B) | 0 | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | |
| **(B)** Common | 1c(4)(B) | 0 | |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | |
| **(8)** Participant loans | 1c(8) | 209977 | 237822 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 2497120 | 2482610 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3026677 | 4644862 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | |
| **(2)** Employer real property | 1d(2) | 0 | |
| **e** Buildings and other property used in plan operation | 1e | 0 | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 5733774 | 7365294 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | |
| **h** Operating payables | 1h | 0 | |
| **i** Acquisition indebtedness | 1i | 0 | |
| **j** Other liabilities | 1j | 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 | 5733774 | 7365294 |

## 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) | 89901 | |
| **(B)** Participants | 2a(1)(B) | 658562 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 679433 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1427896 |
| **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) | 9496 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9496 |
| **(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) | 150973 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 150973 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 532046 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2120411 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 456090 | |
| (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) | | 456090 |
| f Corrective distributions (see instructions) | 2f | | 78343 |
| 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) | 1639 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 1000 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2639 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 537072 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1583339 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 48181 |
| (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: IRVINGS ROTH AND RUBIN PPLC (2) EIN: 13-3845495

**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 | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

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

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
L & R DISTRIBUTORS INC 401(K) PROFIT SHARING PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
L & R DISTRIBUTORS

**D** Employer Identification Number (EIN)
11-1812912

## Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# L & R DISTRIBUTORS INC.

# 401 K PROFIT SHARING PLAN & TRUST

## FINANCIAL STATEMENTS

## DECEMBER 31, 2013 AND 2012

## TABLE OF CONTENTS


| | |
|---|---|
| INDEPENDENT AUDITOR'S REPORT | 1-2 |
| STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2013 AND 2012 | 3 |
| STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012 | 4 |
| NOTES TO FINANCIAL STATEMENTS | 5 -9 |
| INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTAL INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 | 10 |
| SCHEDULE H – ASSETS HELD FOR INVESTMENT DECEMBER 31, 2013 | 11-13 |

IRVINGS ROTH & RUBIN PLLC
CERTIFIED PUBLIC ACCOUNTANTS
55 West 39th Street • 9th Floor • New York, NY 10018
Phone: 212-447-0333 • Fax: 212-447-5806

# INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
L & R Distributors Inc. 401k Profit Sharing Plan & Trust

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of L & R Distributors Inc. 401k Profit Sharing Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 and the related statements of changes in net assets available for benefits for the years then ended, 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 the audit 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 Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 trustee 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 H – Assets Held for Investment, which is the responsibility of plan management, is presented for the purpose of additional analysis 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.



**IRVINGS ROTH & RUBIN PLLC**
New York, New York
October 10, 2014

**L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST**
**STATEMENT OF NET ASSETS**
**AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2013 AND 2012**

| | 2013 | 2012 |
|---|---|---|
| **ASSETS** | | |
| Investments (At Fair Value) | | |
| Mutual Funds | $ 7,127,472 | $ 5,523,797 |
| Receivables: | | |
| Notes Receivable From Participants | 237,822 | 209,977 |
| **TOTAL ASSETS** | $ 7,365,294 | $ 5,733,774 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 7,365,294 | $ 5,733,774 |

See Accompanying Notes to Financial Statements

**L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST**
**STATEMENT OF CHANGES IN NET ASSETS**
**AVAILABLE FOR BENEFITS**
**FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012**

| | 2013 | 2012 |
|---|---|---|
| **ADDITIONS:** | | |
| Additions to net assets available for benefits attributed to: | | |
| Net appreciation in fair value of investments | $ 692,515 | $ 372,476 |
| Contributions: | | |
| Participants | 658,562 | 517,998 |
| Employer | 89,901 | 73,622 |
| Employee Rollovers | 679,433 | 159,817 |
| | 1,427,896 | 751,437 |
| **TOTAL ADDITIONS** | 2,120,411 | 1,123,913 |
| **DEDUCTIONS:** | | |
| Benefits paid to participants | 534,433 | 199,327 |
| Administration expenses | 2,639 | 2,620 |
| **TOTAL DEDUCTIONS** | 537,072 | 201,947 |
| **NET INCREASE** | 1,583,339 | 921,966 |
| Transfer of Plan assets due to acquisition | 48,181 | - |
| **NET ASSETS AVAILABLE FOR BENEFITS: BEGINNING OF YEAR** | 5,733,774 | 4,811,808 |
| **END OF YEAR** | $ 7,365,294 | $ 5,733,774 |

