## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in acco	ordance with the instruc	tions to the Form 550	0-SF.	ins	spection
Part I	Annual Report	Identification Information				•	
For calend	ar plan year 2013 or fi	scal plan year beginning 01/01/20	013	and ending 1	2/31/2	2013	
	turn/report is for:	a single-employer plan		an (not multiemployer)		a one-particip	oant plan
<b>B</b> This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	) <u> </u>	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descrip	tion)				
Part II	Basic Plan Info	rmation—enter all requested infor	mation				
1a Name	of plan				1b	Three-digit	
AMERICAN	ARTS & CRAFTS ALL	LIANCE, INC. 401(K) PROFIT SHARI	ING PLAN			plan number	004
					10	(PN) F	001
					16	Effective date of 01/01/	•
	ponsor's name and ad	dress; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					2c	Sponsor's telep	
	STONE COURT DRT, NY 11721				0.1	212-866	
					2a	Business code ( 81299	see instructions)
3a Plan a	idministrator's name ar	nd address XSame as Plan Sponsor	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
A 15.45-			- lttt	a Aleka arlam aradan Alea	41.		
		e plan sponsor has changed since the mber from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN	
	or's name	noon nom are recummopera.			4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		2
<b>b</b> Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of the	• •	•	5c		0
	•	s during the plan year invested in elig					X Yes No
_		f the annual examination and report of			PA)		
		? (See instructions on waiver eligibilit	,				X Yes No
_		ither line 6a or line 6b, the plan car			_		7
<b>C</b> If the	plan is a defined benef	fit plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)? .	📙	Yes No	Not determined
Caution: A	A penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable cau	ıse is	established.	
		her penalties set forth in the instruction					able, a Schedule
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary, as plete.	well as the electronic vers	sion of this return/report	t, and	to the best of my	knowledge and
SIGN	Filed with authorized/	valid electronic signature.	06/17/2014	SIMON GAON			
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor
Preparer's	name (including firm r	name, if applicable) and address; inclu	ude room or suite numbe				number (optional)
				ł			

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Da	t III   Financial Information									
Pa	rt III Financial Information				1					
	Plan Assets and Liabilities	_	(a) Beginning of Yea			(b) End of Year			`	
<u>а</u>	Total plan assets	7a 		0					(	
	Total plan liabilities	7b					+			
	Net plan assets (subtract line 7b from line 7a)	7c		594527					J	
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total		
а	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	1466	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14664	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	60919	1						
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							609191	1
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	594527	7
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	<b>S</b> :	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?			10c		X				
d	<u> </u>	fidelity bo	nd, that was caused by fraud	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 the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	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	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12								X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							<u> </u>	•	<u>                                     </u>
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 instruc		and e	enter th	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year					12b				

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гаус	J		

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	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?	X	es 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 confidence of the PBGC?	control		X Yes	No	
С	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.)	:0				
1	3c(1) Name of plan(s):	3 <b>c(2)</b> EI	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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).

2013

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1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Part I	Annual Repor	t Identification Information				
For calend	lar plan year 2013 or	fiscal plan year beginning	01/01/2013	and ending	12/31/2013	
A This re	turn/report is for:	X a singly-employer plan	a multiple-employer p	lan (not multiemployer)	a one-participant pl	an
B This re	turn/report is:	the first return/report	X the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
		special extension (enter desc	ription)		Land .	
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digit	
AMERIC	AN ARTS & CR	AFTS ALLIANCE, INC. 4	01(K) PROFIT SHA	RING PLAN	plan number 001	
					1c Effective date of plan	
					01/01/2003	
		address; include room or suite numb AFTS ALLIANCE INC	er (employer, if for a single	-employer plan)	<b>2b</b> Employer Identification (EIN) 13-2971625	
					2c Sponsor's telephone r	number
7 COBB	LESTONE COUR'	Ţ,			212-866-2239	
CENTER	DOPT	NY 11721			2d Business code (see in: 812990	structions)
		and address X Same as Plan Spons	sor Name XSame as Plai	n Sponsor Address	3b Administrator's EIN	
		nouve			3c Administrator's telepho	
					Autimistrator's telepho	ne number
		he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
	e, EIN, and the plan n sor's name	umber from the last return/report.			4c PN	
		ts at the beginning of the plan year			5a	2
		ts at the end of the plan year			5b	0
	,	n account balances as of the end of				
	· · · · · · · · · · · · · · · · · · ·				5c	0
		ets during the plan year invested in e				Yes No
<b>b</b> Are ye	ou claiming a waiver	of the annual examination and report 6? (See instructions on waiver eligib	rt of an independent qualific	ed public accountant (IQF	PA)	Yes No
		either line 6a or line 6b, the plan				
•		efit plan, is it covered under the PBC			[m] [m] [m]	determined
					Samuel Samuel	
		or incomplete filing of this return				Cahadula
SB or Sche	alties of perjury and dedule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, i declare that i have as well as the electronic ver	sion of this return/report,	and to the best of my knowl	edge and
belief, it is	true, correct, and cor	mplete.				
CICN	1	= /1/0/	6/10/14	SIMON GAON		
SIGN HERE	An	( B ~		Foto o constitution		-1
	Signature of plan	administrator	Date	Enter name of individu	ual signing as plan administra	ator
SIGN HERE						
		loyer/plan sponsor	Date		al signing as employer or place.  Preparer's telephone numb	
Preparer's	name (including firm	name, if applicable) and address; ir	iciade room of suite numbe	a (optional)	r reparer a reieprione numb	er (obtional)
				Į.		

Par			(a) Beginning of Year				(b) End of Year
	Plan Assets and Liabilities	70		452	7		(2) =112 01 1021
	Total plan assets	7a 7b		(	0		C
	Total plan liabilities	7c	59	452	7		C
	Net plan assets (subtract line 7b from line 7a)	70	(a) Amount		$\top$		(b) Total
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount		+		(6) 1044
	(1) Employers	8a(1)			0		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0		
	Other income (loss)	8b	1	466	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					14664
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	60	919	1		
	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			_		60919
ì	Net income (loss) (subtract line 8h from line 8c)	8i			-		-59452
j	Transfers to (from) the plan (see instructions)	8j			0		
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature code	es from the List of Plan Chara	acteris	tic Co	des in t	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Charac	teristi	ic Cod	es in th	ne instructions:
Pari	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	itions within uciary Corre	the time period described in ction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not in	clude transactions reported	10b		Х	
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?	fidelity bond	d, that was caused by fraud	10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons of the bene	by an insurance carrier, fits under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	
_				10g		Х	
g				iog	-		
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 exceptions to providing the notice applied under 29 CFR 2520.10	the required 01-3	notice or one of the	10i			L
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If "Y	es," see instructions and con	nplete	Sche	dule SE	3 (Form Yes No
118	Enter the unpaid minimum required contribution for current year					11a	
12	Is this a defined contribution plan subject to the minimum fundin					302 of	ERISA? Yes X N
	(If "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applica	ble.)				
	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortize	d in this plan year, see instru 	ntn	s, and	enter t Day	he date of the letter ruling Year
- 11	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Forr	n 5500), and skip to line 13		T		
L	Enter the minimum required contribution for this plan year		·······	******		12b	

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12c c Enter the amount contributed by the employer to the plan for this plan year ..... 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 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a 0 Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control X Yes No of the PBGC?. 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(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): Part VIII Trust Information (optional) 14b Trust's EIN 14a Name of trust

Form 5500-SF 2013