## 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

Part I		rt Identification Information				
For calend	dar plan year 2014 o	r fiscal plan year beginning 01/01	/2014	and ending 12	2/31/2014	
A This re	eturn/report is for:	X a single-employer plan		er plan (not multiemployer) nployer information in accor		
		a one-participant plan	a foreign plan			
<b>B</b> This re	turn/report is	the first return/report	the final return/repo	ort		
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension	on	DFVC	program
<b>C</b> 0	a som mining amaon	special extension (enter de	scription)		_	
Part II	Basic Plan In	formation—enter all requested	information			
1a Name					<b>1b</b> Three-dig	
DIMODOLO	O INTERNATIONAL,	LLC EMPLOYEES 401K RETIRE	MENT PLAN		plan numl (PN) ▶	001
					1c Effective	t
					10 Encouve	01/01/1993
	sponsor's name and INTERNATIONAL,	address; include room or suite nur	nber (employer, if for a sin	ngle-employer plan)	' '	Identification Number
					(EIN)	13-4121066 s telephone number
110 GREEN	NE ST, STE 804					12-826-3600
NEW YORK					2d Business	code (see instructions)
<b>3a</b> Plan :	administrator's name	and address XSame as Plan Spo	onsor		<b>3b</b> Administra	423990 ator's FIN
ou i laire	administrator o marrio	and address Modifie as Flair opt	311301.		OD / tallilliour	3101 3 2114
		<del>_</del>				
		_			<b>3c</b> Administra	ator's telephone number
		_			3c Administra	ator's telephone number
		_			<b>3c</b> Administra	ator's telephone number
						ator's telephone number
		the plan sponsor has changed sind number from the last return/report.	ce the last return/report file	ed for this plan, enter the	3c Administra 4b EIN	ator's telephone number
name			ce the last return/report file	ed for this plan, enter the		ator's telephone number
name <b>a</b> Spons	e, EIN, and the plan i sor's name		· · · · · · · · · · · · · · · · · · ·	· 	4b EIN 4c PN	·
a Spons 5a Total	e, EIN, and the plan i sor's name I number of participar	number from the last return/report.	ır		4b EIN 4c PN 5a	28
a Spons 5a Total b Total c Num	e, EIN, and the plan i sor's name I number of participar I number of participar ber of participants wi	number from the last return/report.	of the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a	ator's telephone number  28  22
a Spons 5a Total b Total c Numl	e, EIN, and the plan is sor's name I number of participar Inumber of participar ber of participants will bete this item)	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year  It account balances as of the end	of the plan year (defined b	penefit plans do not	4b EIN 4c PN 5a 5b	28 22 16
a Spons 5a Total b Total c Numl comp d(1) To	e, EIN, and the plan isor's name I number of participar I number of participar ber of participants wiblete this item)	number from the last return/report.  Ints at the beginning of the plan year  Ints at the end of the plan year  It account balances as of the end	of the plan year (defined b	penefit plans do not	4b EIN  4c PN  5a  5b  5c	28 22 16
name a Spon: 5a Total b Total c Numb comp d(1) To d(2) To e Numb	e, EIN, and the plan is sor's name.  I number of participar I number of participar ber of participants will be this item)	number from the last return/report.  Into at the beginning of the plan yearth account balances as of the end  participants at the beginning of the participants at the end of the plan year	of the plan year (defined be plan year	penefit plans do not	4b EIN 4c PN 5a 5b 5c 5d(1)	28 22 16 9
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name a Spon: 5a Total b Total c Numi comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch	e, EIN, and the plan is sor's name I number of participar I number of participar ber of participants will be this item)	number from the last return/report.  Into at the beginning of the plan year  It account balances as of the end  participants at the beginning of the plan year terminated employment during the or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary omplete.	of the plan year (defined by plan year	penefit plans do not  penefits that were  sed unless reasonable call ave examined this return/repor	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if ert, and to the best	28 22 16 9 7 0 ed. applicable, a Schedule of my knowledge and
name a Spon: 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti Caution: Under per SB or Sch belief, it is SIGN HERE SIGN	e, EIN, and the plant sor's name I number of participar to participar the of participants will be the this item)	number from the last return/report.  Into at the beginning of the plan year  It account balances as of the end  participants at the beginning of the plan year terminated employment during the or incomplete filing of this ret other penalties set forth in the inst and signed by an enrolled actuary omplete.	of the plan year (defined by plan year	penefit plans do not  penefits that were  sed unless reasonable call ave examined this return/report version of this return/report	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established export, including, if ert, and to the best	28 22 16 9 7 0 ed. applicable, a Schedule of my knowledge and
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name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plant sor's name I number of participar I number of participar ber of participants will be the this item)	number from the last return/report.  Into at the beginning of the plan year at the end of the plan year  It account balances as of the end aparticipants at the beginning of the participants at the end of the plan is terminated employment during the other penalties set forth in the inst of and signed by an enrolled actuary applete.  In administrator	of the plan year (defined by plan year	penefit plans do not  penefits that were  pene	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established apport, including, if rt, and to the best dual signing as planding as planding as planding as end dual signing as end dual signing as end dual signing as end	28 22 16 9 7 0 ed. applicable, a Schedule of my knowledge and an administrator
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less ti  Caution: Under per SB or Sch belief, it is  SIGN HERE  SIGN HERE	e, EIN, and the plant sor's name I number of participar I number of participar ber of participants will be the this item)	number from the last return/report.  Into at the beginning of the plan year at the end of the plan year  It account balances as of the end aparticipants at the beginning of the participants at the end of the plan is terminated employment during the other penalties set forth in the inst of and signed by an enrolled actuary applete.  In administrator	of the plan year (defined by plan year	penefit plans do not  penefits that were  pene	4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e  suse is established apport, including, if rt, and to the best dual signing as planding as planding as planding as end dual signing as end dual signing as end dual signing as end	28 22 16 9 7 0 ed. applicable, a Schedule of my knowledge and an administrator

