Form 5500-SF Short Form Annual Return/Report of Small Employee						OMB Nos. 1210-011 1210-008		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					•	2013		
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form is Open to		
Pension Be	Pension Benefit Guaranty Corporation Inspection							
Part I		entification Information						
	ar plan year 2013 or fisca				2/31/2			
A This return/report is for:							pant plan	
B This return/report is:								
_	L			n/report (less than 12 mo	onths)	_		
C Check b	pox if filing under:		itomatic extension			DFVC progra	am	
		special extension (enter description)						
Part II		nation—enter all requested information	on		41-			
<b>1a</b> Name STONE MOL	•	, INC. RETIREMENT PLAN			10	Three-digit plan number (PN) ►	001	
					1c	Effective date of	1. ·	
<b>2a</b> Plan sr	onsor's name and addre	ess; include room or suite number (emp	lover if for a single-	emplover plan)	2h	Employer Identi	/2002	
	JNTAIN ACCESSORIES				20		31437	
10 W. 33RD						Sponsor's telephone number 212-563-2500		
NEW YORK,	NY 10001				2d	Business code 54199	(see instructions)	
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
					50	Administrator 3	telephone number	
		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the			308586	
a Sponso					4c	PN	001	
		the beginning of the plan year			5a		2	
		the end of the plan year			5b	_	2	
compl	ete this item)	count balances as of the end of the plar			5c		2	
		uring the plan year invested in eligible a	,	•			X Yes No	
		e annual examination and report of an i See instructions on waiver eligibility and					X Yes 🗌 No	
	•	er line 6a or line 6b, the plan cannot	,					
C If the p	lan is a defined benefit p	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)?		Yes No	Not determined	
Caution: A	penalty for the late or	incomplete filing of this return/report	t will be assessed u	unless reasonable cau	se is	established.		
SB or Sche	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	Filed with authorized/va	lid electronic signature.						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adr	ministrator	
SIGN								
HERE	Signature of employe		Date	Enter name of individu	-			
reparer's ∣	harne (including firm han	ne, if applicable) and address; include r	oom or suite numbei	r (optional)	Prep	arer s telephone	number (optional)	

