Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part	sion Benefit Guaranty Corpo	▶ Con	iplete all entries in a	ccordance with the in	structions to the Form 550	0-SF.		pootion	
Ган	t I Annual Re	port Identifica	tion Information	1					
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A Th	is return/report is for:	X a single	e-employer plan	a multiple-emplo	yer plan (not multiemployer)		a one-particip	pant plan	
B Th	is return/report is:	the firs	t return/report	the final return/re	eport				
		an ame	ended return/report	a short plan year	return/report (less than 12 m	onths)	_		
C Ch	eck box if filing unde	=		automatic extens	sion		DFVC progra	am	
			extension (enter des	· · · · ·					
Part	II Basic Plan	Information-	enter all requested ir	nformation		1		T	
	ame of plan RADING LLC PROFIT	Γ SHARING PLAN				1b	Three-digit plan number (PN)	001	
						1c	Effective date o	f plan	
		and address; inclu	de room or suite numl	per (employer, if for a s	ingle-employer plan)	2b	01/01 Employer Identi	fication Number	
C&C II	RADING LLC					2c	(EIN) 23-22 Sponsor's telep	66678 hone number	
	OADWAY OOR, SUITE 808			OADWAY OOR, SUITE 808		212-964-5543			
NEW Y	ORK, NY 10006		NEW Y	ORK, NY 10006		Zu	52321	(see instructions)	
		ame and address	Same as Plan Spor	_	s Plan Sponsor Address	3b	Administrator's	EIN 648136	
	CHARLTON ADING LLC			ADWAY, SUITE 808 RK, NY 10006		3с	Administrator's	telephone number	
			•	the last return/report f	led for this plan, enter the	4b	EIN		
	ame, EIN, and the ploonsor's name	an number from th	ne last return/report.			4c	PN		
						_			
5a I	otal number of partic	ipants at the begir	ning of the plan year			5a		10	
_		-				5a 5b		10 7	
b T	otal number of partic	ipants at the end on with account bala	of the plan year	f the plan year (defined					
b T c N c	otal number of partic lumber of participant omplete this item) Vere all of the plan's	ipants at the end of swith account balance	of the plan year ances as of the end o	f the plan year (defined	benefit plans do not	5b 5c		7	
6a V b A	otal number of partic lumber of participant: omplete this item) Were all of the plan's are you claiming a wa	ipants at the end of swith account balances assets during the siver of the annual	of the plan year ances as of the end o	f the plan year (defined eligible assets? (See in	benefit plans do not structions.)	5b 5c		7 7 X Yes No	
6a V b A	otal number of partic lumber of participant omplete this item) Were all of the plan's are you claiming a wander 29 CFR 2520.1	assets during the annual 04-46? (See instru	of the plan year ances as of the end o plan year invested in examination and reportations on waiver eligi	f the plan year (defined eligible assets? (See ir ort of an independent que bility and conditions.)	benefit plans do not	5b 5c		7 7 X Yes No	
6a V b A	otal number of partic lumber of participant omplete this item) Vere all of the plan's are you claiming a wa inder 29 CFR 2520.1 i you answered "No	assets during the liver of the annual 04-46? (See instru	plan year invested in examination and reportations on waiver eliginator in the plan in the	eligible assets? (See in the plan year (defined with the plan year) of an independent que bility and conditions.) cannot use Form 550	benefit plans do not structions.)	5b 5c PPA)	5500.	7 7 X Yes No	
b T c N c 6a V b A u If	otal number of partic lumber of participant: omplete this item) Vere all of the plan's we you claiming a wa inder 29 CFR 2520.1 i you answered "No the plan is a defined	assets during the liver of the annual 04-46? (See instruction of the definition of t	plan year invested in examination and reportations on waiver eliginator line 6b, the plan exovered under the PB	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550	benefit plans do not structions.) ualified public accountant (IC	5b 5c PPA) Form		7 7 X Yes No X Yes No	
b T c N c 6a V b A u iff C Iff Caution	otal number of participants omplete this item) Vere all of the plan's are you claiming a wander 29 CFR 2520.1 if you answered "No the plan is a defined on: A penalty for the penalties of perjury	assets during the liver of the annual 04-46? (See instruction of the i	plan year invested in examination and reportations on waiver eligination or line 6b, the plan covered under the PB ete filing of this returns set forth in the instru	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assessations, I declare that I	benefit plans do not structions.) ualified public accountant (IC 0-SF and must instead use (see ERISA section 4021)?	5b 5c PPA) Form use is port, ir	stablished.	7 7 X Yes No X Yes No Not determined able, a Schedule	
b T c N c 6a V b A u If C If Cautio Under SB or belief,	lumber of participants omplete this item) Vere all of the plan's are you claiming a wander 29 CFR 2520.1 if you answered "No the plan is a defined on: A penalty for the penalties of perjury Schedule MB complete it is true, correct, and	assets during the liver of the annual 04-46? (See instruction of the i	plan year invested in examination and reportations on waiver eligination or line 6b, the plan covered under the PB ete filing of this return an enrolled actuary,	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assessations, I declare that I	benefit plans do not structions.) ualified public accountant (IC 0-SF and must instead use (see ERISA section 4021)? seed unless reasonable ca have examined this return/re	5b 5c PPA) Form use is port, ir	stablished.	7 7 X Yes No X Yes No Not determined able, a Schedule	
b T c N c 6a V b A u If C If Cautio Under SB or belief,	lumber of participants omplete this item) Were all of the plan's are you claiming a wander 29 CFR 2520.1 f you answered "No the plan is a defined on: A penalty for the penalties of perjury Schedule MB completities true, correct, and filled with authorized.	assets during the liver of the annual 04-46? (See instruction of the i	plan year invested in examination and report in the plan year invested in examination and report in the plan in the plan covered under the PB ete filing of this return an enrolled actuary, anic signature.	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assessations, I declare that I	benefit plans do not structions.) ualified public accountant (IC 0-SF and must instead use (see ERISA section 4021)? seed unless reasonable ca have examined this return/re	5b 5c PPA) Form use is port, irt, and	yes No stablished. ncluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and	
b T c N c 6a V b A u If C If Cautio Under SB or belief, SIGN HERE	lumber of participants omplete this item) Vere all of the plan's are you claiming a wander 29 CFR 2520.1 if you answered "No the plan is a defined on: A penalty for the penalties of perjury Schedule MB complete it is true, correct, an Filed with authors.	assets during the liver of the annual 04-46? (See instruction of the desired of the annual of the liver of	plan year invested in examination and report in the plan year invested in examination and report in the plan in the plan covered under the PB ete filing of this return an enrolled actuary, anic signature.	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assessictions, I declare that I as well as the electronic	benefit plans do not astructions.)	5b 5c PPA) Form use is port, irt, and	yes No stablished. ncluding, if applic to the best of my	7 X Yes No X Yes No Not determined able, a Schedule knowledge and	
b T C N C Ga V b A U If C If Cautio Under SB or belief, SIGN HERE	lumber of participants omplete this item) Were all of the plan's are you claiming a wander 29 CFR 2520.1 if you answered "Not the plan is a defined on: A penalty for the penalties of perjury Schedule MB completit is true, correct, and Filed with authors Signature of Signature of	assets during the siver of the annual 04-46? (See instruction of the annual 04-46? (See instruction of the annual of the late or incompleted and other penalties and other penalties and other penalties and other penalties and signed by a complete. Drized/valid electron plan administrator	plan year invested in examination and reported or line 6b, the plan covered under the PB ete filling of this return an enrolled actuary, onic signature.	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assess actions, I declare that I as well as the electronic Date	benefit plans do not astructions.) palified public accountant (ICCO) O-SF and must instead use (see ERISA section 4021)? Seed unless reasonable can ave examined this return/report c version of this return/report	5b 5c PPA) Form use is port, ir t, and	established. ncluding, if applic to the best of my gning as plan adragging as employed	7 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator	
b T C N C Ga V b A U If C If Cautio Under SB or belief, SIGN HERE SIGN HERE Prepar RICHA EISENI 150 BR	lumber of participants omplete this item) Were all of the plan's are you claiming a wander 29 CFR 2520.1 if you answered "Not the plan is a defined on: A penalty for the penalties of perjury Schedule MB completit is true, correct, and Filed with authors Signature of Signature of	assets during the liver of the annual 04-46? (See instruction of the annual 04-46?) (See instruction of the annual 04-46?) (See instruction of the late or incompleted and other penalties of the late	plan year invested in examination and reported or line 6b, the plan covered under the PB ete filling of this return an enrolled actuary, onic signature.	eligible assets? (See in ort of an independent que bility and conditions.) cannot use Form 550 GC insurance program rn/report will be assessications, I declare that I as well as the electronic	benefit plans do not astructions.) palified public accountant (ICCO) O-SF and must instead use (see ERISA section 4021)? Seed unless reasonable can ave examined this return/report c version of this return/report	5b 5c PPA) Form use is port, ir t, and	established. ncluding, if applic to the best of my gning as plan adragging as employed	7 X Yes No Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor number (optional)	

