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

Pension B	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report I	dentification Information				•	
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/report				
				n/report (less than 12 mg	onths))	
C Check	box if filing under:	Form 5558 special extension (enter description	automatic extension			X DFVC progra	am
D 4 II		<u> </u>	<u>′</u>				
Part II		rmation—enter all requested informa	tion				ī
1a Name CLARION T	•	LC 401(K) PROFIT SHARING PLAN			16	Three-digit plan number (PN)	001
					1c	Effective date o	
						03/20	
	ponsor's name and add RADING SERVICES, L	dress; include room or suite number (en LC	nployer, if for a single-	employer plan)	2b	Employer Identi (EIN) 13-39	fication Number 97928
PO BOX 44	7				2c	Sponsor's telep	
NEW YORK	C, NY 10282				2d	Business code ((see instructions)
3a Plan a	idministrator's name and	d address XSame as Plan Sponsor Na	ame 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 la	st return/report filed fo	or this plan, enter the	4b	EIN	
name	, EIN, and the plan num	nber from the last return/report.	·	,			
	or's name	at the beginning of the plan year				PN	
_		at the end of the plan year			5a 5b		5
		account balances as of the end of the pl			30		5
comp	lete this item)				5c		5
		during the plan year invested in eligible					X Yes No
		the annual examination and report of a (See instructions on waiver eligibility a					X Yes No
		ther line 6a or line 6b, the plan canno					
C If the	plan is a defined benefit	t plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined
Caution: A	A penalty for the late o	or incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.	
SB or Sche	edule MB completed an	ner penalties set forth in the instructions d signed by an enrolled actuary, as well					
belief, it is	true, correct, and comp	elete.					
SIGN	Filed with authorized/v	valid electronic signature.	10/15/2015	JOHN T. PHILLIPS			
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual sig	gning as plan adn	ministrator
SIGN	Filed with authorized/\	valid electronic signature.	10/15/2015	JOHN T. PHILLIPS			
HERE	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	parer's telephone	number (optional)
				ŀ			
Ī							

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	f Voor		
	Total plan assets	7a	` , •	1654746			(b) End of Year 167363			
	Total plan liabilities	7a 7b						10100	,00	
	Net plan assets (subtract line 7b from line 7a)	76 7c	1654746				1673638			
	Income, Expenses, and Transfers for this Plan Year	70					(b) Total			
	Contributions received or receivable from:		(a) Amount				(b) 10	tai		
	(1) Employers	8a(1)	6640	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	23282	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2992	20	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	28032	8						
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						2803	328	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						188	392	
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 2E 2G 3D	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	cterist	ic Coc	les in t	he instruction	ns:		
Par	•						I			
10	During the plan year:				Yes	No	,	Amoun	t	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X				
b	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				1	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		. ,			X				
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f						
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? (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							П	es 🔀	No
112	5500) and line 11a below)									
12	· · · · · · · · · · · · · · · · · · ·		,				EDISAS	П v	es 🗴	No
12	Is this a defined contribution plan subject to the minimum funding			or se	CHOIL	3U∠ UT	EKISA!	П	.o ^	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 a	enter th	l ne date of th	e letter	rulin	<u> </u>
	granting the waiver.	-			, and t	Day		e lettel Year	· um (_
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				

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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				14b Trust'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