		(a) Reginning of Voc	r			(b) End	of Year	
<ul> <li>7 Plan Assets and Liabilities</li> <li>a Total plan assets</li> </ul>	7a	(a) Beginning of Yea 25861		+		(b) End	27401	
b Total plan liabilities	7a 7b		0	+			0	
<ul><li>C Net plan assets (subtract line 7b from line 7a)</li></ul>		25861	-	-			27401	
	7c			-		(h) <b>T</b>		
<ul> <li>8 Income, Expenses, and Transfers for this Plan Year</li> <li>a Contributions received or receivable from:</li> </ul>		(a) Amount				(b) To	otai	
(1) Employers	8a(1)	(	0					
(2) Participants	8a(2)		0					
(3) Others (including rollovers)	8a(3)		0					
<b>b</b> Other income (loss)	8b	1297	5					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12975	
<b>d</b> Benefits paid (including direct rollovers and insurance premiums		04440	-					
to provide benefits)	8d	24418		_				
e 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			_			244185	
Net income (loss) (subtract line 8h from line 8c)	8i			_			-231210	
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j		0					
Part V Compliance Questions								
				Yes	No		Amount	
			10a	Yes	No X		Amount	
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	ciary Corre ? (Do not in	ction Program) clude transactions reported	10a 10b	Yes	-		Amount	
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	ciary Corre ? (Do not in	ction Program) clude transactions reported		Yes	X			5000
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> </ul>	ciary Correct ? (Do not in fidelity bond	ction Program) clude transactions reported  d, that was caused by fraud	10b		X			5000
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's</li> </ul>	ciary Corre ? (Do not in fidelity bonc er persons of the benef	ction Program) clude transactions reported  d, that was caused by fraud  by an insurance carrier, fits under the plan? (See	10b 10c		× ×			5000
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all of the plan the pl</li></ul>	ciary Corree ? (Do not in fidelity bonc er persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x x			5000
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>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.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	ciary Corree ? (Do not in fidelity bonc er persons of the benef	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		× × × ×			5000
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>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? (If the plan was the plan for the plan was the plan for the plan for the plan have any plan.</li> </ul>	ciary Corree ? (Do not in fidelity bonc er persons of the benef n? s of year en See instruc	ction Program) clude transactions reported  d, that was caused by fraud by an insurance carrier, fits under the plan? (See 	10b 10c 10d 10e		× × × × ×			5000
<ul> <li>During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as</li> </ul>	ciary Corre ? (Do not in fidelity bonc er persons of the benef n? s of year en See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		× × × × × × ×			5000
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Corre ? (Do not in fidelity bonc er persons of the benef n? s of year en See instruc	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			5000
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest? on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	ciary Corree ? (Do not in fidelity bonc er persons of the benef n? s of year en See instruc ne required i I-3	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	6 (Form		
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li></ul>	ciary Corre ? (Do not in fidelity bond er persons of the benef n? s of year en See instruc le required in I-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) tions and 29 CFR  notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	6 (Form	25	
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>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.)</li> <li>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.)</li> <li>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</li> <li>Pension Funding Compliance</li> <li>11 Is this a defined benefit plan subject to minimum funding requirements of the unpaid minimum required contribution for current year from the second second</li></ul>	ciary Corree ? (Do not in fidelity bonc er persons of the benef n? s of year en See instruc le required i I-3 ents? (If "Ye	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	25	× N
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li></ul>	ciary Corre (Do not in fidelity bonc er persons of the benef n? s of year en See instruc le required in l-3	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and com le SB (Form 5500) line 39 tts of section 412 of the Code	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X Iule SE	3 (Form	25	× N
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li></ul>	ciary Corree (Do not in fidelity bonc er persons of the benef n? s of year en See instruc le required in l-3 com Schedul requirement as applicat g amortized	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	28	50000 X No X No
<ul> <li>10 During the plan year:</li> <li>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</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>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.)</li> <li>f Has 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.)</li></ul>	ciary Corree (Do not in fidelity bonc er persons of the benef n? s of year en See instruc le required in l-3 ents? (If "Ye om Schedul requirement as applicat g amortized	ction Program) clude transactions reported 	10b         10c         10d         10e         10f         10g         10h         10i         e or se         ctions,	X Sched	X X X X X X X X Iule SE	3 (Form ERISA?	28	X N

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 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?	XY	′es I	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Ye	es 🗙 No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) this which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 1:	3 <b>c(2)</b> El	N(s)	13c	( <b>3)</b> PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	<b>14b</b> ⊺r	ust's EIN		

