Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit CLARION TRADING SERVICES, LLC 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 03/20/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number CLARION TRADING SERVICES, LLC (EIN) 13-3997928 Sponsor's telephone number 212-590-1410 PO BOX 447 NEW YORK, NY 10282 Business code (see instructions) 523130 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 5 Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 5 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 4

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

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

SIGN	Filed with authorized/valid electronic signature.	10/15/2015	JOHN T. PHILLIPS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/15/2015	JOHN T. PHILLIPS				
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan	ividual signing as employer or plan sponsor				
Preparer's	s name (including firm name, if applicable) and address (incl	ude room or suite numl	ber) (optional) Preparer's telephone number	(optional)			

5e

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accountations.)	nt (IC	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not det	ermined
Par	t III Financial Information	1	1						
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		2000
	Total plan assets	7a	16736	538	-			1513	3029
	Total plan liabilities	7b	16736	338				1513	3029
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b) T		
	Contributions received or receivable from:		`,				(5) 1	Jtai	
	(1) Employers	8a(1)	1064	151					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	-2033	270					
	Other income (loss)	8b 8c	2000	<i>313</i>				-96	6928
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	636	881					3020
	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						63	3681
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-160	0609
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Chara	cterist			he instruction	ons:	
10	During the plan year:			I	Yes	No		Amount	t
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X				1000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		X			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	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	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X N
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Ye	s X N
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Gueranty 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

2014

This Form Is Open to Public Inspection

	rt Identification Information	The state of the s		
For calendar plan year 2014 or		01/01/2014 and ending	12/31/2	
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer of participating employer information in acco		
	a one-participant plan	a foreign 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	months)	
C Check box if filling under:	X Form 5558	automatic extension	DFVC pro	ogram
	special extension (enter descri	lption)		
Part II Basic Plan In	formation-enter all requested inf	ormation	·	
1a Name of plan			1b Three-digit	T
CLARION TRADING SE	CRVICES LLC		plan number	
401(k) PROFIT SHAR			(PN) •	001
-5			1c Effective dat 03/20/20	
2a Plan sponsor's name and CLARION TRADING SE	address; Include room or suite number IRVICES, LLC	er (employer, if for a single-employer plan)	2b Employer Ide (EIN) 13-3	entification Number 997928
			2c Sponsor's te	
PO BOX 447	3		(212) 59	
			2d Business co	de (see instructions)
NEW YORK		NY 10282	523130	
Sa Plan administrator's name	and address XSame as Plan Spons	or.	3b Administrato	r's EIN
4 If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed for this plan, enter the	4b EIN	
name, EIN, and the plan r a Sponsor's name	number from the last return/report.		4c PN	-
	nts at the beginning of the plan year			. 5
b Total number of participan	ts at the end of the plan year	entrementen versentel province province between the conference of	The second secon	5
C Number of participants wit	th account balances as of the end of t	he plan year (defined benefit plans do not		
d(1) Total number of active p	restleinante at the beginning of the pla			_
	participatite of the positititid of the bit	an year	1	
d(2) Total number of entire		an year	5d(1)	4
	participants at the end of the plan yea	r	5d(1) 5d(2)	4
e Number of participants that	participants at the end of the plan yea	an year	5d(1)	4
e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and	participants at the end of the plan year terminated employment during the p te or incomplete filling of this return other penalties set forth in the instruc- and signed by an enrolled actuary, as	r	5d(1) 5d(2) 5e suse is established.	4 4 0
e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed bettef, it is true, correct, and co	participants at the end of the plan year t terminated employment during the p te or incomplete filling of this return other penalties set forth in the instruc- and signed by an enrolled actuary, as makete.	In year with accrued benefits that were /report will be assessed unless reasonable cations, I declare that I have examined this return/research as the electronic version of this return/report	5d(1) 5d(2) 5e suse is established. eport, including, if aport, and to the best of	4 4 0
e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief. It is true, correct, and co	participants at the end of the plan year terminated employment during the partie or incomplete filling of this return other penalties set forth in the instructionand signed by an enrolled actuary, as makete.	In year	5d(1) 5d(2) 5e suse is established. eport, including, if apprt, and to the best of	4 0 plicable, a Schedule my knowledge and
Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed betief, it is true, correct, and co	participants at the end of the plan year terminated employment during the plan te or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, as makete.	In year	5d(1) 5d(2) 5e suse is established. eport, including, if apport, and to the best of	4 0 plicable, a Schedule my knowledge and
Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed better it is true, correct, and cor SIGN HERE Signsture of plan Signsture of emp	participants at the end of the plan year terminated employment during the plan te or incomplete filling of this return other penalties set forth in the instruction and signed by an enrolled actuary, as makete. Administrator Administrator	In year	5d(1) 5d(2) 5e suse is established. eport, including, if apport, and to the best of	my knowledge and

