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

2012

This Form is Open to Public Inspection

			Complete all entries in a	ecordance with the instri	ictions to the Form 550)0-SF.				
	art I		Identification Information	1						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/0	1/2012	and ending	12/31/2	2012			
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	oyer) a one-participant plan				
В	This retu	urn/report is:	the first return/report	the final return/repor	t					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m		
			special extension (enter des	cription)						
Pa	art II	Basic Plan Info	rmation—enter all requested in	nformation						
1a	Name o	of plan				1b	Three-digit			
AMEI	RICAN A	ARTS & CRAFTS ALL	LIANCE, INC. 401(K) PROFIT SH	ARING PLAN			plan number	004		
						4-	(PN) •	001		
						1c Effective date of plan 01/01/2003				
2a	Plan sp	onsor's name and add	dress; include room or suite numb	ber (employer, if for a single	e-employer plan)	2b	Employer Identif			
		ARTS & CRAFTS ALL		())	, , , ,		(EIN) 13-297			
						2c	Sponsor's teleph	none number		
7 CO	BBLES	TONE COURT					212-866			
CEN	TERPO	RT, NY 11721				2d	Business code (
32	Dlan as	dministrator's name an	ad addraga VCama as Dlan Char	noor Nome Come so Die	on Changer Address	2h	81299 Administrator's E			
Ja	Plan ac	aministrator's name an	nd address XSame as Plan Spor	isor NameSame as Pia	an Sponsor Address	30	Administrator's E	IIN		
						3с	Administrator's t	elephone number		
4	If the co			the death and and fine and file of	for the other contact the	41.				
4			e plan sponsor has changed since mber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
а		or's name	The state of the s			4c	PN			
5a	Total n	number of participants	at the beginning of the plan year			5a		2		
b	Total n	number of participants	at the end of the plan year			5b		2		
С			account balances as of the end of	' ' '	•	5c		2		
62			s during the plan year invested in					X Yes No		
b		•	f the annual examination and repo	•	•					
	under	29 CFR 2520.104-46?	? (See instructions on waiver eligi	bility and conditions.)				X Yes No		
	If you	answered "No" to ei	ither line 6a or line 6b, the plan	cannot use Form 5500-Si	F and must instead use	Form	5500.			
Cau	ution: A	penalty for the late of	or incomplete filing of this retu	rn/report will be assessed	l unless reasonable ca	use is	established.			
			her penalties set forth in the instru							
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, plete.	as well as the electronic ve	ersion of this return/repor	t, and t	to the best of my	knowledge and		
	,			<u> </u>	1					
SIG		Filed with authorized/valid electronic signature. 07/01/2013 SIMON GAON								
HEI	KE	Signature of plan a	dministrator	Date	Enter name of individ	lual sig	ıning as plan adm	ninistrator		
SIG										
HEI		Signature of emplo	<i>.</i>	Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor		
Pre	parer's	name (including firm n	name, if applicable) and address; i	include room or suite numb	er (optional)	Prep	arer's telephone	number (optional)		

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End	f Y	ar		
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea			594527					
	Total plan liabilities	7b	10711	0						0	
	Net plan assets (subtract line 7b from line 7a)						594527				
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) To		70402	,	
	Contributions received or receivable from:		(a) Amount				(b) 10	nai			
	(1) Employers	8a(1)	3576	9							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	7134	-6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	0711	5	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0	
	Net income (loss) (subtract line 8h from line 8c)	8i							10711		
	Transfers to (from) the plan (see instructions)	8j		0							
		oj .		0							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	2E 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Coc	des in t	he instruction	ns:			
_	V 0 11 0 11										
Par	•					Ι					
10	During the plan year:				Yes	No		Amo	ount		
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					
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 of	ner person of the bene	s by an insurance carrier, efits under the plan? (See	400		Х					•
	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
Part	VI Pension Funding Compliance										
11											
11a	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th		e le Yea		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		ı ca			
	· · · · · · · · · · · · · · · · · · ·	•				12b					
h	Enter the minimum required contribution for this plan year				1	120					

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	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		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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.