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of Voc				(b) End of	Voor		
	in Assets and Liabilities (a) Beginning of Your land plan assets				(b) End of Year 3374558					
	Total plan liabilities	7b						001 100		
	Net plan assets (subtract line 7b from line 7a)	7c	342229	8	+			337455	8	
	Income, Expenses, and Transfers for this Plan Year	70		70			(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	aı		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	27330	1						
	(3) Others (including rollovers)	8a(3)	1129	8						
b	Other income (loss)	8b								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						28459	9	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5000	0						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5000	0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						23459	9	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruction	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Cod	les in t	he instruction	ns:		
Par	t V Compliance Questions									
10	During the plan year:			1	Yes	No	l ,	mount		
a		tions withi	n the time period described in	1	103	140	P	mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corr	ection Program)	10a		X				
~	on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all					Χ				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3					X				
Part		-		10i						
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	· 🔽	No
110	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr								^	- 10
	· · · · · · · · · · · · · · · · · · ·		,		-	11a	EDICAG	Yes	. 🔽	No
12	Is this a defined contribution plan subject to the minimum funding	-		or se	ction (ou≥ of	EKISA!	res	^	INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and 4	enter th	l ne date of the	letter ri	ılina	
	granting the waiver.		Mon		J. 10 C	Day		ear	ıg	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1			
b	Enter the minimum required contribution for this plan year					12b				

