	Form 5500-SF		Return/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employee	2011				
Er	ISA), and sections 6057(b) and 6058( Code (the Code).								
P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance witl	h the instructions to the Form 5500	)-SF.	113	pection		
		entification Information			0/04/4				
	calendar plan year 2011 or fisca		7		2/31/2				
	This return/report is for:	a single-employer plan		e-employer plan (not multiemployer)		a one-partici	bant plan		
B This return/report is:									
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	—			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m		
		special extension (enter description							
		nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit plan number			
STOP	NE MOUNTAIN ACCESSORIES	, INC. RETIREMENT PLAN				(PN)	001		
				-	1c	Effective date o	fplan		
						06/01	2002		
	Plan sponsor's name and addre	ess; include room or suite number ( 5, INC.	employer, if	for a single-employer plan)	2b	Employer Identii (EIN) 58-15	fication Number 31437		
10 W	. 33RD STREET				2c	Sponsor's telep 212-56			
NEW	YORK, NY 10001				2d	Business code ( 54199			
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Sa   STONE MOUNTAIN ACCESSORIES, INC. 10 W. 33RD STREET   NEW YORK, NY 100 NEW YORK, NY 100				?") -			31437		
						212-563			
4 If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.				report filed for this plan, enter the	EIN 58-0808586				
а	Sponsor's name				4c	PN	001		
5a Total number of participants at the beginning of the plan year					5a		18		
<b>b</b> Total number of participants at the end of the plan year					5b	5b			
C		count balances as of the end of the	• • •		5c		18		
6a	Were all of the plan's assets d	uring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes 🗌 No		
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
De			Form 5500-	SF and must instead use Form 550	)0.				
	rt III Financial Informa	ation							
7	Plan Assets and Liabilities		_	(a) Beginning of Year 1583286		(b) End	of Year 1565235		
a b	•			0			0		
b C	•	/b from line 7a)		1583286			1565235		
8	Income, Expenses, and Transf	,	70	(a) Amount		(b) 1			
a	Contributions received or recei					(6)	otai		
-			8a(1)	0					
	(2) Participants		8a(2)	81013					
	(3) Others (including rollovers)	)	8a(3)	0	_				
b	· · · ·			-31564					
C		8a(2), 8a(3), and 8b)	8c				49449		
d		ollovers and insurance premiums		0					
е	,	ive distributions (see instructions)		67500					
f		s (salaries, fees, commissions)		0					
g	•			0					
h		3e, 8f, and 8g)					67500		
i		e 8h from line 8c)		-18051					
j		ee instructions)		0					
					_				

Page 2 - 1

## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions							
10	Dur	During the plan year:				A	mount		
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		x				
С	Wa	is the plan covered by a fidelity bond?	10c	Х			250000		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		Х				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X			3892		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Х				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х				
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part		Pension Funding Compliance							
11									
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling granting the waiver								
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		F		1			
b	Ente	er the minimum required contribution for this plan year			12b				
С		er 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 negative amount)								
е	e 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?	····· <u>···</u>		١	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						🗌 Yes X No		
C 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.)									
13c(1) Name of plan(s):				13	c(2) El	N(s)	<b>13c(3)</b> PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.			