See Accompanying Notes to Financial Statements

## NOTE 1 - Description of Plan

The following description of the L&R Distributors Inc.( "Company") 401K Profit Sharing Plan and Trust (" Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

**Acquisition**
Effective March 4, 2013, the Company purchased certain assets of SAJ Distributors, Inc. Former employees of SAJ Distributors, Inc. transferred assets into the Company 401k plan by rollover or by asset transfer.

**General**
The Plan is a defined contribution plan covering all employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974.

**Contributions**
Each year, participants may contribute up to 96% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contribution plans. Participants may also contribute amounts representing distribution from other qualified benefit or contribution plans. Participants' direct the investment of their contributions into various investment options offered by the Plan. The Company contributes 25% of the first 4% of base compensation that a participant contributes to the Plan. Contributions are subject to certain statutory limitations.

**Participant Accounts**
Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of any administrative expenses paid by the plan. Allocations are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**
Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant is 100 percent vested after six years of credited service, except upon the death or disability of the participant, when it becomes 100% vested.

**Notes Receivable From Participants**
Participants may borrow from their fund accounts. The loans are secured by the balance in the participant's account and bear interest, which is commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through weekly payroll deductions.

**Payment of Benefits**
On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodic installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution

NOTE 2 - Summary of Accounting Policies

**Date of Management's Review**

Subsequent events were evaluated through October 10, 2014, which is the date the financial statements were available to be issued.

**Basis of Accounting**

The financial statements of the plan are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts-from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Notes receivable from participants are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date.

**Concentrations of Credit Risk**

Financial instruments, which potentially subject the Fund to concentrations of credit risk, are investments in mutual funds with The Mid Atlantic Trust Company, an investment firm whose investments are not insured under the FDIC. The management of the Plan and of the Plan's Sponsor has evaluated the financial strength of the investment firm and is satisfied as to their financial stability.

NOTE 2 - Summary of Accounting Policies - Continued

**Payment of Benefits**

Benefits are recorded when paid.

**Operating Expenses**

All expenses of maintaining the Plan are paid by the Company.

NOTE 3 - Investments

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value of 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 input consist of using other observable inputs; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and level 3 inputs were only used when level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

In evaluating what level of input to classify the Plan's investments in mutual funds, the Plan's Trustees and Management concluded that since the mutual funds were valued based on quoted prices in active markets, the investments in the mutual funds should be measured in the fair value hierarchy under Level 1.

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

NOTE 3 - Investments - Continued

| | Fair Value | Fair Value Measurements at The End of the Reporting Period Using: Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|
| **December 31, 2013** | | | |
| Mutual funds: | | | |
| Equity fund | $4,811,672 | $4,811,672 | --- |
| International Equity fund | 867,712 | 867,712 | --- |
| Fixed Income fund | 669,868 | 669,868 | --- |
| Balanced fund | 778,220 | 778,220 | --- |
| Total Mutual funds | $7,127,472 | $ 7,127,472 | --- |

| | Fair Value | Fair Value Measurements at The End of the Reporting Period Using: Quoted Prices In Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|
| **December 31, 2012** | | | |
| Mutual funds: | | | |
| Equity fund | $3,964,901 | $3,964,901 | --- |
| International Equity fund | 622,532 | 622,532 | --- |
| Fixed Income fund | 593,271 | 593,271 | --- |
| Balanced fund | 343,093 | 343,093 | --- |
| Total Mutual funds | $5,523,797 | $5,523,797 | --- |

A) The following presents investments held by the Plan as of December 31, 2013 and 2012 that represent applicable investments that exceed 5% or more of the Plan's net assets available for benefits

| | 2013 | 2012 |
|---|---|---|
| Federated Capital Preservation CL RP | $2,482,610 | $2,497,120 |

**NOTE 3 - Investments - Continued**

B) For the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments both held and sold, as well as held during the year) appreciated in value by $692,515 and $372,476 respectively.

