Foi	Form 5500-SF Short Form Annual Return/Report of Small Employed						OMB Nos. 1210-0110 1210-0089		
	artment of the Treasury rnal Revenue Service	This form is required to be f	Benefit Plan	and 4065 of the Employee	2		2012		
	epartment of Labor Benefits Security Administration	Retirement Income Security Act		ections 6057(b) and 6058		s Open to Public			
Pension Be	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		entification Information	24.0		0/04/	0040			
	lar plan year 2012 or fisca	al plan year beginning 01/01/20			2/31/:				
	turn/report is for:			lan (not multiemployer)		a one-partici	pant plan		
B This ret	turn/report is:	the first return/report an amended return/report	the final return/report		ntha'	N N			
		Form 5558	automatic extension	n/report (less than 12 mc	Jinis,)			
C Check	box if filing under:	special extension (enter descrip					111		
Part II	Basic Plan Inform	nation—enter all requested infor							
1a Name		nation—enter an requested into	maion		1b	Three-digit			
	•	401(K) PROFIT SHARING PLAN				plan number (PN) ▶	001		
					1c	Effective date o	•		
	ponsor's name and addre HOME NOVELTIES, INC.	ess; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identi (EIN) 05-05	fication Number 04696		
640 WINTEI	R STREET				2c	Sponsor's telep 401-76			
	KET, RI 02895				2d	Business code 45399	(see instructions)		
	administrator's name and OME NOVELTIES, INC.	address Same as Plan Sponso 640 WINTER		n Sponsor Address	3b	b Administrator's EIN 05-0504696			
		WOONSOC	KET, RI 02895		3с	Administrator's 401-762	telephone number 2-6110		
		lan sponsor has changed since th er from the last return/report.	e last return/report filed f	or this plan, enter the	4b	EIN			
	sor's name				4c	PN			
5a Total	number of participants at	the beginning of the plan year			5a		24		
b Total	number of participants at	the end of the plan year			5b		22		
		count balances as of the end of th		-	5c		19		
		uring the plan year invested in elig		,			X Yes No		
under	r 29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibiliti er line 6a or line 6b, the plan ca	y and conditions.)	· · · · · · · · · · · · · · · · · · ·	,, , , , , , , , , , , , , , , , ,		X Yes 🗌 No		
		incomplete filing of this return/							
Under pen SB or Sche	alties of perjury and other	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	09/23/2013	JENNIFER JOLICOEU	IR				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator		
SIGN				1					
HERE	Signature of employe		Date	Enter name of individu					
Preparer's	name (including firm nan	ne, if applicable) and address; incl	ude room or suite numbe	er (optional)	Prep	barer's telephone	number (optional)		
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the i	nstructions for Form 5500	-SF.			Form 5500-SF (2012)		

Part III Financial Information	<u>. </u>					
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(b)) End of Year
a Total plan assets	. 7a	83039	9			930972
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	83039	9			930972
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	. 8a(1)	2767				
(2) Participants	. 8a(2)	4621		_		
(3) Others (including rollovers)	. 8a(3)	760				
b Other income (loss)	. 8b	7493	6	_		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_		156427
to provide benefits)	. 8d	5525	4			
e Certain deemed and/or corrective distributions (see instructions)	. 8e					
f Administrative service providers (salaries, fees, commissions)	. 8f	60	0			
g Other expenses	. 8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					55854
i Net income (loss) (subtract line 8h from line 8c)	. 8i					100573
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Charac	cterist	ic Cod	es in the in	structions:
				Yes	No	A
 During the plan year: 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 	utions within th	e time period described in	10a	100	X	Amount
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not incl	ude transactions reported				
C Was the plan covered by a fidelity bond?			10b		Х	
				Х	Х	75000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10b 10c 10d	X	X X	75000
d Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond, her persons b of the benefits	that was caused by fraud y an insurance carrier, under the plan? (See	10c	x		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	2	experiment of the Treesury		Benefit Plan				0040
Employee Bandle Search Sear			This form is required to b	e filed under sections 104	and 4065 of the Emplo	YEE		2012
Part I Annual Report Identification Information Part I Annual Report Identification Information For calendar plan year 2013 or fiscal glan year beginning 0.1/02/2012 A This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report B This return/report is : Ib the first enturn/report <td></td> <td>e Benetics Security Administration</td> <td></td> <td></td> <td></td> <td>29(9) 01</td> <td>This Form</td> <td></td>		e Benetics Security Administration				29(9) 01	This Form	