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	KENNETH ORR				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/15/2012	KENNETH ORR				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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		<u>/</u>	ATN	TRACY	<b>F</b> A	1× 203	· S67.	8004			
	Form 5500-SF Short Form Annual Return/Report of Small Emplo Benefit Plan						OMB Nos. 121 121				
	Internal Revenue Service	This form is required to be	This form is required to be filed under sections 104 and 4065 of the Employ				2011				
Ē	Department of Labor mployee Banella Socurity Administration Pension Banelli Guaranty Corporation	. the In	Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 605 the Internal Revenue Code (the Code),					n to Public on			
-		Complete all entries in activity of the second s		<u>rith the Instructions</u>	to the Form 6600	SF.		<u> </u>			
	r the calender plan year 2011 or 1			/01/2011	and ending	12/31/201	<u>т</u>				
		x a single-employer plan		le-employer plan (not		(	arlicipant pla				
_	This return/report is:	menumpayan		atricipant pia	ก						
-	ine reterriteport is.	the first relum/report	님	l return/report	(	41					
~	Charles have 11 filler a substant		븜	plan year returnfrepori Ka adaaslaa	r fiese men 15 mon	<u>'</u>					
v	Check box if filing under:			lic extension		DFVG p	rogram				
	and it Dente Dies Infer	special extension (enter descript	-					۰			
_	art il Basic Plan Info; Name of plan	mation enter all requested in	<u>nformation,</u>		<u>_</u> _	1b Three-digi					
	•					plan numb	er				
	STONE MOUNTAIN ACCES	SORIES, INC. RETIREMENT	plan		-	(PN) ►	001				
						1C Effective d 06/01/2					
<b>2</b> a		ess; include room or suite number (	emplayer, if	for single-employer pl	an)	2b Employer					
	STONE KOUNTAIN ACCESS	JORINS, INC.			Ĺ		- 1531437				
						2c Plan spons	or's telephon	ie vrimper			
	10 W. 33RD STREET				Ļ	(212) 5					
bs	NEW YORK	10001				2d Business c 541990	ode (sae insi	ructions)			
3a		NY 10001 address (If same as plan sponsor, a	enter "Same	·\ <u>\</u>		3b Administra	or's EIN				
	Same	anarood (n disino no paris sparido), t		. /			DI 9 CII4				
					⊢	3c Administrator's telephone number					
							ni e terebrinti	ia (Milinal			
Ā	If the name and/or CIN of the si	an sponsor has changed since the		and first fars the street	a allo a dha	4b EIN 58-0					
•	name, EIN, and the plan numbe	an sponsor has changed since the st from the last return/report.	(251 1011)(111	about mea lot ana bisu	·	4	808586				
	Sponsor's Name					4C PN 001					
ba b		the beginning of the plan year				5a 18					
ĉ	Number of participants with acc	the end of the plan year	ulan vear (d	efined benefit plans do		<u>5b</u>		1.6			
<u> </u>	complete this item)	<u></u>		<u></u>		<u>5c</u>		1.8			
	Were all of the plan's assets du	ring the plan year invested in eligibl	e assels7 (S	See Instructions.)			• XY	es No			
b	Are you claiming a waiver of the upder 29 CER 2520 104-487 (S	annual examination and report of ee instructions on waiver eligibility :	en indepens and conditio	lent qualified public ac	countant (IQPA)						
		r 6a or 6b, the plan cannot use Fo					• ( <u>A</u> ) 1	евNa			
Þa	rt III: Financial Inform	ation					······································				
7	Plan Assets and Liabilities	······································	Pe -	(a) Beginn	ing of Year	(b)	End of Year				
a	Total plan assets		· 7a		1,583,286		1,5	65,235			
b	Tolei plan Babililes		. 7b		0			· 0			
C	Net plan assets (subtract line 7b		. 7c		1,583,286		1,5	65,235			
8	Income, Expenses, and Transfe			(a) An	liount		(b) Total				
a	Contributions received or received (1) Employers		. 8a(1)		۰ <i>.</i> ۵						
	(2) Patilcipants		. 8a(2)	·	B1,013						
	(3) Others (including rollovers).		. 8a(3)				1.2.3				
b	Olher Income (loss)		- 8b		(31,564)						
G	Total Income (add lines Ba(1), Br	a(2), 8a(3), and 8b)	. 8c			an a manu	27701-0470-475 4	19,449			
d	Benefits paid (including direct rol	lovers and insurance premiums		1							
			. 8d	1	0						
A	to provide benefils)					Search Green	18 6 S 16				
	Certain deemed and/or corrective	e distributions (see instructions) 🔒	. 8e		67,500						
f	Certain deemad and/or comactive Administrative service providers		• 8e • 8f		0						
f g	Centeln deemed and/or corrective Administrative service providers Other expenses	e distributions (see instructions) . (salaries, fees, commissions) .	• 80 • 81 • 89		0						
f g h	Centain deemed and/or corrective Administrative service providers Other expenses	e distributions (see instructions) . (salaries, fees, commissions) . 	• 80 • 81 • 8g • 8h		0			57,500 1,051)			
f g h i	Centeln deemed and/or corrective Administrative service providers Other expenses	e distributions (see instructions) . (salaries, fees, commissions) . , 8f, and 8g) Ith from line 8c),	• 80 • 81 • 89		0		(18	3,051)			

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	Farm 5500-SF 2011	<u></u>	Page 2-						
Par	IV Plan Characteristics								
	f the plan provides pension benefils, enter the applicable pension fer 28 26 25 28 30 f the plan provides welfare banefils, enter the applicable welfare feat								
Par	V Compliance Questions	······			<b></b> .				
