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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	► Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.	
Part I	Annual Report	Identification Information				
For calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012
	urn/report is for:	a single-employer plan		plan (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	the final return/repor			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)) <u> </u>
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ription)			
Part II	Basic Plan Info	rmation—enter all requested inf	ormation			
1a Name		•			1b	Three-digit
DIMODOLO	INTERNATIONAL, LLC	C EMPLOYEES 401K RETIREME	NT PLAN			plan number
						(PN) ▶ 001
					1C	Effective date of plan
20 Diam of		dunna in alcoda un ancida un accida un accida	/		26	01/01/1993
	INTERNATIONAL, LL	dress; include room or suite numbe	er (employer, it for a single	e-employer plan)	20	Employer Identification Number (EIN) 13-4121066
					2c	Sponsor's telephone number
590 FIFTH A				212-826-3600		
12TH FLOO NEW YORK					2d	Business code (see instructions) 423990
3a Plan a	dministrator's name an	d address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's EIN
					30	Administrator's telephone number
					30	Administrator's telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN
	•	nber from the last return/report.				
	or's name				4c	
5a Total r	number of participants	at the beginning of the plan year			5a	24
b Total r	number of participants	at the end of the plan year			5b	34
		account balances as of the end of	' '		5c	20
_		during the plan year invested in e				X Yes No
_	•	the annual examination and repor	•	*		
		(See instructions on waiver eligib	•			
If you	answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.
	• •	or incomplete filing of this return	•			
						ncluding, if applicable, a Schedule
	edule MB completed an true, correct, and comp	nd signed by an enrolled actuary, a plete.	is well as the electronic ve	ersion of this return/repon	i, and	to the best of my knowledge and
	, , ,		<u> </u>	1		
SIGN HERE		valid electronic signature.	07/08/2013	NADIA GONZALEZ		
	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	gning as plan administrator
SIGN						
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individ	ual sig	gning as employer or plan sponsor
Preparer's	name (including firm na	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	parer's telephone number (optional)

Form 5500-SF 2012 Page **2**

Por	t III Einangial Information								
<u> Par</u>	t III Financial Information Plan Assets and Liabilities		(a) Beginning of Ver				(h) End of Voor		
	Total plan assets	7a	(a) Beginning of Yea		+	(b) End of Year 833026			
	Total plan liabilities	7a 7b	77302	- 1	+		033020		
	Net plan assets (subtract line 7b from line 7a)					833026			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
	Contributions received or receivable from:		(a) Amount				(b) Total		
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	11348	39					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					113489		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5348	34					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					53484		
	Net income (loss) (subtract line 8h from line 8c)	8i					60005		
j	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions:		
_									
Part	•				1	T	Γ		
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		75000		
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 of the commissions.	of the bene	efits under the plan? (See	40-	X				
	instructions.)			10e		V	3232		
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X		935		
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	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or se	ction	302 of	ERISA? 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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012 Page 3 - 1			
	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		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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