Form 5500-SF Short Form Annual	Return/Report o Benefit Plan	1210-008						
Internal Revenue Service This form is required to be f		r A	2013					
Department of Labor Retirement Income Security Administration the Inte	(a) of	a) of This Form Is Open to Public Inspection						
► Complete all entries in acc	Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	10/	31/2013				
A This return/report is for: X a single-employer plan		blan (not multiemployer)		a one-particip	ont stop			
				a one-partici	ant pian			
B This return/report is: I the first return/report an amended return/report	the final return/report	ım/report (less than 12 m	onthe)					
C Check box if filing under:	automatic extension	intreport (iess than 12 th	(Unitia)	DFVC progra	um)			
C Check box if laing under:     Secial extension (enter descrip				DI VO plogra				
	•							
Part II Basic Plan Information enter all requested in 1a Name of plan	formation		1b Th	nree-digit				
·	STONE MOUNTAIN ACCESSORIES, INC. RETIREMENT PLAN				001			
STORE ROOMAN ROOMSON INC. RELEASE	r z tiesta			N) ► fective date o	L			
			00	6/01/2002				
2a Plan sponsor's name and address; include room or suite number STONE MOUNTAIN ACCESSORIES, INC.	· (employer, if for a singl	e-employer plan)		nployer Identi IN) 58-15	fication Number 31437			
				consor's telep				
10 W. 33RD STREET			·	212) 563-	(see instructions)			
US NEW YORK NY 10001				41990	(ace manuellona)			
3a Plan administrator's name and address X Same as Plan Spon	sor Name 🔲 Same as	Plan Sponsor Address	3b Ad	dministrator's	EIN			
			SU AC	oministrators	telephone number			
4 If the name and/or EIN of the plan sponsor has changed since th name, EIN, and the plan number from the last return/report.	e last return/report filed	for this plan, enter the	4b El	N 58-0808	1586			
a Sponsor's name			4c Pr	V 001				
<ul> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>			5a 5b		2			
C Number of participants with account balances as of the end of the								
complete this item)								
6a Were all of the plan's assets during the plan year invested in elig	•			*****	XYes No			
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-467 (See instructions on waiver eligibilit)		, ,	•		XYes No			
If you answered "No" to either line 6a or line 6b, the plan car		and must instead use						
c If the plan is a defined benefit plan, is it covered under the PBGC					Not determined			
Caution: A penalty for the late or Incomplete filing of this return/	renort will be assessed	l unless reasonable ca	م عا معنا	tablished				
Under penalties of perjury and other penalties set forth in the Instruction					cable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as belief, it is true, correct and complete.	well as the electronic ve	ersion of this return/repor	t, and to	the best of m	y knowledge and			
SIGN Agnett MM	6/13/14	KENNETH ORR						
HERE Signature of plan administrator	Date	Enter name of Individua	ıl signing	as plan admi	nistrator			
SIGN								
HERE Signature of employer/plan sponsor	Date	Enter name of individua	l signing	as employer	or plan sponsor			
Preparer's name (Including firm name, if applicable) and address; inc	lude room or suite numb	er (optional)	Prepare	r's telephone	number (optional)			
			<u></u>					
For Paperwork Reduction Act Notice and OMB Control Numbers	see the instructions f	or Form 5500-SF.	energete dell	Fe	orm 5500-SF (2013)			

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	fYear
a	Total plan assets	7a	258,61	.1				27,401
b .	Total plan liabilities	7b		0				0
CI	Net plan assets (subtract line 7b from line 7a)	7c	258,61	.1				27,401
8 1	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
	Contributions received or receivable from: (1) Employers	8a(1)		0				
(	(2) Participants	8a(2)		0				
(	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	12,97	75				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						12,975
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	244,18	35				
e (	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f /	Administrative service providers (salaries, fees, commissions)	8f		0			성가만은 아름을 다. 다	
g	Other expenses	8g		0				
•	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						244,185
i 1	Net income (loss) (subtract line 8h from line 8c)	8i						(231,210)
	Transfers to (from) the plan (see instructions)	8j		0				
Edd server	rt IV Plan Characteristics							
	If the plan provides welfare benefits, enter the applicable welfare fea							
10	During the plan year:				Yes	No	A	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 Fiduc	itions with	in the time period described in ection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x		
c	Was the plan covered by a fidelity bond?			10c	x			250,0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		x		
e	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 ber	nefits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan			10f		x		
g				10g		X	0.05 - 556	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	••••••		10h		x		
Ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X
11a	Enter the unpaid minimum required contribution for current year fr				r	11a		• • • • • • • • • • • • • • • • • • • •
12	Is this a defined contribution plan subject to the minimum funding	·····				302 of	ERISA?	Yes X
а	(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 amorti	zed in this plan year, see instruc	tions	, and e	enter t Da	the date of t ay	
If ۱	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
	Enter the minimum required contribution for this plan year					12b		
	Enter the minimum required contribution for the plan year minimum						L	

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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		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	🖂	Yes [	<u>No</u> N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🗌 I	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?			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) t which assets or liabilities were transferred. (See instructions.)	0		
1	3c(1) Name of plan(s): 13	c(2) EIN	(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	-		
14a N	lame of trust	14b T	rust's Ell	N