_	rm 5500-SF	Short Form Annual Ret Be	yee		OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury rnal Revenue Service	This form is required to be filed u	nd 4065 of the Employe	е	2	013			
Employee B	epartment of Labor lenefits Security Administration enefit Guaranty Corporation	Retirement Income Security Act of 19 the Internal R	974 (ERISA), and sec Revenue Code (the C	ctions 6057(b) and 6058 ode).	s(a) of		s Open to Public pection		
Part I		Complete all entries in accordant dentification Information	nce with the instruc	tions to the Form 550	0-SF.				
	ar plan year 2013 or fisca			and ending 1	2/31/2	013			
_	turn/report is for:		multiple-employer pl	an (not multiemployer)	_/0///	a one-particip	ant plan		
	· ·		1 1 7 1	an (not mutternployer)			ant plan		
B This ret	turn/report is:	글 ' 님	ne final return/report						
			short plan year return	n/report (less than 12 mo	onths)	—			
C Check	box if filing under:	Form 5558 a	utomatic extension			DFVC progra	m		
		special extension (enter description)							
Part II	Basic Plan Inform	mation—enter all requested information	on		1				
1a Name	•				1b	Three-digit			
THE ARTIST	TS COMPANY 401K PRO	OFIT SHARING PLAN				plan number (PN) ▶	002		
					1c	Effective date of			
					10	01/01/	•		
2a Plans	ponsor's name and addr	ess; include room or suite number (emp	olover, if for a single-	emplover plan)	2b	Employer Identif			
	TS COMPANY					(EIN) 13-284			
					2c	Sponsor's telep	hone number		
79 MERCER	R STREET, 5TH FLOOR					212-679			
	(, NY 10012-4430				2d	Business code (see instructions)			
						51210	0		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's E	EIN		
					3с	Administrator's t	elephone number		
4 If the r	name and/or EIN of the r	blan sponsor has changed since the las	t return/report filed fo	r this plan enter the	4b				
		ber from the last return/report.	treturn/report med to		40	EIIN			
a Spons	or's name				4c	PN			
5a Total	number of participants at	t the beginning of the plan year			5a		11		
b Total	number of participants at	t the end of the plan year			5b		5		
		count balances as of the end of the pla			5c		3		
6a Were	all of the plan's assets of	during the plan year invested in eligible	assets? (See instruct	tions.)			X Yes No		
		he annual examination and report of an							
		See instructions on waiver eligibility and					X Yes No		
-		her line 6a or line 6b, the plan cannot			_				
C If the	plan is a defined benefit p	plan, is it covered under the PBGC insu	irance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	A penalty for the late or	incomplete filing of this return/repor	rt will be assessed u	unless reasonable cau	ise is	established.			
SB or Sche		er penalties set forth in the instructions, I signed by an enrolled actuary, as well ete.							
SIGN	Filed with authorized/va	alid electronic signature.	01/20/2015	SALLY ANTONACCH	0				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	ning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individu	ual sia	ning as emplove	r or plan sponsor		
Preparer's		me, if applicable) and address; include r			-	reparer's telephone number (optional)			

						<i>a</i> > -		
7 Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year		
a Total plan assets	7a	165234	-	_			854239	
b Total plan liabilities	7b		0	_			0	
C Net plan assets (subtract line 7b from line 7a)	7c	165234	8	_			854239	
B Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) T	otal	
a Contributions received or receivable from: (1) Employers	8a(1)	(0					
(2) Participants	8a(2)	850	0					
(3) Others (including rollovers)	8a(3)		0					
b Other income (loss)	8b	23993	8					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						248438	
d Benefits paid (including direct rollovers and insurance premiums	00						210100	
to provide benefits)	8d	104650	6					
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f		0					
g Other expenses	8g	4	1					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1046547	
i Net income (loss) (subtract line 8h from line 8c)	8i						-798109	
j Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics	· ·							
Part V Compliance Questions								
				V	N.			
