## 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).

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/01/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit ATHENAS HOME NOVELTIES, INC. 401(K) PROFIT SHARING PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ATHENAS HOME NOVELTIES, INC. (EIN) 05-0504696 Sponsor's telephone number 401-762-6110 640 WINTER STREET WOONSOCKET, RI 02895 Business code (see instructions) 453990 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 05-0504696 ATHENAS HOME NOVELTIES, INC. 640 WINTER STREET WOONSOCKET, RI 02895 **3c** Administrator's telephone number 401-762-6110 4b EIN 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 23 5a **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 23 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested.

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, a Schedule 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 knowledge and

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2015	JENNIFER JOLICOEUR				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit ot use Fo	ndent qualified public accounta tions.) rm 5500-SF and must instea	nnt (IQ d d use	PA) Form	5500.		X Ye	es 🗌 1	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not dete	ermined	ĺ
Par	t III   Financial Information	1	ı							
	Plan Assets and Liabilities		(a) Beginning of Yea		+		(b) End	of Year		
	Total plan assets	7a	11508	339	+				0	
	Total plan liabilities	7b	11508	230	+				0	
	Net plan assets (subtract line 7b from line 7a)	7c			+		(b) T	-4-1		_
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	otai		
	(1) Employers	8a(1)	456	501						
	(2) Participants	8a(2)	248	333						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	222	212						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92	2646	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11699	967						
	Certain deemed and/or corrective distributions (see instructions)	8e	703	303						
	Administrative service providers (salaries, fees, commissions)	8f	32	215						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1243	3485	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1150	)839	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	ons:		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
с	Was the plan covered by a fidelity bond?			10c	X				7500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	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 ber	efits under the plan? (See	10e	X				169	99
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	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)							Ye	s N	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection	302 of	ERISA?	Ye	s X N	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·							
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter   Year	ruling	

	F	Form 5500-SF 2014	Page <b>3</b> - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

rensun t	selient Guaranty Corporation	→ Complete all entries in a	ccordance with the instr	ructions to the Form 5	500-SF.				
Part I	Annual Report	Identification Information							
For calend	lar plan year 2014 or fis	scal plan year beginning	01/01/2014	and ending	12/	01/2014			
A This return/report is for:  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
		a one-participant plan	a foreign plan						
B This ret	um/report is								
		an amended return/report	a short plan year return	n/report (less than 12 m	ionths)				
C Check	box if filing under:	DFVC program							
	•								
	.,,	I-1 .							
Part II	Basic Plan Info	rmation—enter all requested info	rmation		γ				
1a Name					1b Three	- 1			
ATHENA	S HOME NOVELTI	ES, INC. 401(K) PROFI	T SHARING PLAN		1 .	number 001			
					(PN)				
						live date of plan 01/2000			
		dress; include room or suite number	(employer, if for a single-	employer plan)	1 '	oyer Identification Number			
ATHENA	S HOME NOVELTI	ES, INC.			<u> </u>	05-0504696			
640 WI	NTER STREET				1 .	sor's telephone number - 762 – 6110			
					2d Busin	ess code (see instructions)			
WOONSO	CKET	RI 02895			4539	990			
3a Plan a	dministrator's name an	d address Same as Plan Sponso	or.		3b Administrator's EIN				
ATHENAS	S HOME NOVELTI	ES, INC.			05-0504696				
					3C Admin	nistrator's telephone number			
640 WT	NTER STREET				401-	762-6110			
0.20									
woonso	CKET	RI 02895							
4 If the r	name and/or EIN of the	plan sponsor has changed since th	ie last return/report filed fo	r this plan, enter the	4b EIN				
name	, EIN, and the plan num or's name	nber from the last return/report.		•	4c PN				
5a Total i	number of participants	at the beginning of the plan year			5a	23			
		at the end of the plan year			ļ	0			
		account balances as of the end of th							
					5c	0			
		licipants at the beginning of the plar			5d(1)	23			
d(2) Total	al number of active par	ticipants at the end of the plan year.	************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5d(2)	0			
e Numbe	r of participants that ter	rminated employment during the pla	an year with accrued bene	fils that were	5e	0			
					io ostobl	inhad			
Caution: A	penalty for the late o	r incomplete filing of this return/r er penalties sel forth in the instruction	eport Will be assessed t	injess reasonable cau	nort including	n if annicable a Schedule			
SR or Sche	allies of perjury and our adule MR completed an	er penalities set form in the instruction d signed by an enrolled actuary, as	well as the electronic vers	sion of this return/report	and to the t	pest of my knowledge and			
	true, correct, and compl								
SIGN	Manda	Saucan	71/22/15	JENNIFER JOLIC	COEUR				
HERE	A	/ / / / / / / / / / / / / / / / / / / /		Enter name of individe	ual signing as	s nlan administrator			
	Signature of plan ad	munstrator	Date	Lines name of mulvior	वल असमामि हर	s practice ministrator			
SIGN									
HERE	Signature of employ	er/plan sponsor	Date			s employer or plan sponsor			
Preparer's	name (including firm na	ime, if applicable) and address (incl	ude room or suite number	·) (optional)	Preparer's t	telephone number (optional)			
				Ì					