Part II 7 Pia a Tot b Tot C Net 8 Inco a Cor (1) (2) (3) b Oth	ne plan is a defined benefit plan, is it covered under the PBGC in Financial Information In Assets and Liabilities It plan assets It plan assets (subtract line 7b from line 7a) It plan assets, and Transfers for this Plan Year Intributions received or receivable from: Employers Participants Others (including rollovers)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Yea 1,673 1,673 (a) Amount	ar 3 , 63	8	Yes	(b) End	of Yea	ar	nined
7 Pia a Tot b Tot c Net 8 Incc a Cor (1) (2) (3) b Oth	n Assets and Liabilities al plan assets al plan liabilities t plan assets (subtract line 7b from line 7a) ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from: Employers Participants	7b 7c 8a(1)	1, 673 1, 673 (a) Amount	3,63	1		(b) End			
a Tot b Tot c Net 8 Inco a Cor (1) (2) (3) b Oth	al plan assets al plan liabilities t plan assets (subtract line 7b from line 7a) ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from; Employers Participants	7b 7c 8a(1)	1, 673 1, 673 (a) Amount	3,63	1		(b) End			
b Tot c Net 8 Incc a Cor (1) (2) (3) b Oth	al plan liabilities t plan assets (subtract line 7b from line 7a) ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from: Employers Participants	7b 7c 8a(1)	1,673 (a) Amount		1			1	<u>, 5</u> 1	
C Net 8 Incc a Cor (1) (2) (3) b Oth	t plan assets (subtract line 7b from line 7a) ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from: Employers Participants	7c 8a(1)	(a) Amount	3,63	-					3,02
8 Inco a Cor (1) (2) (3) b Oth	ome, Expenses, and Transfers for this Plan Year ntributions received or receivable from: Employers Participants	8a(1)	(a) Amount	3,63				_		
(1) (2) (3) (b) Oth	ntributions received or receivable from: Employers Participants.				8			1	, 51	3,02
(1) (2) (3) b Oth	Employers		100		-		(b) T	otal		
(2) (3) b Oth	Participants		1 12 %	6,45	7					
(3) b Oth	The second secon	Ou(z)		0,10	+		_	-		
b Oth	Circle (including foliotely)	8a(3)			+			_		-
	ner income (loss)	8b	-203	3,37	9			-		-
U 100	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	203	3,57	1				_ a	6,92
	nefits paid (including direct rollovers and insurance premiums	80			+				- 5	0,92
	provide benefits)	8d	63	3,68	1					
	tain deemed and/or corrective distributions (see instructions)	8e								
f Adn	ministrative service providers (salaries, fees, commissions)	8f						T.		
g Oth	ner expenses	8g								
	al expenses (add lines 8d, 8e, 8f, and 8g)	8h							6	3,68
	income (loss) (subtract line 8h from line 8c)	8i								0,60
	nsfers to (from) the plan (see instructions)	8j		_	\top					
Part V	he plan provides welfare benefits, enter the applicable welfare fe								_	
10 Du	uring the plan year:				Yes	No		Amou	nt	
2	as there a failure to transmit to the plan any participant contribu! 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a		Х				
or	/ere there any nonexempt transactions with any party-in-interest n line 10a.)			10b		Х				
	Vas the plan covered by a fidelity bond?	***************************************	***************************************	10c	Χ				1	0,00
or	id the plan have a loss, whether or not reimbursed by the plan's dishonesty?			10d		Х				
ins	fere any fees or commissions paid to any brokers, agents, or oth surance service, or other organization that provides some or all structions.)	of the benefit	s under the plan? (See	10e		Х				
f Ha	as the plan failed to provide any benefit when due under the pla	n?		10f		Χ				
g Di	id the plan have any participant loans? (If "Yes," enter amount a	s of year end.	.)	10g		Х				
	this is an individual account plan, was there a blackout period?			iug		\neg				
25	520.101-3.) 10h was answered "Yes," check the box if you either provided th	ne required no	otice or one of the	10h		Х	-			
ex	cceptions to providing the notice applied under 29 CFR 2520.10	1-3	unnumum maaaaaaa	10i						
	this a defined benefit plan subject to minimum funding requirem							п		
	500 and line 11a below)					т		Ш	'es	⊠ No
	nter the unpaid minimum required contribution for current year fr	18-18-18-18-18-18-18-18-18-18-18-18-18-1				11a				_
	this a defined contribution plan subject to the minimum funding			or se	ction (302 of E	RISA?	Y	es	X No
a If a	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a waiver of the minimum funding standard for a prior year is being the waiver.	ng amortized i	in this plan year, see instruc		and e	enter the	e date of t	he lette Year	er ruli	ng

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), an	d skip to line 13.				
b Enter the minimum required contribution for this plan year				12b		
C 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 negative amount).	result (enter a min	us sign to the left	of a	12d		
e Will the minimum funding amount reported on line 12d be met by the f					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 I	No
If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year			13a		
b Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	nsferred to another	r plan, or brought	under the c	ontrol		Yes X No
C If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)						
14a Name of trust			1	14b ⊤r	ust's EIN	