10 During the plan year:	iono within t	the time period described in		Yes	No		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) 	ciary Correct	ction Program)	10a	Yes	No X		Amount	
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ciary Correct ? (Do not inc	ction Program) clude transactions reported	10a 10b		-		Amount	
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? 	ciary Correct ? (Do not inc	ction Program) clude transactions reported		Yes	X			300000
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Correct ? (Do not ind fidelity bond	ction Program) clude transactions reported d, that was caused by fraud	10b		X			300000
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss. 	ciary Correct ? (Do not ind 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		× ×			300000
 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all comparisons and comparisons and	ciary Correct ? (Do not ind 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		x x x			00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan 	ciary Correct ? (Do not ind 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		× × × ×			300000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) 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? (See Service) 	ciary Correct ? (Do not indi- 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 10f 10g		× × × × ×			000000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all constructions.) 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.) i If 10h was answered "Yes," check the box if you either provided the plan tage. 	ciary Correct ? (Do not ind fidelity bonc er persons of the benef ?	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h		× × × × × × ×			00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond?	ciary Correct ? (Do not ind fidelity bonc er persons of the benef ?	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g		× × × × × × ×			00000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) 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.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 	ciary Correct ? (Do not ind fidelity bonc er persons of the benef ?	ction Program) clude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X	6 (Form		
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not ind fidelity bonc er persons of the benef n? s of year en See instruc e required n -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	3	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all c instructions.) 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.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Pension Funding Compliance 11 Enter the unpaid minimum required contribution for current year from the second s	ciary Correct ? (Do not indi- fidelity bonch er persons of the benef n? s of year en See instruc e required n -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	3	X N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidue b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not ind fidelity bonc er persons of the benef ? s of year en See instruc e required n -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	3	X N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service, or other organization that provides some or all c instructions.) 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.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the second state of the minimum funding standard for a prior year is being the awaiver of the minimum funding standard for a prior year is being 	ciary Correct ? (Do not ind fidelity bonc er persons of the benef n? s of year en See instruc e required n -3 ents? (If "Ye om Schedul requiremen 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?	3 Yes	× No
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ciary Correct ? (Do not ind fidelity bonc er persons of the benef n? s of year en See instruc e required n -3 ents? (If "Ye om Schedul requiremen 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?	3	X No

			T	
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?	י 🗌 ו	′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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3 c(2) El	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust ARTISTS CO. 401(K) PS TRUST		ust's EIN 00845521	

Fo	rm 5500-SF	Short Form Annual	Return/Report o Benefit Plan	f Small Employ	yee	OME	Nos. 1210-0110 1210-0089		
	artment of the Treasury ernal Revenue Service	This form is required to be		d 4065 of the Employe	e	201	3		
Employee	Department of Labor Benefits Security Administration	artment of Labor effis Security Administration effit Security Administration effit Guarantic Comparison							
	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instruct	lions to the Form 5500	D-SF.				
For calend	Annual Report Id lar plan year 2013 or fisca	entification Information	01/02/0022	and ending	10	/31/2013			
	Г		01/01/2013		()				
		-	a multiple-employer pla	in (not multiemployer)	L] a	one-participant	рыл		
B This re	turn/report is:	the first return/report	the final return/report	(manual Anna Albam 40) ma	antha)				
	2	an amended return/report	a short plan year return	report (ress than 12 mo		0.0			
C Check	box if filing under:	Form 5558	automatic extension			FVC program			
D		special extension (enter descrip							
Part II		nation-enter all requested info	rmation		1b Thre	o digit			
1a Name						number			
The	Artists Company	401k Profit Sharing	g Plan		(PN)	•	002		
					1c Effec	tive date of pla	n		
			•			01/1991			
		ess; include room or suite number	r (employer, if for a single-e	mployer plan)		loyer Identificati			
The	Artists Company					13-28428:			
						nsor's telephone			
79 M	lercer Street, 5	th Floor				ness code (see			
Now	York		NV	10012-4430	512		inter denoted y		
		address XSame as Plan Sponso		Sponsor Address		inistrator's EIN			
		63							
					3C Adm	inistrator's telep	phone number		
4 If the	name and/or EIN of the pl	lan sponsor has changed since th	he last return/report filed for	this plan, enter the	4b EIN				
4 If the name	name and/or EIN of the pl , EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	he last return/report filed for	this plan, enter the					
name a Spons	e, EIN, and the plan numb or's name	er from the last return/report.			4c PN)		
name a Spons 5a Total	e, EIN, and the plan number sor's name number of participants at	er from the last return/report. the beginning of the plan year			4c PN 5a		11		
name a Spons 5a Total b Total	e, EIN, and the plan numbe sor's name number of participants at number of participants at	er from the last return/report. the beginning of the plan year the end of the plan year			4c PN		11		