Page	3 -		1
------	-----	--	---

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	4b Tr	ust's EIN	

Service Provider Affidavit

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, a true and correct PDF copy of the first two pages of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury; (3) I advised the plan administrator/employer that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Signature of service provider (optional)

O7/29/2014 ESTELLE DEBATES

Enter name of individual signing as service provider

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Inform								
For calendar plan year 2013 or fiscal plan year beginning	01/01/201	L3 ar	nd end	ing 12	2/31/:	2013		
A This return/report is for:	plan a multip	le-employer plan (not r	multien	nployer)	a one-par	ticipant p	lan	
B This return/report is:		return/report		-				
an amended return		plan year return/report	(less t					
C Check box if filing under:		tic extension			DFVC pro	ogram		
	(enter description)							
Part II Basic Plan Information - enter all requal Name of plan	Jested information		1h T	hree-digit				
C&C TRADING LLC PROFIT SHARIN	NG PLAN			lan number (P	,N) ▶	0	01	
	10 1211.		1c E	ffective date of	of plan			
			01/01/1987					
2a Plan sponsor's name and address; include room or suite nur C&C TRADING LLC	mber (employer, if for sing	gle-employer plan)	2b Employer Identification Number (EIN) 23–2266678					
Cac HADING THE			2c s	ponsor's telep				
111 BROADWAY				-964 - 554				
8TH FLOOR, SUITE 808			2d B	Business code	(see instr	ructions)		
NEW YORK NY 100	006			52323				
	Plan Sponsor Name Same	as Plan Sponsor Address	3b A	dministrator's	EIN 64813	6		
111 BROADWAY, SUITE 808			3c A	3c Administrator's telephone number				
NEW YORK NY 100	J0 <u>6</u>							
4 If the name and/or EIN of the plan sponsor has change plan, enter the name, EIN, and the plan number from t		/report filed for this	4b E	IN				
a Sponsor's name	ile last return/report.		4c P	'n		-		
5a Total number of participants at the beginning of the	plan year		5a		10			
b Total number of participants at the end of the plan y			5b		7			
C Number of participants with account balances as of					_			
benefit plans do not complete this item)			5c		7			
6a Were all of the plan's assets during the plan year inv					}	X Yes	☐ No	
b Are you claiming a waiver of the annual examination					1	E 7	Π.,	
(IQPA) under 29 CFR 2520.104-46? (See instructions						X Yes	∐ No	
If you answered "No" to either line 6a or line 6b, t						П.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C If the plan is a defined benefit plan, is it covered under the F				Yes	No		termined	
Caution: A penalty for the late or incomplete filing of							cable a	
Under penalties of perjury and other penalties set forth in Schedule SB or Schedule MB completed and signed by a my knowledge and belief, it is true, correct, and complete	an enrolled actuary, as	well as the electronic	version	n of this return	n/report, a	and to the	best of	
SIGN (Just 6 Chil	12/16/14	 WILLIAM CH	ARLI	TON				
HERE Signature of plan administrator	Date	Enter name of individ			administra	ator		
SIGN								
HERE Signature of employer/plan sponsor	Date	Enter name of individ	dual sig	ning as emplo	over or pla	an sponso	or	
Preparer's name (including firm name, if applicable) and				Preparer's tele				
Preparer's name (including limit hame, it applicable) and	address, include room	Of Suite Humber (op.,	Orial,	ropuloi	spire	uiiieei (-,	, 11011.2,	
RICHARD EISENBERG			2	212-964-	-5543			
EISENBERG & BLAU CPA PC								
150 BROADWAY #1102								
NEW YORK NY 10038								
			8					