	art Annual Report	Identification Information							
For	calendar plan year 2013 or fi		01/01/2013 and ending	12/31/2013					
A	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemploye	r) [a one-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	months)					
C	Check box if filing under:	☑ DFVC program							
		special extension (enter desc	miption)						
Pa	rt II Basic Plan Info	rmation—enter all requested in	formation	·	- With the second state of				
1a	Name of plan		Lacy many des	1b	Three-digit				
	CLARION TRADING S	ERVICES, LLC		1	plan number				
	401(k) PROFIT SHA	RING PLAN			(PN) 001				
					Effective date of plan				
2a	Plan sponsor's name and ad	dress; include room or suite numb	er (employer, if for a single-employer plan)		03/20/2001 Employer identification Number				
	CLARION TRADING S	ERVICES, LLC			(EIN) 13-3997928				
					Sponsor's telephone number				
	PO BOX 447				(212) 590-1410				
				2d	Business code (see instructions)				
	NEW YORK	——————————————————————————————————————	NY 10282		523130				
34	Plan administrators name ar	nd address Same as Plan Spon	sor Name Same as Plan Sponsor Address	3b	Administrator's EIN				
		2		3c	Administrator's telephone number				
					Manimonator o telepitorie fluitiber				
					100				
1	If the same and the Pint of the								
*	name. EIN, and the plan nur	plan sponsor has changed since nber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN				
5a	Total number of participants	at the beginning of the plan year.	***************************************	5a	T .				
b					9				
	Number of participants with a	account balances as of the end of	the plan year (defined benefit plans do not		5				
	complete this item)			5c	5				
6a	Were all of the plan's assets	during the plan year invested in e	eligible assets? (See instructions.)	***********	X Yes No				
D	Are you claiming a waiver of under 29 CER 2520 104-463	the annual examination and repo	rt of an independent qualified public accountant (QPA)					
	If you answered "No" to el	ther line 5a or line 6b, the plan of	oility and conditions.)	e Form	X Yes No				
C	If the plan is a defined benefi	t plan, is it covered under the PB0	GC Insurance program (see ERISA section 4021)		Voc. Tillo Till Not determined				
Linds	or namelies of parists and at	or incomplete filling of this return	n/report will be assessed unless reasonable c	ause is e	stablished.				
SB	r Schedule MB completed ar	ner penalties set forth in the instru nd signed by an enrolled actuary, a	ctions, I declare that I have examined this return/ as well as the electronic version of this return/repo	eport, inc	bluding, if applicable, a Schedule				
belie	f, it is true, correct, and comp	elete.	The state of the s	nt, and te	the peer of this knowledge and				
SIGI	1/1/1/	111-	Liedich From						
HERE									
D'm'		Annual Strator		idual sign	ling as plan administrator				
BIGI			JOHN T. PHILI	LIPS					
Preparer's name (including firm name, Mapplicable) and address; include room or suite number (optional) Preparer's telephone number (optional)									
, lep	are a name fundamiñ num ur	me "Mahhirania) aug aggless; il	icitude room or suite number (optional)	Prepa	rer's telephone number (optional)				
			<u> </u>						
For P	aperwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 8500-SF.	American	Form 8600-9E (2012)				

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
a Total plan assets	7a	1,65		6		1,673,638		
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c	1,65	4,74	6		1,673,638		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:			C 10		7.3			
(1) Employers	8a(1)	6	6,40	0				
(2) Participants	8a(2)			71.5				
(3) Others (including rollovers)	8a(3)	າາ	2 00	2.0	100			
b Other income (loss)	8b	23.	2,82	.0	_	200 220		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				I WYG	299,220		
to provide benefits)	8d	28	0,32	8				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f			1	1111			
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		J			280,328		
i Net income (loss) (subtract line 8h from line 8c)	8i	VIX.	'o Lift	12		18,892		
j Transfers to (from) the plan (see instructions)	8j			100				
Part IV Plan Characteristics								
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	s from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
10 During the plan year:				Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		Х			
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	,		10b		Х			
C Was the plan covered by a fidelity bond?			10c	Х		10,000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	d, that was caused by fraud	10d		Х			
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 benefi	ts under the plan? (See	10e		Х			
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	ıd.)	10g		Х			
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 VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	tule SE	(Form Yes X No		
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Code	or se	ction :	302 of	ERISA? Yes 🛚 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 being ranting the waiver.	ng amortized	d in this plan year, see instru		, and e	enter th Day	ne date of the letter ruling Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedul								
b Enter the minimum required contribution for this plan year					12b			

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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)	12d			
е	Will the minimum funding amount reported on line 12d be met by the fe			Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				al James
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 employee	loyer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transf the PBGC?				Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. 1	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 ⊤	rust's EIN	