## 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

Pens	on Benefit Guaranty Corporation	► Complete all entries in acc	cordance with the instruc	tions to the Form 5500	O-SF.		peotion
Part	I Annual Report I	dentification Information				•	
For ca	endar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
	s return/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
<b>B</b> Thi	s return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)		
<b>C</b> Ch	eck box if filing under:	Form 5558  special extension (enter descri	automatic extension			DFVC progra	am
Dort	II Pacia Blan Infor	<u> </u>					
Part		mation—enter all requested info	ormation		1 h	There are all with	
	me of plan JEWELRY PROFIT SHARI	INC DI AN			TD	Three-digit plan number	
TUELL	JEWELKT PROFIT SHAKI	ING PLAN				(PN)	001
					1c	Effective date o	f plan
						01/01	•
<b>2a</b> PI LYDELI	an sponsor's name and add JEWELRY DESIGN STUD	dress; include room or suite number	r (employer, if for a single-o	employer plan)	2b	Employer Identi (EIN) 46-28	fication Number
0.14/507	05TH 0TDEET 40TH ELO	200			2c	Sponsor's telep	
NEW Y	35TH STREET, 10TH FLO DRK, NY 10001	JOR			2d	Business code	(see instructions)
<b>3a</b> PI	an administrator's name and	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	42394 Administrator's	
					3c	Administrator's	telephone number
		plan sponsor has changed since the	he last return/report filed fo	r this plan, enter the	4b	EIN 13-36	76421
		ber from the last return/report. VELRY DESIGN STUDIO, INC.			4c	PN	
		at the beginning of the plan year			5a	T	41
_		at the end of the plan year		ŀ	5b		
	·	account balances as of the end of the			อม	+	45
C	omplete this item)				5c		45
	•	during the plan year invested in eli	•	•			X Yes   No
u	nder 29 CFR 2520.104-46?	the annual examination and report (See instructions on waiver eligibil	lity and conditions.)				X Yes No
	•	ther line 6a or line 6b, the plan ca			_		1
C If	the plan is a defined benefit	t plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?	📙	Yes   No	Not determined
Cautio	n: A penalty for the late o	r incomplete filing of this return	/report will be assessed ι	ınless reasonable cau	se is	established.	
SB or		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
Prepar	er's name (including firm na	ame, if applicable) and address; inc	number	(optional)	Prep	arer's telephone	number (optional)

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Pai	Part III   Financial Information									
7 Plan Assets and Liabilities			(a) Beginning of Year			(b) End of Year				
	Total plan assets	(a) Beginning of Tea		-	1426668					
	Total plan liabilities	7a 7b		0			0			
	Net plan assets (subtract line 7b from line 7a)	7c	94089	5			1426668			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
	Contributions received or receivable from:		, ,				(0) 1010.			
	) Employers		18769							
	(2) Participants	13533	32							
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	19524	6						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					518274			
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3235	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	15	0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32501			
	Net income (loss) (subtract line 8h from line 8c)	8i					485773			
j	Transfers to (from) the plan (see instructions)	8j		0						
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
				10c	X		500000			
d	, ,	fidelity bo	nd, that was caused by fraud	10d		X	300000			
	Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all					X				
	instructions.)			10e						
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 as	s of year e	end.)	10g	X		1433			
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			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
-14	(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 beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	I ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay	I Cal			
	Enter the minimum required contribution for this plan year	,				12b				

Page 3	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?		Yes 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 of the PBGC?	control		Y	es X No	o	
С	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(1) Name of plan(s):	13c(2) E	IN(s)	130	<b>(3)</b> PN(s)		
Part	VIII Trust Information (optional)						
	Name of trust ELL JEWELRY PROFIT SHARING TRUST		rust's EIN 271433025				

