For	m 5500-SF	Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 121 121			
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ			е	2012				
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1 the Internal I							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I		entification Information			0/04/				
For calenda	ar plan year 2012 or fisca	<u> </u>			2/31/				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report	he final return/report						
		an amended return/report a short plan year return/report (less than 12 mo				onths)			
C Check b	box if filing under:] Form 5558	utomatic extension		DFVC program				
		special extension (enter description))						
Part II	Basic Plan Inform	nation—enter all requested information	ion						
1a Name	•				1b	Three-digit			
NEWPORT	DESIGNS CORP 401(K)	PROFIT SHARING PLAN & TRUST				plan number (PN) ▶	001		
					1c	Effective date or			
					10	01/01	•		
	consor's name and addred DESIGNS CORPORATION	ess; include room or suite number (em ON	ployer, if for a single-	employer plan)	2b		fication Number 97228		
1932 MCDO	NALD AVENUE				2c	C Sponsor's telephone number 718-210-4140			
BROOKLYN					2d	Business code (see instructions 561790			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	3b Administrator's 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. 									
a Sponse					4c PN				
5a Total number of participants at the beginning of the plan year				5a 5					
b Total number of participants at the end of the plan year					5b (
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
							X Yes No		
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
							X Yes No		
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
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 HERE	Filed with authorized/va	lid electronic signature.	10/18/2013	JASON KLEIN	SON KLEIN				
	Signature of plan adm	ninistrator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employe		Date	Enter name of individual signing as employer or plan spo					
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite number	r (optional)	Pre	parer's telephone	number (optional)		

P Pen Assets and Labilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 45764 D Total plan fabrities 7b 55764 B Incorne, Expresse, and Transfers of this Plan Year (c) Amount (b) Total a Contributions received or receivable from: 8a(1) 33764 35764 B Incorne, Expresse, and Transfers of this Plan Year 6a(1) 33764 35764 G) Dhers (including rotificers) 8a(2) 35764 35764 G) Dhers (including rotificers) 8a(3) 35764 35764 G) Dhers (including rotificers) 8a(3) 35764 35764 G) Dhers (including rotificers) 8a(3) 35764 35764 G Total income (total) 8a(1) 35764 35764 G Total income (total) 8a(1) 35764 35764 G Interminative service providers (statistic, less, commissions) 8t 35764 35764 G Participanti 8a(1) 35764 35764 35764 G Interp is provide benefits, enter the applicable pension factors 8g 35764 35764 G Total incorene (totas) (statificant benefits, enter the	Part III Financial Information								
b Total plan labilities 7b 35764 c Net plan assate (subtract line 7b from line 7a)	7 Plan Assets and Liabilities		(a) Beginning of Yea	eginning of Year			(b) End of Year		
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(2) Participants		e (1)	0570						
(3) Others (including rollovers) Ba(3) Ba(3) b) Other income (loss)			3576	4					
b Other income (loss) Bb Bb c Total income (loss) Back (loss)									
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									
d Benefits paid (including direct rollovers and insurance premiums to provide hearing)								05704	
to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (statifies, lees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8l, and 8g)	-	80			_			35764	
f Administrative service providers (salaries, fees, commissions)		8d							
g Other expenses	e Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line Bh from line Bc)	g Other expenses	8g							
j Transfers to (from) the plan (see instructions) Bit Part IV Plan Characteristics ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 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 During the plan year: Yes No Amount a Vas 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) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a,) 10b X c Was the plan covered by a fidelity bond? 10c X 10c X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X g Did the plan have any participant loans? (If 'Yes," enter amount as of year end. 10g X 10d X g Did the plan have any participant loans? (If 'Yes," enter amount as of year end. <th< td=""><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Corre ? (Do not ir fidelity bon er persons of the benef n? s of year er See instruc ne required I-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the	10a 10b 10c 10d 10e 10f 10g 10h 10i	Schedu	X X X X X X X X X Ile SB	(Form		No
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	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the benef n? s of year er See instruc- ne required I-3 ents? (If "Y	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the fes," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h	Schedu	X X X X X X X X IIe SB	(Form		
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Corre ? (Do not ir fidelity bon er persons of the benef n? s of year er See instruc he required I-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the fes," see instructions and com	10a 10b 10c 10d 10e 10f 10g 10h 10h	Schedu	X X X X X X X X IIe SB	(Form		
b Enter the minimum required contribution for this plan year	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Corre ? (Do not ir fidelity bon er persons of the benef n? s of year er See instruc ne required I-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the fes," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instruction	10a 10b 10c 10d 10e 10f 10g 10h 10i applete ctions,	Schedu	X X X X X X X X X X X IIIIIIIIIIIIIIII	(Form ERISA?	Yes Yes e letter ruli	X No
	 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 11a Enter the amount from Schedule SB line 39. a this a defined contribution plan subject to the minimum funding uff "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is bein granting the waiver. 	ciary Corre ? (Do not ir fidelity bon er persons of the benef n? s of year er See instruc ne required I-3	ection Program) nclude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See nd.) ctions and 29 CFR notice or one of the fes," see instructions and com nts of section 412 of the Code ble.) d in this plan year, see instructions	10a 10b 10c 10d 10e 10f 10g 10h 10i applete ctions,	Schedu	X X X X X X X X X X X IIIIIIIIIIIIIIII	(Form ERISA?	Yes Yes e letter ruli	X No

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	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		
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.)							
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