For calendar plan year 2012 or fiscal genyear beginning 01/02/2012 and ending 12/31/2012 A This neturn/report is for: B a single-employer plan B multiple-employer plan (not multiemployer) a one-participant plan B This neturn/report is: B an amended return/report B o short plan year return/report (less than 12 months) DFVC program Part II Basic Plan Information—enter all requested information B This neturn/report B othora is turn/report B othora is turn/report 12 Part II Basic Plan Information—enter all requested information 10 Three-digit plan number (employer plan) 13 Name of plan III Three-digit plan aponser's name and address; Include room or suite number (employer, If for a single-employer plan) 10 Three-digit plan administrator's name and address; Include room or suite number (employer, If for a single-employer plan) A THENAS HOME NOVEL/TIES, INC. 02.8.95 30 20 Employer tedrafication Number (EM) 00/21/7152/912 64.0 WINTER STREET VINCE 02.8.95 30 Administrator's telephone number (employer) 64.0 WINTER STREET NI 02.8.95 30 Administrator's telephone number (employer) 64.0 WINTER STREET NI 02.8.95					uctions to the Form 5	500-SF.	1	
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C C Check hox If filing under: B an amended return/report B estort plan year return/report (leas than 12 morthb) Part II Basic Plan Information—enter all requested information B poddl extension (meter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) if D Three-digit plan nummer (PN) if D Three-digit plan number (PN) if			_			n)	a one-park	apant pian
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Part III Financial Inform	nation	r	1						
7 Plan Assets and Liabililies		ļ	(a) Beginning of Ye				(b) End (of Year	
a Total plan assets		7a	· 8	3039	<u>99</u>				930972
		75							****
C Net plan assets (subtract line	7b from line 7a)	70	8	3039	99				930972
8 Income, Expenses, and Tran		ļ	(a) Amount				(b) To	otal	
a Contributions received or rec (1) Employers	elvable from;	88(1)		276					
(2) Participants		Ba(2)		462:					
(3) Others (including rollove)	······································	8a(3)		760					
b Olher Income (loss)		<u>8b</u>		7493	36				·····
C Total Income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8c						4	156427
	t rollovers and insurance premiums	8d		5529	54				
e Certain deemed and/or corre	ctive distributions (see instructions)	80							
f Administrative service provid	ers (salaries, fees, commissions)	8f		6(00				
g Other expenses		8g							****
h Total expenses (add lines 8d	, 8e, 8f, and 8g)	8h							55854
i Net income (loss) (subtract li	ne 8h from line 8c)	81							100573
j Transfers to (from) the plan (see instructions)	8							
Part IV Plan Character	istics	•			-				
· · · · · · · · · · · · · · · · · · ·	benefits, enter the applicable pension	fealure co	des from the List of Plan Char	acteri	stic Co	odes in	the instruct	ions:	
	enefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cleris	ic Co	ies in ti	he Instructio	ons:	
Dant M. Canan Kanaa Oyu									
Part V Compliance Que: 10 During the plan year.	stions	*****			Yes	No		Amount	
a Was there a failure to transi	nil to the plan any participant contribu			10a		x		Anoune	
b Were there any nonexempt	instructions and DOL's Voluntary Fldu transactions with any party-In-Interest	? (Do not l	include transactions reported	1		x			
				10b					
	fidelity bond?			100	X				75000
	ether or not reimbursed by the plan's			10d		x			
	ons paid to any brokers, agents, or oth rganization that provides some or all o				x				
instructions.)	A			10e		ļ			2107
f Has the plan falled to provid	e any benefit when due under the pla	n?		101		X			
g Did the plan have any partic	ipant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	x				112391
h If this is an individual account	nt plan, was there a blackout period? (See instru	clions and 29 CFR	10h		x			
i If 10h was answered "Yes,"	check the box If you either provided the notice applied under 29 CFR 2520.10	ne required	I notice or one of the	101					
Part VI Pension Funding				1	L	L		******	
11 Is this a defined benefit plan	subject to minimum funding requirem							T Ye	. П No
	dule SB line 39					11a		11,6	
	n plan subject to the minimum funding					302 of 1	ERISA?	Ye:	No No
	or lines 12b, 12c, 12d, and 12e below.								
	inding standard for a prior year is bein	szihoms pi			, and (enter (h Day		e letter n Year	uling
A	nplote lines 3, 9, and 10 of Schedul								
b Enter the minimum required	contribution for this plan year					126			

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	······································						
C	Enter the amount contributed by the employer to the p	lan for this plan year		12c			
đ	Subtract the amount in line 12¢ from the amount in line negative amount)			12d			
ę	Will the minimum funding amount reported on line 12d	be met by the funding deadline?			Yea	No No	N/A
Part	VII Plan Terminations and Transfers of	Assets					
13a	Has a resolution to terminate the plan been adopted in any	y plan year?			res 🔀	No	
	If "Yes." enter the amount of any plon assets that reve	ried to the employer this year		13a			
b	Were all the plan assets distributed to participants or b of the PBGC?	eneficiaries, transferred to another plan, or brought u	nder the c	ontrol		١	res 🗶 No
¢	If during this plan year, any assets or liabilities were tra- which assets or liabilities were transferred. (See Instru-	ansferred from this plan to another plan(s), identify the					
1	3c(1) Name of plan(s):		13	(2) El	N(\$)	13	c(3) PN(s)
*** *******							
Part	VIII Trust Information (optional)						
14a i	lame of trust		ŀ	14b Ti	ust's Ell	1	