10	During the plan year:	<u> </u>	·····		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution	ona within the time pe	ariod described in						
	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiducis Were linere any nonexempt transactions with any party-in-interest? on line 10a.)	ary Correction Progra (Do not include trans	m)	10a 10b		x			
C	Was the plan covered by a fidelity bond?			100	x				250,00
d	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?	delity bond, that was	ceused by fraud	10d		I		**	
6	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	f the benefits under t	he plan? (See	10e	x				3,89:
f	Has like plan failed to provide any benefit when due under the plan?	•••••		101		x	<u> </u>		
g	Did the plan have any participant loans? (If "Yes," enter amount as					x			
h	If this is an individual account plan, was there a blackout period? (Si			10g				Sama .	and without
	2520,101-3.)			10h		x		ية الموجع . ماريمه فتروج . وي	$(1) \in \{1, 2\}$
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 GFR 2520.101-3	required notice or or	is of the	10)				96 43.5 30 70 30	lister Pristori
	VI Pension Funding Compliance								
1	is (his a defined benefit plan subject to minimum funding requiremen 5500))	nta? (if "Yes," see ins	tructions and comple	ele Scl	heduk	e S8 (	Fam	TYe	s X No
2	Is this a defined contribution plan subject to the minimum funding re	quirements of section	412 of the Code or	ninga.	n 302		1542	· · · · ·	s X No
if yı b	if a waiver of the minimum funding standard for a prior year is being granting the waiver	B (Form 5500), and	akip to line 13.	th	 . [				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left of a	a .		12d			
	Will the minimum lunding amount reported on line 12d be met by the				·			No	
art '	I Plan Terminations and Transfers of Assets		· · · · · · · · · ·			<u> </u>			
3a	las a resolution to terminate the plan been adopted in any plan year	2		<u> </u>				. Ye	a X No
	f "Yes," enler the amount of any plan assets that reverted to the am	ployer this year			Ì.	13a			
C	Nere all the plan assets distributed to participants or beneficiaries, tr of the PBGC? I during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)					") "	• • •	• 🛄 Ye	s X No
	:(1) Name of plan(s);	······			130	c(2) El	IN(s)	13c(:	) PN(s)
<u> </u>									
		<u> </u>							
nder p 3 or S	A ponalty for the late or incomplete filing of this return/report v snallies of perjury and other penalties set forth in the instructions, I d hedule MB completed and signed by an enrolled actuary, as well as is true, correct, and complete.	eclare that I have ex	amined this return/re	nort k	പ്പസ്	ing If	analizabla	a Schedu ledge and	8
lign	Limit IIIm	9/24/12	KENNETH ORR						
IERE	Signature of plan administrator	Date	Enter name of Indiv	vidual	sionin	10 24 1	lian admini	airainr	- ·· ·· ·· <u>·</u> ·
SIGN				anal		-9 -10 -1			
IĘRE	Signature of employer/plan sponsor	Dale	Enter name of Indiv	dust	alasia		annieuee	nine enci	
	· · · · · · · · · · · · · · · · · · ·		Terune trailio di tildh	1000	តម្លោះទោ	19 88 6	anihinikat ol	hinu shoi	MAL