**NOTE 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 Mid Atlantic Trust Company.

| | 2013 | 2012 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual Funds | $7,127,472 | $5,523,797 |

**NOTE 5 - Tax Status**

The Plan was established in 1997 under the pre-approved non-standardized prototype document of its third party administrator (TPA), Paychex, Inc. This document has been submitted to the Internal Revenue Service for a specific determination letter, the TPA, the Trustees and management of the Plan and the management of the Plan Sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

**NOTE 6 - Plan Termination**

Upon termination of the Plan, participants will be paid their vested benefits in accordance with the provisions of the Plan, until all net assets available for benefits of the Plan are distributed.

**NOTE 7 - 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 8 - Related Party Transactions**

Certain Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company. Mid Atlantic Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $2,639 and $2,620 for the year ended December 31, 2013 and 2012 respectively.

IRVINGS ROTH & RUBIN PLLC
CERTIFIED PUBLIC ACCOUNTANTS
55 West 39th Street • 9th Floor • New York, NY 10018
Phone: 212-447-0333 • Fax: 212-447-5806

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

To the Board of Directors
L&R Distributors Inc.

Our audit of the financial statements of the L&R Distributors Inc 401k Profit Sharing Plan and Trust as of December 31, 2013 was made for the purpose of forming an opinion on the basic financial statements, taken as a whole. The accompanying schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements but is 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. The supplemental schedules is the responsibility of the Plan's management.

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 the schedule, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 trustee as of and for the years ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

**IRVINGS ROTH & RUBIN PLLC**
New York, New York
October 10, 2014

**L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT**

**DECEMBER 31, 2013**

SCHEDULE H, LINE 4i
EIN - 11-1812912

| IDENTITY OF ISSUE | DESCRIPTION OF INVESTMENT | | | CURRENT VALUE |
|---|---|---|---|---|
| INVESCO INTERNATIONAL GROWTH FUND CLASS R | 6,805.331 | SHARES | ( I ) | 228,046 |
| ABERDEEN GLOBAL NATURAL RESOURCES FUND CL R | 798.593 | SHARES | ( I ) | 12,793 |
| ALLIANCE BERNSTEIN GROWTH & INCOME FUND CLASS R | 18,138.093 | SHARES | ( I ) | 95,587 |
| ALLIANCE BERNSTEIN CONSERVATIVE WEALTH STRAT CL R | 22,269.146 | SHARES | ( I ) | 265,893 |
| ALLIANCE BERNSTEIN BALANCE WEALTH STR CLASS R | 9,271.640 | SHARES | ( I ) | 124,239 |
| ALLIANZGI NFJ LARGE CAP VALUE FUND CLASS R | 4,773.713 | SHARES | ( I ) | 95,426 |
| AMERICAN FUNDS AMCAP FUND CLASS R3 | 2,005.402 | SHARES | ( I ) | 53,905 |
| AMERICAN CENTURY INVESTMENTS MID CAP VALUE CL R | 4,725.909 | SHARES | ( I ) | 74,291 |
| AMERICAN FUNDS AMERICAN BALANCED FUND CLASS R3 | 5,033.181 | SHARES | ( I ) | 122,407 |
| AMERICAN CENTURY INVESTMENTS ZERO COUPON 2025 FD | 701.195 | SHARES | ( I ) | 53,775 |
| AMERICAN CENTURY INV EMERGING MARKETS FUND A CLASS | 22,986.253 | SHARES | ( I ) | 195,383 |
| BLACKROCK GLOBAL ALLOCATION FUND CL R | 6,058.134 | SHARES | ( I ) | 124,676 |
| FEDERATED CAPITAL PRESERVATION CL RP | 248,261.095 | SHARES | ( I ) | 2,482,610 |
| COLUMBIA MARISCO 21ST CENTURY FUND CLASS R | 10,373.187 | SHARES | ( I ) | 193,356 |
| COLUMBIA SELIGMAN COMMUNICATIONS & INFOR CL R | 860.177 | SHARES | ( I ) | 41,581 |
| DAVIS NY VENTURE FUND CLASS R | 5,270.632 | SHARES | ( I ) | 218,836 |
| FRANKLIN FLEX CAP GROWTH FUND CLASS R | 45.422 | SHARES | ( I ) | 2,427 |
| DELAWARE HIGH YEILD OPPORTUNITIES CLASS R | 37,938.344 | SHARES | ( I ) | 165,411 |