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		Complete all entries in acceptance	cordance with the instru	ctions to the Form 550	U-SF.	
Part I	Array	dentification Information	AT 750 75 AT 5		5 2 7 2 1 7 2	0.1.6
For calend	ar plan year 2012 or fis		01/01/2012	and ending	12/31/2	
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)	a one-pa	uticipant plan
B This ret	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	(0)
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pi	rogram
		special extension (enter descri	íption)			
Part II	Basic Plan Infor	mation—enter all requested info	ormation			
1a Name		2-131-1115			1b Three-digit	
DIMODO	LO INTERNATION	IAL, LLC EMPLOYEES 40	IK RETIREMENT F	LAN	plan กมเทb	001
					(PN)	
					1c Effective da 01/01/1	
2a Plan si	nonsor's name and add	ress' include room or suite numbe	er (employer, if for a single-	enulover plan)		dentification Number
	2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DIMODOLO INTERNATIONAL, LLC					4121066
					2c Sponsor's	telephone number
	FTH AVENUE				212-826	-3600
SUITE						nde (see instructions)
NEW YOU		NY 10111			423990	
3a Plan a	dministrator's name and	d address Same as Plan Spons	or Name X Same as Plai	Sponsor Address	3b Administrat	or's EIN
					3c Administrat	or's telephone number
					The state of the s	or a totophoria manne.
		plan sponsor has changed since to ber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN	
	, EIN, and the plan non or's name	iber from the last return/report.			4c PN	
		at the beginning of the plan year		20 21 21 22 1222		24
	i i	at the end of the plan year			5b	34
		ecount balances as of the end of the			30	74
					5c	20
6a Were	all of the plan's assets	during the plan year invested in el	ligible assets? (See instruc	tions.)		X Yes No
	,	the annual examination and report	9	,		
		(See instructions on waiver eligib)	,			X Yes No
		her line 6a or line 6b, the plan o				
		r incomplete filing of this return				
		er penalties set forth in the instruc d signed by an enrolled actuary, a				
belief, it is t	true, correct and completed and	lete.	3 Well (13 the cleaning ver	SION OF GIRS FORGITATEDON	c, and to mo poet o	ittiy matroogo am
110427 227	11/1000					
SIGN	I Wat			NADIA GOUSALE		
Signature.	Signature of plan ac	Iministrator	Date 7-8-13	Enter name of individ	lual signing as plai	administrator
SIGN						
HERE	Signature of employ		Date		lual signing as emp	oloyer or plan sponsor
Preparer's	name (including firm na	ime, if applicable) and address; in	clude room of suite numbe	r (optional)	Preparer's telepi	none number (optional)
						=

Pa	rt III Financial Information											
7	Plan Assets and Liabilities	YELLOW	(a) Beginning of Year			(b) End of Year						
а	Total plan assets	7a	7	773021			1 8330					
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	77	773021			83302					
8	Income, Expenses, and Transfers for this Plan Year	17.052	(a) Amount			(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)			17.74 17.74 17.94 17.94							
	(2) Participants	8a(2)					Paris High					
	(3) Others (including rollovers)	8a(3)			100							
b	Other income (loss)	. 8b	1.	1348	9						ē	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		维美国电影					1	1348	9	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	53484									
e	Certain deemed and/or corrective distributions (see Instructions)	. 8e									7	
f	Administrative service providers (salaries, fees, commissions)	. 8f			34			11166	anii)		题	
g	Other expenses	. 8g			100							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		特提						5348	4	
i	Net income (loss) (subtract line 8h from line 8c)	8i								6000	15	
j	Transfers to (from) the plan (see instructions)	8j				無語						
Pai	t IV Plan Characteristics		W		1011125							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for											
Par	Compliance Questions			_				-		× .		
10	During the plan year:			50.27	Yes	No		Amo	unt			
_	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide			10a		Х						
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х						
C	Was the plan covered by a fidelity bond?			10c	Х					7500	10	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10 d		Х					70.00	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х					323	32	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				_		
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	Х					93	35	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х						
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			101								
Pari	VI Pension Funding Compliance											
11	ls this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)								Yes	□ N	0	
11a	Enter the amount from Schedule SB line 39					11a						
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X N	0	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	and the same of th	79201-07									
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	zed in this plan year, see instru Mor	nth	, and	enter t Day		the le Yea	tter rul	ing		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.								_	
b	Enter the minimum required contribution for this plan year					12b					_	

Form 5500-SF 2012	Page 3 -						
C 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. negative amount)	Enter the result (enter a minus sign to the I	eft of a	12d				
e Will the minimum funding amount reported on line 12d be me	et by the funding deadline?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No	□ N/A	
Part VII Plan Terminations and Transfers of Asse	ets			Special section			
13a Has a resolution to terminate the plan been adopted in any plan y	ear?			Yes X	No		
If "Yes," enter the amount of any plan assets that reverted to	the employer this year		13a		187		
b Were all the plan assets distributed to participants or benefici of the PBGC?						es X No	
C If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.	ed from this plan to another plan(s), identif	- 11111				W.	
13c(1) Name of plan(s):	× 11 11 11 11 11 11 11 11 11 11 11 11 11	1	3c(2) E	IN(s)	13	c(3) PN(s)	
	monto.						
Part VIII Trust Information (optional)							
				14b Trust's EIN			