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number sor's name number of participants at number of participants at ber of participants with acc	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of th	ne plan year (defined benef	it plans do not	4c PN 5a 5b		5		
a Spons 5a Total b Total c Numb comp	e, EIN, and the plan number or's name number of participants at number of participants at per of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of th	ne plan year (defined benet	it plans do not	4c PN 5a 5b 5c	6	5		
a Spons 5a Total b Total c Numb comp 6a Were	e. EIN, and the plan number or's name number of participants at number of participants at ber of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elli	ne plan year (defined benef gible assets? (See instructi	it plans do not	4c PN 5a 5b 5c		5		
a Spons 5a Total b Total c Numb comp 6a Were b Are yunder	e. EIN, and the plan number or's name number of participants at number of participants at per of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in ellip a annual examination and report See instructions on waiver eligibili	e plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.)	it plans do not ons.) public accountant (IQ)	4c PN 5a 5b 5c PA)		5		
a Spons 5a Total b Total c Numb comp 6a Were b Are yu under If you	e. EIN, and the plan number or's name number of participants at number of participants at per of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eli- te annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca	e plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.)	it plans do not ons.) public accountant (IQ) nd must instead use	4c PN 5a		5 3 X Yes [] No X Yes [] No		
a Spons 5a Total b Total c Numb comp 6a Were b Are yu under If you	e. EIN, and the plan number or's name number of participants at number of participants at per of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in ellip a annual examination and report See instructions on waiver eligibili	e plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.)	it plans do not ons.) public accountant (IQ) nd must instead use	4c PN 5a		5 3 Yes [] No		
name a Spons 5a Total b Total c Numb comp 6a Were b Are yr under If you c If the	e. EIN, and the plan number or's name number of participants at number of participants at ber of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in elin the annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca plan, is it covered under the PBGC	e plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.) innot use Form 5500-SF a C insurance program (see E	it plans do not ons.) I public accountant (IQ) Ind must instead use ERISA section 4021)?	4c PN 5a		5 3 X Yes [] No X Yes [] No		
name a Spons 5a Total b Total c Numb comp 6a Were b Are yr under If you c If the Caution: A	e. EIN, and the plan number or's name number of participants at number of participants at ber of participants with acc lete this item)	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in ellip a annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca plan, is it covered under the PBGC incomplete filling of this return/	te plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.) innot use Form 5500-SF a C insurance program (see E report will be assessed u	It plans do not ons.) public accountant (IQ) ind must instead use RISA section 4021)? nless reasonable cau xamined this return/rep	4c PN 5a	No No	5 3 Yes [] No Yes [] No tot determined , a Schedule		
name a Spons 5a Total b Total C Numb comp 6a Were b Are you under If you C If the points B or Sche	e, EIN, and the plan number or's name number of participants at number of participants at ber of participants with acc lete this item) e all of the plan's assets du ou claiming a waiver of the 29 CFR 2520.104-46? (S a answered "No" to eithe plan is a defined benefit p A penalty for the late or alties of perjury and other edule MB completed and	er from the last return/report. the beginning of the plan year the end of the plan year count balances as of the end of the uring the plan year invested in eli- te annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca plan, is it covered under the PBGC Incomplete filing of this return/ r penalties set forth in the instructi signed by an enrolled actuary, as	te plan year (defined benef gible assets? (See instructi of an independent qualified ity and conditions.) innot use Form 5500-SF a C insurance program (see E report will be assessed u	It plans do not ons.) public accountant (IQ) ind must instead use RISA section 4021)? nless reasonable cau xamined this return/rep	4c PN 5a	No No	5 3 Yes [] No Yes [] No tot determined , a Schedule		
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7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Yea	ar	
a Total plan assets	7a	1,652	2,34	8			-	854,	239
b Total plan liabilities	7b			0					(
C Net plan assets (subtract line 7b from line 7a)	7c	1,652	2,34	8				854,	239
8 Income, Expenses, and Transfers for this Plan Year	一种服务	(a) Amount				(b)	Total		
a Contributions received or receivable from:				0		* 			
(1) Employers	8a(1)	s	3,50	0					
(2) Participants	8a(2)		5,50	0					atorika Marijan
(3) Others (including rollovers)	8a(3)	230	9,93	8					
b Other income (loss)	8b							248,	43
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Bénefits paid (including direct rollovers and insurance premiums 	8c		in the second						
to provide benefits)	8d	1,046	5,50	6					
e Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g		4	1					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						and the second second	,046,	
i Net income (loss) (subtract line 8h from line 8c)	8i				1.000		(798,1	L09
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
Part V Compliance Questions									
Part V Compliance Questions 10 During the plan year:				Yes	No		Amo	unt	
2/10/14/10/2/14/10/2014	tions within t	he time period described in tion Program)	10a	Yes	No X		Amo	unt	
During the plan year:a Was there a failure to transmit to the plan any participant contribut	ciary Correct ? (Do not inc	tion Program) lude transactions reported	10a 10b	Yes			Amo	unt	
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest 	uciary Correc ? (Do not inc	tion Program) lude transactions reported		Yes	x		Amo	unt 300,	, 00
 During the plan year: 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 b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported , that was caused by fraud	10b		x		Amo		, 00
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					and the second
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	X)
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?		res 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		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) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14a Name of trust	•	14b Trust's EIN
The Artists Co. 401	(k) PS Trust	20-0845521