**L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT**

**DECEMBER 31, 2013**

SCHEDULE H, LINE 4i
EIN - 11-1812912

| | | | | |
|---|---|---|---|---|
| DELAWARE CORPORATE BOND FUND CLASS R | 28,539.796 | SHARES | ( I ) | 166,672 |
| MFS GOVERNMENT SECURITIES FUND CLASS R2 | 2,167.359 | SHARES | ( I ) | 21,478 |
| AMERICAN FUNDS EUROPACIFIC GR CLASS R3 | 1,197.376 | SHARES | ( I ) | 57,630 |
| AMERICAN FUNDS FUNDAMENTAL INVS CLASS R3 | 5,953.664 | SHARES | ( I ) | 308,816 |
| AMERICAN FUNDS GRTH FUND OF AMERICA CLASS R3 | 4,078.634 | SHARES | ( I ) | 172,893 |
| AMERICAN FUNDS INVESTMENT CO OF AMER FUND CL R2 | 929.444 | SHARES | ( I ) | 33,953 |
| IVY MID CAP GROWTH FUND CLASS R | 1,497.521 | SHARES | ( I ) | 34,323 |
| IVY SMALL CAP GROWTH FUND CLASS R | 4,514.301 | SHARES | ( I ) | 82,431 |
| MFS VALUE FUND CLASS R2 | 1,309.432 | SHARES | ( I ) | 43,120 |
| NATIONWIDE INV DESTINATIONS MOD CON CLASS R | 2,873.681 | SHARES | ( I ) | 29,887 |
| NATIONWIDE S&P 500 INDEX FUND SERVICE CLASS | 8,756.297 | SHARES | ( I ) | 123,289 |
| NUVEEN SMALL CAP INDEX FUND CLASS R3 | 1,392.552 | SHARES | ( I ) | 20,317 |
| NUVEEN MID CAP INDEX FUND CLASS R3 | 1,505.281 | SHARES | ( I ) | 26,026 |
| OPPENHEIMER MAIN ST SMALL & MID CAP FUND CLASS N | 13,605.216 | SHARES | ( I ) | 403,259 |
| OPPENHEIMER REAL ESTATE FUND CLASS N | 1,003.959 | SHARES | ( I ) | 23,131 |
| OPPENHEIMER DEVELOPING MARKETS FUND CLASS N | 1,259.616 | SHARES | ( I ) | 46,140 |
| PIMCO REAL RETURN FUND CLASS R | 12,882.302 | SHARES | ( I ) | 141,319 |
| PRUDENTIAL JENNISON EQUITY OPPORTUNITY FUND CLASS R | 3,963.996 | SHARES | ( I ) | 74,285 |
| PUTNAM INTERNATIONAL CAPITAL OPP FUND CLASS R | 3,748.514 | SHARES | ( I ) | 148,704 |
| VICTORY SPECIAL VALUE FUND CLASS R | 5,784.891 | SHARES | ( I ) | 116,970 |
| VICTORY SMALL COMPANY OPPORTUNITY FUND CLASS R | 2,022.567 | SHARES | ( I ) | 78,050 |
| AMERICAN FUNDS BOND FUNDS OF AMER CLASS R 3 | 4,466.452 | SHARES | ( I ) | 55,384 |

**L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT**

**DECEMBER 31, 2013**

| | | | | SCHEDULE H, LINE 4i<br>EIN - 11-1812912 |
|---|---|---|---|---|
| TEMPLETON FOREIGN FUND CLASS R | 23,477.242 | SHARES | ( I ) | 191,809 |
| FEDERAL TOTAL RETURN BOND FND CLASS R SHS | 2,508.296 | SHARES | ( I ) | 27,315 |
| FRANKLIN HIGH INCOME FUND CLASS R SHS | 17,996.757 | SHARES | ( I ) | 38,513 |
| AMERICAN CENTURY ONE CHOICESM 2015 PORTFOLIO CLS R | 699.844 | SHARES | ( I ) | 9,328 |
| AMERICAN CENTURY ONE CHOICESM RETIREMENT PORT CLS R | 129.481 | SHARES | ( I ) | 1,634 |
| AMERICAN CENTURY ONE CHOICESM 2025 PORTFOLIO CLS R | 2,749.163 | SHARES | ( I ) | 38,544 |
| AMERICAN CENTURY ONE CHOICESM 2045 PORTFOLIO CLS R | 874.262 | SHARES | ( I ) | 13,603 |
| AMERICAN CENTURY ONE CHOICESM 2035 PORTFOLIO CLS R | 3,196.178 | SHARES | ( I ) | 48,007 |
| | | | | $ 7,127,472 |