## 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 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

wan yar.		Complete an chartes in acc	Cordance With the motific	iotions to the Form coo	0 01 .				
71111111	1112	dentification Information	01/01/0010		10/01/0010				
_	calendar plan year 2013 or fise		01/01/2013	and ending	12/31/2013				
	This return/report is for:	a single-employer plan		olan (not multiemployer)	oyer) a one-participant plan				
В	This return/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	· —				
С	Check box if filing under:		DFVC program						
		special extension (enter descrip	otion)						
Pa	art II Basic Plan Info	rmation enter all requested in	nformation						
1a	Name of plan				1b Three-digit plan number				
	Lydell Jewelry Profit Sharing Plan				(PN) ►	001			
					1c Effective date 01/01/200				
2a	Plan sponsor's name and ad Lydell Jewelry Desi	dress; include room or suite numbe gn Studio, LLC	er (employer, if for a sing	e-employer plan)	2b Employer Ider (EIN) 46-2				
					2c Sponsor's tele (212) 239				
	3 West 35th Street,	10th Floor			· · · · · · · · · · · · · · · · · · ·	e (see instructions)			
IIS.	New York	NY 10001			423940	(000 11.01.001.01.0)			
		nd address X Same as Plan Spor	nsor Name 🌅 Same as	Plan Sponsor Address	3b Administrator	s EIN			
					3c Administrator	s telephone number			
_	If the second of the Piki of the		he last raturalrapart filed	for this plan optor the	<b>4b</b> EIN 13-367	76421			
4		plan sponsor has changed since to the plan sponsor has changed since to plan the last return/report.	ne iast return/report filed	for this plan, enter the	4B EIN 13 30/0421				
а	Sponsor's name Lydell	Jewelry Design Studio,	Inc.		4c PN				
5a	Total number of participants	at the beginning of the plan year		***************************************	5a	41			
b		at the end of the plan year			5b	45			
C	· · · · · · · · · · · · · · · · · · ·	account balances as of the end of the			5c	45			
 6а		during the plan year invested in eli				X Yes No			
b	•	the annual examination and report		***************************************	PA)				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibile	ity and conditions.)	***************************************		x Yes ☐ No			
	•	her line 6a or line 6b, the plan ca				_			
C	If the plan is a defined benefi	t plan, is it covered under the PBG	C insurance program (se	e ERISA section 4021)?	Yes!	Not determined			
Ca	aution: A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is established.				
Ur	der penalties of perjury and ot	her penalties set forth in the instruc	ctions, I declare that I have	e examined this return/re	port, including, if app	olicable, a Schedule			
	3 or Schedule MB completed a lief, it is true, correct, and com	nd signed by an enrolled actuary, a plete.	is well as the electronic v	ersion of this return/repor	t, and to the best of	my knowledge and			
			10/03/14						
10000	IGN / / / / / / / / / / / / / / / / / / /	lu latuata u	Date	Enter name of individua	al cionina ao alan adr	ministrator			
1	ERE Signature of plan adm	Inistrator	10/03/14	Enter name of marvida	ii sigiiiig as piaii aui	Illilistatoi			
1345550	IGN / /	(1)		Futou name of individue	l alamina ao amaniana	ar ar alan ananaar			
370000	ERE Signature of employer	name, if applicable) and address; in	Date Date	Enter name of individua		e number (optional)			
["	eparers name (including inm i	ante, ii applicable) and address, in	clude room or suite nam	ber (optional)	T Toparor 3 tolophon	e namber (optional)			

Pai	t III Financial Information							
7 Plan Assets and Liabilities			(a) Beginning of Yea	<u></u>	(b) End of Year			
	Fotal plan assets	7a	940,8		1,426,668			
	Fotal plan liabilities	7b	,	0	2,120,00			
	Net plan assets (subtract line 7b from line 7a)	7c	940,8	95	1,426,668			
	ncome, Expenses, and Transfers for this Plan Year	8 6 6 6	(a) Amount		(b) Total			tal
	Contributions received or receivable from:	8a(1)	187,6	96				
	1) Employers	8a(2)	135,3					
	3) Others (including rollovers)	8a(3)		0				
	Other income (loss)	8b	195,2	46				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				terita in processor in the contract of the con	en e	518,274
d I	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	32,3	51	100 mm			
е (	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f /	Administrative service providers (salaries, fees, commissions)	8f	1.	50	10000			
g	Other expenses	8g		0	3,000,00			
<u>h</u> 7	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32,501
<u>i</u> i	Net income (loss) (subtract line 8h from line 8c)	8i				50.450504406	20 (1000) 1000 (1000) (1000) (1000)	485,773
<u>j</u> ]	Fransfers to (from) the plan (see instructions)	8j		0	57.00			
Pai	t IV Plan Characteristics							
9a I	f the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	teristi	c Cod	es in 1	the instruction	ons:
	2A 2E 2F 2G 2J 2T 3D							•
b	f the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Characte	eristic	Code	s in th	e instruction	ns:
Pai	t V Compliance Questions							
10	During the plan year:				Yes	No	<u> </u>	mount
а	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		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х		
С	Was the plan covered by a fidelity bond?	****************	***************************************	10c	х			500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	· · · · · · · · · · · · · · · · · · ·	•	10d		х		
е	insurance service, or other organization that provides some or all of	of the ben	efits under the plan? (See	40		*27		
	instructions.)			10e		Х		<del></del>
f	Has the plan failed to provide any benefit when due under the plan	1?	*************	10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х		2500/A10 \$-C40-000025104/\$6200	1,433
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		х		
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			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 No
11a	Enter the unpaid minimum required contribution for current year fro					11a		an and annual .
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·				ERISA?	Yes X No
- Am						1		
a	(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							
If v	you completed line 12a, complete lines 3, 9, and 10 of Schedule							
b	Enter the minimum required contribution for this plan year		.,			12b		
	Enter the filterman required continuation for this plant year minimum			**********		~ [		

	Form 5500-SF 2013 Page <b>3-</b>					
	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 negative amount)	- 1	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?		□ Ye	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 broug		ontrol		☐ Yes ☒ No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifulation which assets or liabilities were transferred. (See instructions.)	y the plan(s) to	)			
1	I3c(1) Name of plan(s):	13c	(2) EIN(	s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)					
14a Name of trust				14b Trust's EIN		
Lydell Jewelry Profit Sharing Trust				27-1433025		