OMS Nos. 1210-0110 1210-0089

2012

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Part I For calent		Identification Information iscal plan year beginning	01/01/2012	and ending	12/31/2	012			
A This re	eturn/report is for:	a single-employer plan	a multiple-empl	oyer plan (not multiemployer)	a one-pa	rticipant plan			
	eturn/report is:	the first return/report	the final return/	report					
		an amended return/report	a short plan yea	r return/report (less than 12 r	nonths)				
C Check	box if filing under:	Form 5558	automatic exter	sion	DFVC pri	ogram			
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation	a forest and the					
ia Name					1b Three-digit				
AMERIC	CAN ARTS & CRA	AFTS ALLIANCE, INC. 4	01(K) PROFIT	SHARING PLAN	plan numbe (PN) >	001			
					1c Effective da 01/01/20				
		dress, include room or suite numb	er (employer, if for a	single-employer plan)	2b Employer Id (EIN) 13-2	entification Number			
						elephone number			
7 COBE	LESTONE COURT				212-866				
						de (see instructions)			
CENTER		NY 11721			812990				
3a Plan	administrator's name a	nd address XSame as Plan Spor	sor Name X Same	as Plan Sponsor Address	3b Administrato	w's EIN			
					3c Administrato	or's telephone number			
name	e, EIN, and the plan no	e plan sponsor has changed since imber from the last return/report.	the last return/report	filed for this plan, enter the	4b EIN				
	sor's name	of the businesses of the other was			4c PN				
		s at the beginning of the plan year.			- 5a				
	Commence of the Commence of th	s at the end of the plan year			5b				
	ber of participants with plete this item)	account balances as of the end of	the plan year (define	d benefit plans do not	5c				
6a Wen	e all of the plan's asset	Is during the plan year invested in	oligible assets? (See	instructions.)		. X Yes N			
b Ares	ou claiming a waiver of	of the annual examination and repo	rt of an independent	qualified public accountant (10	OPA)	⊠ Yes □ N			
unde	r 29 CFR 2520.104-46	? (See instructions on warver eligitether line 6a or line 6b, the plan	uility and conditions.).	00-SE and must instead use	e Form 5500.	- H 160 U 16			
		or incomplete filling of this retur		ONLY A PURE OF THE PROPERTY OF					
Under per	nalties of periury and or	ther penalties set forth in the instru	ctions, I declare that I	have examined this return/re	eport, including, if ap	plicable, a Schedule			
SB or Sch	edule MB completed a true, correct, and com	and signed by an enrolled actuary,	as well as the electro	nic version of this return/repor	rt, and to the best of	my knowledge and			
Les constitution	1		1/100	1 22 2013	-				
SIGN	Linin	GAON	6/22						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator			
SIGN									
HERE					loyer or plan sponsor				
reparer's	s name (including firm i	name, if applicable) and address; i	nclude room or suite	number (optional)	Preparer's teleph	one number (optional			
					ROSE HELVISON				
					1				

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Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b) End of	Year		
a	Total plan assets	7a		87412		(11)		594	1527
b	Total plan liabilities	7b		0					(
С	Net plan assets (subtract line 7b from line 7a)	7c	4	87412			594	1527	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	al		
	Contributions received or receivable from:					(3) 10			
	(1) Employers	8a(1)		35769					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	thers (including rollovers)							
b	Other income (loss)	8b		71346					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						107	7115
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
ī	Net income (loss) (subtract line 8h from line 8c)	8i						107	7115
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics	<u> </u>							
9a		feature co	des from the List of Plan Chara	acteristic	c Codes 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	cteristic	Codes in t	he instruction	ns:		
_									
Par				Ι.	, ,,				
10	During the plan year:	C = = = 20 - 1	a tha tha a said da a alba a bh	,	res No	A	mount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a	Х				
	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	X				
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e	Х				
f	<u> </u>			10f	Х				
					X				
g	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g	X				
i		ne required	d notice or one of the	10h					
D	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						П у		
	5500) and line 11a below)								
	Enter the amount from Schedule SB line 39								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon		and enter t Day		e letter r	uling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				T			
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)	12d					
<u>e</u>	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 N	0			
	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 to the PBGC?	ne control	ontrol Yes X N				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b	14b Trust's EIN				