( I ) VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANY

A) The following presents investments held by the Plan as of December 31, 2013 and 2012 that represent applicable investments that exceed 5% or more of the Plan's net assets available for benefits

| | 2013 | 2012 |
|---|---|---|
| Federated Capital Preservation CL RP | $2,482,610 | $2,497,120 |

NOTE 3 - Investments - Continued

B) For the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments both held and sold, as well as held during the year) appreciated in value by $692,515 and $372,476 respectively.

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2013

SCHEDULE H, LINE 4i
EIN - 11-1812912

| IDENTITY OF ISSUE | DESCRIPTION OF INVESTMENT | | | CURRENT VALUE |
|---|---|---|---|---|
| INVESCO INTERNATIONAL GROWTH FUND CLASS R | 6,805.331 | SHARES | ( I ) | 228,046 |
| ABERDEEN GLOBAL NATURAL RESOURCES FUND CL R | 798.593 | SHARES | ( I ) | 12,793 |
| ALLIANCE BERNSTEIN GROWTH & INCOME FUND CLASS R | 18,138.093 | SHARES | ( I ) | 95,587 |
| ALLIANCE BERNSTEIN CONSERVATIVE WEALTH STRAT CL R | 22,269.146 | SHARES | ( I ) | 265,893 |
| ALLIANCE BERNSTEIN BALANCE WEALTH STR CLASS R | 9,271.640 | SHARES | ( I ) | 124,239 |
| ALLIANZGI NFJ LARGE CAP VALUE FUND CLASS R | 4,773.713 | SHARES | ( I ) | 95,426 |
| AMERICAN FUNDS AMCAP FUND CLASS R3 | 2,005.402 | SHARES | ( I ) | 53,905 |
| AMERICAN CENTURY INVESTMENTS MID CAP VALUE CL R | 4,725.909 | SHARES | ( I ) | 74,291 |
| AMERICAN FUNDS AMERICAN BALANCED FUND CLASS R3 | 5,033.181 | SHARES | ( I ) | 122,407 |
| AMERICAN CENTURY INVESTMENTS ZERO COUPON 2025 FD | 701.195 | SHARES | ( I ) | 53,775 |
| AMERICAN CENTURY INV EMERGING MARKETS FUND A CLASS | 22,986.253 | SHARES | ( I ) | 195,383 |
| BLACKROCK GLOBAL ALLOCATION FUND CL R | 6,058.134 | SHARES | ( I ) | 124,676 |
| FEDERATED CAPITAL PRESERVATION CL RP | 248,261.095 | SHARES | ( I ) | 2,482,610 |
| COLUMBIA MARISCO 21ST CENTURY FUND CLASS R | 10,373.187 | SHARES | ( I ) | 193,356 |
| COLUMBIA SELIGMAN COMMUNICATIONS & INFOR CL R | 860.177 | SHARES | ( I ) | 41,581 |
| DAVIS NY VENTURE FUND CLASS R | 5,270.632 | SHARES | ( I ) | 218,836 |
| FRANKLIN FLEX CAP GROWTH FUND CLASS R | 45.422 | SHARES | ( I ) | 2,427 |
| DELAWARE HIGH YEILD OPPORTUNITIES CLASS R | 37,938.344 | SHARES | ( I ) | 165,411 |

