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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Annual Report I	dentification Information								
For calenda	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013				
A This ret	turn/report is for:			an (not multiemployer)		a one-partici	pant plan			
B This ret	turn/report is:	the first return/report	the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)									
C Check I	box if filing under:		automatic extension			DFVC progra	am			
D 4 II		special extension (enter description	,							
Part II		mation—enter all requested informa	tion				T			
1a Name DIMODOLO		EMPLOYEES 401K RETIREMENT P	LAN		16	Three-digit plan number (PN)	001			
					1c	Effective date o				
2a Plan spoison	ponsor's name and add INTERNATIONAL, LLC	lress; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identi				
590 FIFTH <i>A</i>	AVENI IE				2c Sponsor's telephone number 212-826-3600					
12TH FLOO NEW YORK	R				2d	Business code	(see instructions)			
3a Plan a	dministrator's name and	d address Same as Plan Sponsor Na	ame Same as Plan	Sponsor Address	3b	Administrator's				
					3с	3c Administrator's telephone number				
4										
		plan sponsor has changed since the la ber from the last return/report.	st return/report filed fo	or this plan, enter the	4b	EIN				
	, ∟in, and the plan hull or's name	iber from the last return/report.			4c	PN				
		at the beginning of the plan year			5a		34			
b Total r	number of participants a	at the end of the plan year			5b		28			
		ccount balances as of the end of the pl	• •	•	5c		19			
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)			X Yes No			
under	29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a her line 6a or line 6b, the plan canno	nd conditions.)				X Yes No			
-		plan, is it covered under the PBGC ins				. – –	Not determined			
Caution: A	penalty for the late o	r incomplete filing of this return/repo	ort will be assessed	unless reasonable cau	ıse is	established.				
SB or Sche		er penalties set forth in the instructions d signed by an enrolled actuary, as wel lete.								
SIGN	Filed with authorized/v	ralid electronic signature.	10/08/2014	NADIA GONZALEZ						
HERE	Signature of plan administrator Date Enter name of individual signing as plan administrator									
SIGN										
HERE	Signature of employ		Date	Enter name of individu	ual sig	ning as employe	er or plan sponsor			
Preparer's	name (including firm na	ame, if applicable) and address; include	room or suite numbe	r (optional)	Prep	arer's telephone	number (optional)			

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Vo	ar		
	Total plan assets	7a	(a) beginning of Tea			(b) End of Year 1059759			7		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)				+			10	59759)	
8	Income, Expenses, and Transfers for this Plan Year	, part debte (castactine is a series as)									
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	23746	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2:	37460		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1075	0							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10750)	
i	Net income (loss) (subtract line 8h from line 8c)	8i						2	26710)	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics	ره ا									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions			
	2E 2F 2G 2J 2K 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions				1		1				
10	During the plan year:				Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection 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					75	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	•	10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth										
·	insurance service, or other organization that provides some or all				X						
	instructions.)			10e						3	253
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					
h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR			X					
	2520.101-3.)			10h							
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	· · · · · · · · · · · · · · · · · · ·	1-0		101							
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
44-	5500) and line 11a below)							Ш	1 69	Ш	140
	Enter the unpaid minimum required contribution for current year fr		,			11a			\/-	V	<u> </u>
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			-4! - :-	ا- سم	· · ·	- det f ''			l:	
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	, and (enter tr Day		ne let Yea		ııng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				1				
						12b					

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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?	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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b 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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) X C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan 1b Three-digit DIMODOLO INTERNATIONAL, LLC EMPLOYEES 401K RETIREMENT PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Dimodolo International, Llc (EIN) 13-4121066 2c Sponsor's telephone number 590 Fifth Avenue 212-826-3600 12th Floor 2d Business code (see instructions) New York NY 10036 423990 3a Plan administrator's name and address X Same as Plan Sponsor Name XSame as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 5a 34 Total number of participants at the end of the plan year 5_b 28 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 19 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... Yes If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Not determined 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 true, correct, and fomplete. SIGN 10-2-14 Nadia Gonzalez HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	. 7a		3304	19		(b) Liid	or rear	1059759
	Total plan liabilities	. 7b							
	Net plan assets (subtract line 7b from line 7a)	7c	8	3304	19				1059759
1000	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
	Contributions received or receivable from:		(a) ranount				(6)	Otal	
	(1) Employers	8a(1)							
_	(2) Participants	8a(2)							
-	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	. 8b	2	3746	50				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							237460
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1075	50				
е	Certain deemed and/or corrective distributions (see instructions)	8e						-	
	Administrative service providers (salaries, fees, commissions)	8f			_	-			
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7					10750
i	Net income (loss) (subtract line 8h from line 8c)	8i							226710
j	Transfers to (from) the plan (see instructions)	8j				WE.		11.7	
Par	t IV Plan Characteristics	٥							
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 fe								
10	During the plan year:				Yes	No		2	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir	the time period described in	10a	165	Х		Amoun	<u>t</u>
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х			
С				10c	Х				75000
d		fidelity bor	nd, that was caused by fraud	10d		Х			70000
е		er persons	by an insurance carrier,	10e	Х				3253
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
				-	_				
	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	notice or one of the	10i					
Part	exceptions to providing the notice applied under 29 CFR 2520.10	ne required 1-3	notice or one of the	10i					
	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	1-3 ents? (If "Y	es." see instructions and com	plete	Sched	dule SE	3 (Form		es No
Part 11	vi Pension Funding Compliance	1-3 ents? (If "Y	es," see instructions and com	plete		dule SE	3 (Form	Y	es No
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions and comulate see instructions are see ins	plete		11a	<u></u>		es No
Part 11 11a 12	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	ents? (If "Y om Schedu requireme as applica	es," see instructions and comule SB (Form 5500) line 39 nts of section 412 of the Code	plete	ection :	11a 302 of	ERISA?	Y	es 🛛 No
Part 11 11a 12	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ents? (If "Y om Schedu requireme as applica	res," see instructions and comule SB (Form 5500) line 39 Ints of section 412 of the Code lible.) Inter in this plan year, see instructions	pplete or se	ection :	11a 302 of	ERISA?	Y	es 🛛 No
Part 11 11a 12 a If	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from 1s this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding the subject to the subject to the subject to the minimum funding the subject to the subject	ents? (If "Y om Schedu requireme as applica g amortize	ves," see instructions and comule SB (Form 5500) line 39 Ints of section 412 of the Code able.) Interest in this plan year, see instructions and comule SB (Form 5500), and skip to line 13.	or se	ection and e	11a 302 of enter th	ERISA?	Y Y	es 🛛 No

	Form 5500-SF 2013 Page 3 -			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
a	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				
_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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	e 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(which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust