## 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).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Pension B	enefit Guaranty Corporation	▶ Complete all entries in a		ctions to the Form 5500	)-SF.	1113	peotion		
Part I	Annual Report I	dentification Information	1						
For calend	ar plan year 2013 or fis	cal plan year beginning 01/01	1/2013	and ending 12	2/31/20	013			
A This re	A This return/report is for:					r) a one-participant plan			
<b>B</b> This re	turn/report is:	the first return/report	the final return/report						
		X an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check box if filing under: Form 5558 automatic extension						DFVC program			
		special extension (enter desc	cription)						
Part II	Basic Plan Infor	mation—enter all requested in	formation						
1a Name	of plan					Three-digit			
STUDIO AR	T CENTERS INTL 403(	B) DC PLAN				plan number	004		
				-		(PN) •	001		
					1c Effective date of plan 12/01/2001				
	ponsor's name and add	dress; include room or suite numb	per (employer, if for a single-	-employer plan)	2b Employer Identification Number				
0.02.07.						(EIN) 42-1073614 <b>2c</b> Sponsor's telephone number			
50 BROAD						212-248			
SUITE 1617 NEW YORK					2d	Business code ( 61100	(see instructions)		
3a Plan a	ndministrator's name an	d address XSame as Plan Spon	sor Name Same as Plar	n Sponsor Address	3b /	Administrator's I	EIN		
					3c	Administrator's t	telephone number		
							·		
		plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b	EIN			
name		plan sponsor has changed since ber from the last return/report.	the last return/report filed for	or this plan, enter the	4b 4c				
name <b>a</b> Spons	e, EIN, and the plan num or's name		<u> </u>	, .	4c		6		
a Spons 5a Total	e, EIN, and the plan numeror's name number of participants	nber from the last return/report.	·				6 7		
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number's name number of participants and number of participants are of participants with a	at the end of the plan year	the plan year (defined bene	efit plans do not	4c 5a				
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear	
a	plan assets						(4) =		28774	4
	Total plan liabilities	21470	214701			287744			4	
	Net plan assets (subtract line 7b from line 7a)									
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b)	Total		
	Contributions received or receivable from:		(w) runount				(2)			
	(1) Employers	8a(1)	1264	7						
	(2) Participants	8a(2)	1844	6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4217	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							73268	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	22	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							22	5
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							7304	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2M	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	s:	
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 instruc	tions		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х				
						X				
	· · · · · · · · · · · · · · · · · · ·			10c						
d	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.)		• •	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X				
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	ne required	I notice or one of the	10h 10i		X				
Dom		1-3		101						
Part	· ·		/aa !! aaa inatuustiana and aan		Cabaa	OF	) /Fame	1		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				··········				Yes	X No
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
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?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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.		Mon		and e	enter th Day	ne date of	the le		ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•					I			
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		
Will the minimum funding amount reported on line 12d be met by the funding deadline?				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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	<b>4b</b> Tr	ust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

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

Pension	Benefit Guaranty Corporation Complete all entr	ies in accordance wit	h the instructions to the Forr	n 5500-S	F. In	spection		
Part I	Annual Report Identification Inforr	nation						
For ca	lendar plan year 2013 or fiscal plan year beginni	ng	and endin	g				
<b>A</b> Th	is return/report is for: X a single-employer	plan a m	ultiple-employer plan (not mu	Itiemploy	/er) a or	ne-participant plan		
B Th	is return/report is: the first return/rep		final return/report					
	an amended return	n/report a sh	ort plan year return/report (le	ess than	12 months)			
C Ch	eck box if filing under: Form 5558		matic extension			/C program		
	special extension	(enter description)				program		
Part II	Basic Plan Information - enter all requ	ested information						
1a N	ame of plan			1	b Three-digit			
STU	DIO ART CENTERS INTL 403	B(B) DC PLAN			plan number	001		
10710111 CT		(-, -, -, -, -, -, -, -, -, -, -, -, -, -		10	C Effective date			
				1	12/01/20	•		
2a P	an sponsor's name and address; include room	or suite number (employ	ver, if for a single-employer plan	n) 21	b Employer Iden			
	IO ART CENTERS INTERNATIONAL			,	(EIN)			
INC.					42-10736	514		
50 B	ROAD STREET			20	2c Sponsor's telephone number			
SUIT	E 1617			-	212-248-	ord The abbrowide contractor received and		
NEW	YORK NY	10004			212 240	1225		
				20	d Business code	(see instructions)		
				2'	611000	(see instructions)		
2 - 5	an administrator's name and address X Same		V I	21	b Administrator's	- CINI		
3a P	an administrator's name and address 🔼 Same	as Plan Sponsor Name	Same as Plan Sponsor Add	ess	J Administrators	EIN		
				2	0 Administration			
				30	Administrators	s telephone number		
					L			
	the name and/or EIN of the plan sponsor has o		return/report filed for this plan,	41	b EIN			
	nter the name, EIN, and the plan number from t	he last return/report.						
	oonsor's name				C PN			
	otal number of participants at the beginning of t					6		
	otal number of participants at the end of the plan				00	7		
	umber of participants with account balances as	1				_		
	omplete this item)			50		7		
	ere all of the plan's assets during the plan year					Yes No		
	re you claiming a waiver of the annual examina			countant	,			
	nder 29 CFR 2520.104-46? (See instructions o				<u>.</u>	Yes No		
	you answered "No" to either line 6a or line 6i							
	the plan is a defined benefit plan, is it covered under the				The same of the sa	ot determined		
	n: A penalty for the late or incomplete filing o					···		
SB or S	enalties of perjury and other penalties set forth in the chedule MB completed and signed by an enrolled ac	tuary, as well as the electro	nave examined this return/report onic version of this return/report, ar	d to the b	, if applicable, a Scho est of my knowledge	edule and		
belief, it	is true, correct, and complete.							
	1 LILM	7/22/14	Kalan Hall	11001	1			
SIGN	7000	112911	F 0841/10/10	ovav	7			
HERE		-						
-	Sighature of plan administrator	Date	Enter name of individual	signing	j as plan admini	strator		
						8		
SIGN								
HERE								
	Signature of employer/plan sponsor	Date	Enter name of individual					
	r's name (including firm name, if applicable) an	d address; include room	or suite number (optional)			number (optional)		
	numSmith+Brown, PC			73	2-828-161	.4		
	PRING STREET			1				
NEW	BRUNSWICK NJ	08901						
						la la		
				1				
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013) v. 130118

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