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	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	rmined
Par	t III   Financial Information		1						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		705
	Total plan assets	7a	10597	759				835	725
	Total plan liabilities	7b	10597	759	-			835	725
	Net plan assets (subtract line 7b from line 7a)	7c		00	+		/b) T		1 20
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) To	otai	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)	-						
	Other income (loss)	8b	970	)33					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						97	033
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3210	067					
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						321	067
	Net income (loss) (subtract line 8h from line 8c)	8i						-224	034
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension								
b		eature cod	les from the List of Plan Chara	cterist			he instruction	ons:	
10	During the plan year:			I	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	ıciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
c	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			
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	nefits under the plan? (See	10e	X				4629
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	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.)			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)							Ye	s 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 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		ne letter r Year	uling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</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 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information 01/01/2014 and ending 12/31/2014 For calendar plan year 2014 or fiscal plan year beginning a single-employer plan 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 This return/report is for: a one-participant plan the final return/report the first return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number DIMODOLO INTERNATIONAL, LLC EMPLOYEES 401K RETIREMENT PLAN (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 110 Greene St, Ste 804 212-826-3600 2d Business code (see instructions) 423990 10012 New York 3b Administrator's FIN 3a Plan administrator's name and address XSame as Plan Sponsor. 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. 4c PN a Sponsor's name 5a Total number of participants at the beginning of the plan year ...... 5a 28 b Total number of participants at the end of the plan year..... 5b 22 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 16 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year.... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 7 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 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

belief, it is true, correct and complete Nadia Gonzalez 8-26-15 SIGN **HERE** Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Date Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Preparer's telephone number (optional)

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

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6a	·							No	
b	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							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot				_				
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No L	Not determ	ined
Pa	rt III Financial Information		Т						
_7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End		
<u>a</u>	Total plan assets	7a	105	5975	59			83	35725
<u> </u>	Total plan liabilities	7b	1.01	- 0 - 7 -					25505
	Net plan assets (subtract line 7b from line 7a)	7c		5975	9				35725
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:  (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		9703	33				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9	97033
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32	2106	57				
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)				32106				21067
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)					-224034			
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension to $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Cod	es in t	he instruction	ons:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
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			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х			7	75000
d				10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	Х				4629
f	_			10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х			
<u> </u>	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х			
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	ne required	d notice or one of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · · · · · · · · · · · · · · · · · ·			302 of	ERISA?	Yes	X No

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

. Month

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.	_	_	
b	Enter the minimum required contribution for this plan year		12b		
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)	`	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(	s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Dart	VIII Truct Information (ontional)				
	VIII Trust Information (optional)		14h ±	rust's EIN	
144	Name of trust		140	IUSES EIN	