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2013

SCHEDULE H, LINE 4i
EIN - 11-1812912

| | | | | |
|---|---|---|---|---|
| DELAWARE CORPORATE BOND FUND CLASS R | 28,539.796 | SHARES | ( I ) | 166,672 |
| MFS GOVERNMENT SECURITIES FUND CLASS R2 | 2,167.359 | SHARES | ( I ) | 21,478 |
| AMERICAN FUNDS EUROPACIFIC GR CLASS R3 | 1,197.376 | SHARES | ( I ) | 57,630 |
| AMERICAN FUNDS FUNDAMENTAL INVS CLASS R3 | 5,953.664 | SHARES | ( I ) | 308,816 |
| AMERICAN FUNDS GRTH FUND OF AMERICA CLASS R3 | 4,078.634 | SHARES | ( I ) | 172,693 |
| AMERICAN FUNDS INVESTMENT CO OF AMER FUND CL R2 | 929.444 | SHARES | ( I ) | 33,953 |
| IVY MID CAP GROWTH FUND CLASS R | 1,497.521 | SHARES | ( I ) | 34,323 |
| IVY SMALL CAP GROWTH FUND CLASS R | 4,514.301 | SHARES | ( I ) | 82,431 |
| MFS VALUE FUND CLASS R2 | 1,309.432 | SHARES | ( I ) | 43,120 |
| NATIONWIDE INV DESTINATIONS MOD CON CLASS R | 2,873.681 | SHARES | ( I ) | 29,887 |
| NATIONWIDE S&P 500 INDEX FUND SERVICE CLASS | 8,756.297 | SHARES | ( I ) | 123,289 |
| NUVEEN SMALL CAP INDEX FUND CLASS R3 | 1,392.552 | SHARES | ( I ) | 20,317 |
| NUVEEN MID CAP INDEX FUND CLASS R3 | 1,505.281 | SHARES | ( I ) | 26,026 |
| OPPENHEIMER MAIN ST SMALL & MID CAP FUND CLASS N | 13,605.216 | SHARES | ( I ) | 403,259 |
| OPPENHEIMER REAL ESTATE FUND CLASS N | 1,003.959 | SHARES | ( I ) | 23,131 |
| OPPENHEIMER DEVELOPING MARKETS FUND CLASS N | 1,259.616 | SHARES | ( I ) | 46,140 |
| PIMCO REAL RETURN FUND CLASS R | 12,882.302 | SHARES | ( I ) | 141,319 |
| PRUDENTIAL JENNISON EQUITY OPPORTUNITY FUND CLASS R | 3,963.996 | SHARES | ( I ) | 74,285 |
| PUTNAM INTERNATIONAL CAPITAL OPP FUND CLASS R | 3,748.514 | SHARES | ( I ) | 148,704 |
| VICTORY SPECIAL VALUE FUND CLASS R | 5,784.891 | SHARES | ( I ) | 116,970 |
| VICTORY SMALL COMPANY OPPORTUNITY FUND CLASS R | 2,022.567 | SHARES | ( I ) | 78,050 |
| AMERICAN FUNDS BOND FUNDS OF AMER CLASS R 3 | 4,466.452 | SHARES | ( I ) | 55,384 |

L & R DISTRIBUTORS INC. 401K PROFIT SHARING PLAN AND TRUST

SCHEDULE OF ASSETS HELD FOR INVESTMENT

DECEMBER 31, 2013

SCHEDULE H, LINE 4I
EIN - 11-1812912

| | | | | |
|---|---|---|---|---|
| TEMPLETON FOREIGN FUND CLASS R | 23,477.242 | SHARES | (1) | 191,809 |
| FEDERAL TOTAL RETURN BOND FND CLASS R SHS | 2,508.296 | SHARES | (1) | 27,315 |
| FRANKLIN HIGH INCOME FUND CLASS R SHS | 17,996.757 | SHARES | (1) | 38,513 |
| AMERICAN CENTURY ONE CHOICESM 2015 PORTFOLIO CLS R | 699.844 | SHARES | (1) | 9,328 |
| AMERICAN CENTURY ONE CHOICESM RETIREMENT PORT CLS R | 129.481 | SHARES | (1) | 1,634 |
| AMERICAN CENTURY ONE CHOICESM 2025 PORTFOLIO CLS R | 2,749.163 | SHARES | (1) | 38,544 |
| AMERICAN CENTURY ONE CHOICESM 2045 PORTFOLIO CLS R | 874.262 | SHARES | (1) | 13,603 |
| AMERICAN CENTURY ONE CHOICESM 2035 PORTFOLIO CLS R | 3,196.178 | SHARES | (1) | 46,007 |
| | | | | $ 7,127,472 |

(1) VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANY