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

Don't I		Complete all entries in act	ccordance with the instru	ctions to the Form 5500)-SF.		
Part I	Annual Report I	dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension			X DFVC progra	am
	T =	special extension (enter descr	· /				
Part II		mation—enter all requested inf	formation				1
1a Name		AFIT OLIA BINIO TRUOT			1b	Three-digit plan number	
LENS & REF	PRO EQUIPMENT PRO	FIT SHARING TRUST				(PN)	001
					1c	Effective date o	
						01/01	
2a Plan s	ponsor's name and add PRO EQUIPMENT COF	lress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 13-25	fication Number
22 MEST 17	TH CTDEET				2c	Sponsor's telep	
NEW YORK	7TH STREET , NY 10011-5511				2d		(see instructions)
3a Plan a	dministrator's name and	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b	Administrator's	
					3c	Administrator's	telephone number
4 If the r	name and/or EIN of the	plan enonger has changed since	the last return/report filed f	or this plan, optor the	4h	FINI	
		plan sponsor has changed since the from the last return/report.	the last return/report filed i	or triis plan, enter the	40	EIN	
	or's name				4c	PN	
5a Total	number of participants a	at the beginning of the plan year			5a		
b Total i	number of participants a	at the end of the plan year		ľ			14
A Mississis		at the end of the plan year			5b		14
		ccount balances as of the end of t	the plan year (defined bene	efit plans do not	5b 5c		
compl	lete this item)	ccount balances as of the end of t	the plan year (defined ben	efit plans do not	5c		14
6a Were b Are yo	all of the plan's assets ou claiming a waiver of	during the plan year invested in e	the plan year (defined benderated) sligible assets? (See instruct	efit plans do not ctions.)ed public accountant (IQF	5c		14 14 X Yes No
6a Were b Are younder	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	the plan year (defined benderated) eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF	5c		14
6a Were b Are younder If you	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan c	the plan year (defined beneather) eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF	5c 	5500.	14 14 X Yes No Yes No
6a Were b Are younder If you	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	the plan year (defined beneather) eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF	5c 	5500.	14 14 X Yes No
6a Were b Are younder If you C If the p	all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan c	eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)?	5c	5500. Yes No	14 14 X Yes No Yes No
complete b Are younder If you c If the p Caution: A Under pena SB or Sche	all of the plan's assets bu claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit blan is a defined benefit A penalty for the late o alties of perjury and other.	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan caplan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructions of the plan cappaned of the plan	the plan year (defined benders) eligible assets? (See instruct of an independent qualification and conditions.) cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/rep	5c PA) Form se is	5500. Yes No established. Including, if applic	14 14 X Yes No Yes No Not determined able, a Schedule
complement of the process of the pro	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit olan is a defined benefit A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed.	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan caplan, is it covered under the PBG or incomplete filing of this returner penalties set forth in the instructions of the plan cappaned of the plan	the plan year (defined benders) eligible assets? (See instruct of an independent qualification and conditions.) cannot use Form 5500-SF GC insurance program (see in/report will be assessed ctions, I declare that I have	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/rep	5c PA) Form se is	5500. Yes No established. Including, if applic	14 14 X Yes No Yes No Not determined able, a Schedule
complement of the policy of th	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit olan is a defined benefit A penalty for the late of alties of perjury and other dule MB completed and true, correct, and completed.	during the plan year invested in e the annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan complete filing of this return er penalties set forth in the instruction of the instruction of the plan of t	eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/report,	Form se is ort, ir, and	5500. Yes No established. Including, if applicate the best of my	14 Yes No No Not determined Able, a Schedule knowledge and
complement of the process of the pro	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit a penalty for the late of alties of perjury and otherwise MB completed and true, correct, and completed with authorized/v	during the plan year invested in e the annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan complete filing of this return er penalties set forth in the instruction of the instruction of the plan of t	the plan year (defined benderically benderically beligible assets? (See instruct of an independent qualifically and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/rep rsion of this return/report,	Form se is ort, ir, and	5500. Yes No established. Including, if applicate the best of my	14 Yes No No Not determined Able, a Schedule knowledge and
complement of the process of the pro	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit to plan is a def	during the plan year invested in e the annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan complete filing of this return er penalties set forth in the instruction of the plan in the plan	eligible assets? (See instruct of an independent qualification and conditions.)	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/rep rsion of this return/report, JEFFREY KAY Enter name of individu	Form se is sort, irr, and signal signal	5500. Yes No established. Including, if applicate to the best of my	14 Yes No No Not determined Able, a Schedule knowledge and Maintain Not determined Not dete
complement of the process of the pro	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit to penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized/visignature of plan ad Signature of employ	during the plan year invested in e the annual examination and repor (See instructions on waiver eligible her line 6a or line 6b, the plan complete filing of this return er penalties set forth in the instruction of the plan in the plan	eligible assets? (See instruct of an independent qualification of an independent of an independent use Form 5500-SF GC insurance program (see in/report will be assessed of as well as the electronic version of the independent of	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/report, sion of this return/report, JEFFREY KAY Enter name of individu	Form se is sort, irr, and signal sign	5500. Yes No established. Including, if applicate to the best of my	14 Yes No No Not determined Able, a Schedule knowledge and Maintain Not determined Not dete
Caution: A Under pena SB or Schebelief, it is signification. SIGN HERE	all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit plan is a defined benefit to penalty for the late of alties of perjury and othedule MB completed and true, correct, and completed with authorized/visignature of plan ad Signature of employ	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib her line 6a or line 6b, the plan c plan, is it covered under the PBG r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a lete. ralid electronic signature. Iministrator	eligible assets? (See instruct of an independent qualification of an independent of an independent use Form 5500-SF GC insurance program (see in/report will be assessed of as well as the electronic version of the independent of	efit plans do not ctions.)ed public accountant (IQF and must instead use e ERISA section 4021)? unless reasonable cau examined this return/report, sion of this return/report, JEFFREY KAY Enter name of individu	Form se is sort, irr, and signal sign	5500. Yes No established. Including, if applicate to the best of my	14 14 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End o	f Voor			
	Total plan assets	7a	(a) Beginning of Tea				(b) End 0	1218			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	1172991			1218734					
	Income, Expenses, and Transfers for this Plan Year	70				(b) To					
	Contributions received or receivable from:		(a) Amount				(b) To	tai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	4579	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						45	793		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	5	0							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							50		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						45	743		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	ic Coc	les in t	he instructio	ns:			
D	V 0 0 0 1									—	
Par	•			ı							
10	During the plan year:		0 0 11 2 1		Yes	No	<i>,</i>	mour	nt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
D	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
						Χ					
				10c							
d	or dishonesty?	······································		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		' '	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end)	10g		Χ					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the	-							
Dani	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part 11	Is this a defined benefit plan subject to minimum funding requirem								. 1		
	5500) and line 11a below)							Y	'es	X	No
	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	<u> </u>			_	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Y	'es	X	No
	(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 granting the waiver.		Mon		and e	enter th Day		e lette /ear_	r rulir	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		ı				
h	Enter the minimum required contribution for this plan year					12b					

