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 Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	ctions to the Form 550	0-SF.	""	spection	
Part I	Annual Report lo	dentification Information						
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013		
	turn/report is for:			an (not multiemployer)		a one-partici	pant plan	
B This ref	turn/report is:	봄 ' 봄	the final return/report					
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths))		
C Check	box if filing under:		automatic extension			DFVC progra	am	
	I	special extension (enter description	•					
Part II		mation—enter all requested informa	tion				1	
1a Name		DOELT OLIA DINIO DI ANI			10	Three-digit plan number		
ALEXANDEI	R WANG, LLC 401(K) P	ROFIT SHARING PLAN				(PN)	002	
					1c	Effective date of		
					. •		/2008	
	ponsor's name and addi I ENTERPRISES, LLC	ress; include room or suite number (er	mployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 27-3006374		
325 WEST 9	B6TH STREET, UNIT 12	Λ Λ			2c	Sponsor's telep		
NEW YORK	, NY 10024	·n			2d	Business code	(see instructions)	
3a Plan a	dministrator's name and	l address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's		
					3с	Administrator's	telephone number	
		plan sponsor has changed since the la ber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN		
a Spons	or's name				4c	PN		
5a Total	number of participants a	t the beginning of the plan year			5a		2	
b Total	number of participants a	t the end of the plan year			5b		2	
	· ·	ccount balances as of the end of the p	• •		5c		2	
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No	
		he annual examination and report of a (See instructions on waiver eligibility a					X Yes No	
If you	answered "No" to eith	ner line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.	_	
C If the	plan is a defined benefit	plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No	Not determined	
Caution: A	nenalty for the late or	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	ıse is	established.		
Under pena SB or Sche	alties of perjury and other	er penalties set forth in the instructions d signed by an enrolled actuary, as we	, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic	,	
SIGN	Filed with authorized/va	alid electronic signature.	06/19/2014	ALEXANDER WANG				
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	gning as plan adr	ministrator	
SIGN HERE	Filed with authorized/va	alid electronic signature.	06/19/2014	ALEXANDER WANG				
	Signature of employ		Date	Enter name of individu				
Preparer s	name (including ilim na	me, if applicable) and address; include	e room of suite numbe	г (орионат)	Pie	arei s teleprione	number (optional)	
i)								

Form 5500-SF 2013 Page **2**

Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a	(a) Beginning of Tea				112122		
	Total plan liabilities	7b		0			0		
	Net plan assets (subtract line 7b from line 7a)	7c	10044	5			112122		
	Income, Expenses, and Transfers for this Plan Year	. •	(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) ranount				(0) 10101		
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)	1166	7					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	1	0					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11677		
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					0		
i_	Net income (loss) (subtract line 8h from line 8c)	. 8i					11677		
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 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	les in t	he instructions:		
Par	Part V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	a Was 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)								
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X			
С						X			
d	Did the plan have a loss, whether or not reimbursed by the plan's			10c		X			
	or dishonesty?			10d					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all								
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
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 exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
Part						<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
110									
	Enter the unpaid minimum required contribution for current year fr		· · · · · · · · · · · · · · · · · · ·			11a	EDIOAO D V D v		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		•	ctions	and a	antor th	e date of the letter ruling		
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. Month Day Year Year									
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b	Ī		

Page	3 -		1
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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	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?	Y	es 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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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.