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6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cant	X Yes No						
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance pr	rogram (see ERISA section 40	)21)?	·····L	Yes	No Not determined	
Part III   Financial Information	1			<del></del>			
7 Plan Assets and Liabilities		(a) Beginning of Yea	ir 5083			(b) End of Year  0	
a Total plan assets	. 7a	1.1.	,,,,,	4			
b Total plan liabilities	7b	111	5083	9		0	
C Net plan assets (subtract line 7b from line 7a)	. 7c	(a) Amount		+		(b) Total	
Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:				_		(2)/	
(1) Employers	. 8a(1)		1560				
(2) Participants	. 8a(2)	-	2483	3			
(3) Others (including rollovers)	. 8a(3)			_			
b Other income (loss)	. 8b		2221	2		92646	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					92040	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	116	6996	7			
e Certain deemed and/or corrective distributions (see instructions)	1 1	•	7030	3			
f Administrative service providers (salaries, fees, commissions)	. 8f		321	.5		·	
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					1243485	
i Net income (loss) (subtract line 8h from line 8c)						-1150839	
j Transfers to (from) the plan (see instructions)	· 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Plan Chara	acteris	slic Co	ides in	the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare to	eature code	es from the List of Plan Charac	terist	c Cod	les in II	he instructions:	
The plant provided we have believed, order the opposition				····			
Part V Compliance Questions				r		·	
10 During the plan year:			,	Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contributions of CFR 2510.3-102? (See instructions and DOL's Voluntary Fidelite)	uciary Corre	ection Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	l? (Do nol i	nclude transactions reported	10b		х		
c Was the plan covered by a fidelity bond?		,	10c	Х		75000	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	nd, that was caused by fraud	10d		х		
Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e	х		1699	
f Has the plan failed to provide any benefit when due under the pla	an?		10f		x		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		Х		
h If this is an individual account plan, was there a blackout period?	1.10.10						
i If 10h was answered "Yes." check the box if you either provided to	the state of the s						
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)	nents? (If "Y	es," see instructions and com	plete	Sche	dule SE	(Form Yes No	
	1a 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					302 of	ERISA? Yes K No	
//f "Yes " complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)					
a If a waiver of the minimum funding standard for a prior year is be	ing amortize	ed in this plan year, see instruction	ctions	, and (	enter th Dav	ne date of the letter ruling Year	

Year

Day

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip	to line 13.				
b	Enter the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12b	<u> </u>		
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 (negative amount)	, -		12đ			
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?	*********************		XY	'es No	)	
	if "Yes," enter the amount of any plan assets that reverted to the employer this	is year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s	), identify the plan(s)	lo			
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) I	PN(s)
Part VIII Trust Information (optional)						***************************************	·
148	Name of Irust			וו מדיו	ust's EIN		