Page	3 -		1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				
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	l 4b Tr	ust's EIN	

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 Information		
To calcinda plan year 2010 of libear plan year 2000 libear 2000	2/31/2013	
A This return/report is for:	a on	e-participant plan
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 mo	onths)	
C Check box if filing under: Form 5558 automatic extension	X DFV	'C program
special extension (enter description)		
Part II Basic Plan Information—enter all requested information		
1a Name of plan	1b Three-	~
Lens & Repro Equipment Profit Sharing Trust	plan nu (PN)	1 004
		/e date of plan 01/01/1987
20 Discourse of discourse are with number (employer if for a single employer plan)	2h Empley	/er Identification Number
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Lens & Repro Equipment Corp.	(EIN)	13-2563040
22 West 47th Street		or's telephone number (212) 675-1900
33 West 17th Street New York, NY 10011-5511	2d Busines	ss code (see instructions) 443142
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	3b Admini	strator's EIN
	3c Admini	strator'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	
5a Total number of participants at the beginning of the plan year	5a	14
b Total number of participants at the end of the plan year	5b	14
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	14
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		Yes No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	Form 5500.	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Tes v	7 No. 1 Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report belief, it is true, correct, and complete.	port, including t, and to the b	, if applicable, a Schedule est of my knowledge and
SIGN Jeffrey Kay		
HERE Signature of plan administrator Date () 7/1 Enter name of individual	ual signing as	plan administrator
SIGN FERE		
Signature of employer/plan sponsor Date Enter name of individual		employer or plan sponsor elephone number (optional)
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)	Preparers	егернопе понтвег (орионаг)

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a	Total plan assets	7a	117299	1			1218734
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1172991	1			1218734
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	0-(4)			100		
	(1) Employers	8a(1)			-		
	(2) Participants	8a(2)			E I		
	(3) Others (including rollovers)	8a(3) 8b	45793	3			
	Other income (loss)		10100	,	_		45793
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					40700
	to provide benefits)	8d			211	Me.	
е	Certain deemed and/or corrective distributions (see instructions)	8e				1.1	
f	Administrative service providers (salaries, fees, commissions)	8f	50)	. 91		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50
<u>_</u>	Net income (loss) (subtract line 8h from line 8c)	8i	5 - 1 × 1 × 1 × 1 × 1 × 1 × 1	n .			45743
j	Transfers to (from) the plan (see instructions)	8j			. 18		
Par							
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	es from the List of Plan Chara	acteris	tic Co	des in	the instructions:
	2A 2E		- from the List of Dlan Charac	ntorioti	in Cod	log in t	ho instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	S ITOM THE LIST OF PIAM CHARAC	SIGNSU	ic cou	162 111 11	ne matractions.
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a		itions within	the time period described in ection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not in	nclude transactions reported	10b		Х	
C	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
e	Were any fees or commissions paid to any brokers, agents, or other	ner persons	by an insurance carrier,				
	insurance service, or other organization that provides some or all	of the bene	fits under the plan? (See	10e		Х	
	instructions.)					X	
f		,-500.1000.esc.		10f	_		
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
112	Enter the unpaid minimum required contribution for current year fi				- 1/	11a	land.
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						L bed Lid
a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortize	d in this plan year, see instru	ctions th	and e	enter th	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
	Enter the minimum required contribution for this plan year					12b	
	THE CONTRACT OF THE CONTRACT O						

	Form 5500-SF 2013 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?		Yes X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	to		,
	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust

14b Trust's EIN