OMB Nos. 1210-0110

1210-0089

2013

This Form is Open to Public Inspection

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
B This return/report is:	
C Check box if filing under:	ant plan
C Check box if filing under:	
Part II Basic Plan Information enter all requested information 1a Name of plan Alexander Wang, LLC 401(k) Profit Sharing Plan 1b Three-digit Plan number Plan 2c Effective date of plan 01/01/2008 2d Effective date of plan 01/01/2008 2d Employer Identification (EIN) 27-3006374 2d Eusiness code (see in 523900 325 West 86th Street, Unit 12A 2d Eusiness code (see in 523900 3a Plan administrator's name and address NY 10024 3d Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephore 646) 330-4788 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's te	
Part II Basic Plan Information enter all requested information 1a Name of plan Alexander Wang, LLC 401(k) Profit Sharing Plan 1b Three-digit Plan number Plan 2c Effective date of plan 01/01/2008 2d Effective date of plan 01/01/2008 2d Employer Identification (EIN) 27-3006374 2d Eusiness code (see in 523900 325 West 86th Street, Unit 12A 2d Eusiness code (see in 523900 3a Plan administrator's name and address NY 10024 3d Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephore 646) 330-4788 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's telephore 646) 3d Administrator's te	n
Part II Basic Plan Information enter all requested information 1a Name of plan Alexander Wang, LLC 401 (k) Profit Sharing Plan 1c Effective date of plan of 1/01/2008 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification (EIN) 27-3006374 2c Sponsor's telephone no (646) 330-4788 2d Business code (see in S225 West 86th Street, Unit 12A 2d Business code (see in S23900 3a Plan administrator's name and address	
10 Three-digit plan number (PN) > 002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification (EN) 27-3006374 2c Sponsor's telephone (646) 330-4788 2d Business code (see in 523900 3a Plan administrator's name and address \(\tilde{X}\) Same as Plan Sponsor Name \(\tilde{X}\) Same as Plan Sponsor Address 3b Administrator's telephone (546) 330-4788 2d Business code (see in 523900 3d Plan administrator's name and address \(\tilde{X}\) Same as Plan Sponsor Name \(\tilde{X}\) Same as Plan Sponsor Address 3b Administrator's telephone (546) 330-4788 3c Administrator's telephone (546) 330-4788 3d Business code (see in 523900 3d Administrator's name and address \(\tilde{X}\) Same as Plan Sponsor Name \(\tilde{X}\) Same as Plan Sponsor Address 3b Administrator's telephone (546) 330-4788 3c Administrator (546) 3c Administrat	
Alexander Wang, LLC 401 (k) Profit Sharing Plan Comparison of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Comparison of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Comparison of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Comparison of the plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Comparison of the plan sponsor's telephone (646) 330-4788	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification (EIN) 277-3006374 2c Sponsor's telephone n (646) 330-4788 2d Business code (see in 523900 3a Plan administrator's name and address \(\overline{X} \) Same as Plan Sponsor Name \(\overline{S} \) Same as Plan Sponsor Address 3b Administrator's telephone n (846) 330-4788 4 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. 3 Sponsor's name 4 EIN 5 Total number of participants at the beginning of the plan year 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 GFR 2520 104-46? (See instructions on waiver eligibility and conditions.) 6 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	002
Wang-Lam Enterprises, LLC (EIN) 27-3006374 2c Sponsor's telephone not (646) 330-4788 2d Business code (see in 523900) 3a Plan administrator's name and address	plan
325 West 86th Street, Unit 12A 2d Business code (see in 523900) 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's telephol 3c Administrator's telephol 3d Administr	
2d Business code (see in 523900 3a Plan administrator's name and address X Same as Plan Sponsor Name Same as Plan Sponsor Address 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the ame, EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year 5 b 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5 A rey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) 6 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. 6 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete set forth in the instructions, I declare that I have examined this return/report, and to the best of my know belief, it is true, porrect, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Enter name of individual signing as plan administrator Enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan enter name of individual signing as employer or plan ente	
3b Administrator's telephol 4 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. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	see instructions)
4 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. 4 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	EIN
a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	elephone number
a Sponsor's name Total number of participants at the beginning of the plan year	
Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	2
complete this item)	2
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	2
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	X Yes No
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, 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 know belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan the penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan the penalties of p	X Yes No
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Alexander Wang Enter name of individual signing as employer or plan Bignature of employer/plan sponsor Date Enter name of individual signing as employer or plan	Not determined
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 know belief, it is true, operect, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan	
SIGN HERE Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as plan administrator Alexander Wang Enter name of individual signing as employer or plan	The state of the s
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan	
SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan	istrator
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan	
S SANCONIE	or plan enoneor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of	Year	
<u>.</u>	Total plan assets	7a	100,4					112,122	
<u>b</u>	Total plan liabilities	7b	======	0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	100,4	45		112,122			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		
а	Contributions received or receivable from:	- 411							
	(1) Employers	8a(1)	11.6	0					
	(2) Participants	8a(2)	11,6						
<u>_</u>	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b		10					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			11,677	
	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						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						11,677	
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j		0					
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Charac	teristi	c Code	es in t	he instruction	ns:	
	2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Codes	s in the	e instruction	S:	
Pa	Part V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x			
	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 instructions.)	of the ben	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	າ?	***************************************	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear e	end.)	10g		х			
— J	· · · · · · · · · · · · · · · · · · ·		,						
i	2520.101-3.)			10h		х			
D	exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes X No								
11	a Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39	•••••	•••••	11a			
12	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							Yes X No	
	(If "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 beir granting the waiver	-				_	ne date of th	e letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year	•••••		•••••		12b			

	Form 5500-SF 2013 Page 3-				
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	
Par	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	🗆 Y	es X N	lo	
	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 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(which assets or liabilities were transferred. (See instructions.)				
	I3c(1) Name of plan(s):	13c(2) EIN	l(s)	13c(3) PN(s)	
Par	VIII Trust Information (optional)				
14a	Name of trust	14b	14b Trust's EIN		