## 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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		rt Identification Information							
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	014	and ending 12	2/31/2014				
A This ref	turn/report is for:	X a single-employer plan		plan (not multiemployer) loyer information in acco					
		a one-participant plan	a foreign plan	a foreign plan					
<b>B</b> This retu	urn/report is	the first return/report	the final return/report						
		months)							
C Check	box if filing under:	X Form 5558	automatic extension	n	☐ DFVC p	orogram			
		special extension (enter desc	ription)						
Part II	Basic Plan In	formation—enter all requested ir	formation						
1a Name LYDELL JEV	of plan WELRY PROFIT SH	ARING PLAN			<b>1b</b> Three-digir plan numb (PN) ▶				
					1c Effective d	late of plan 01/01/2007			
	ponsor's name and a VELRY DESIGN ST	address; include room or suite numb JDIO, LLC	er (employer, if for a sing	le-employer plan)	<b>2b</b> Employer I	dentification Number 46-2866031			
3 WEST 35T	H STREET, 10TH F	LOOR				telephone number			
NEW YORK,		LOOK			2d Business code (see instructions)				
					423940				
3a Plan a	dministrator's name	and address XSame as Plan Spon	sor.		<b>3b</b> Administra	tor's EIN			
		the plan sponsor has changed since	the last return/report filed	I for this plan, enter the	4b EIN				
	, EIN, and the plan r or's name	number from the last return/report.			4c PN				
		ts at the beginning of the plan year.				51			
		ts at the end of the plan year			-	58			
<b>C</b> Numb	er of participants wit	h account balances as of the end of	the plan year (defined be	nefit plans do not	5c	58			
•	,	participants at the beginning of the p			5d(1)	37			
<b>d(2)</b> Tot	al number of active p	participants at the end of the plan ye	ar		5d(2)	38			
		terminated employment during the	, ,		5e	4			
		e or incomplete filing of this retur			use is establishe				
Under pens	alties of perjury and	other penalties set forth in the instruand signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/re	eport, including, if a	applicable, a Schedule			
SIGN	Filed with authorize	d/valid electronic signature.							
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as pla	n administrator			
SIGN HERE									
		loyer/plan sponsor	Date		dividual signing as employer or plan sponsor  Preparer's telephone number (optional)				
rieparer s	name (including ilfm	n name, if applicable) and address (i	ndiade 100111 of Suite num	ьы ) (орионаі)	riepalei s telep	none number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lift you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot b	an indepe and condi ot use Fo	ndent qualified public accountations.) prm 5500-SF and must instea	nt (IQ d use	PA)  <b>Form</b>	5500.	·	<u>&gt;</u>	Yes Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	No	t determ	nined
Par	t III Financial Information	1								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y		
a	Total plan assets	7a	14266						132032	6
b	Total plan liabilities	7b		0						0
C	Net plan assets (subtract line 7b from line 7a)	7c	14266	668					132032	6
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		$\perp$		(b	) Total		
а	Contributions received or receivable from:	90/1)	47′	140						
-	(1) Employers	8a(1) 8a(2)	1196							
-	` '		264							
	(3) Others (including rollovers)	8a(3) 8b		314						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24858	7
	Benefits paid (including direct rollovers and insurance premiums	80							2 1000	<u> </u>
	to provide benefits)	8d	3546	529						
e	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g	3	300						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							35492	.9
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	8i						-10634	2
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the insti	ruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	cterist	ic Coc	les in t	the instru	ctions		
Part	Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
	Was there a failure to transmit to the plan any participant contribution	tions with	in the time period described in		100	110		AIII	Ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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				5	500000
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 instructions.)	ner persor of the ber	ns by an insurance carrier, nefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				~					5000
<u>g</u> h				10g	X					5982
	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								-		
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39	<u></u>		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?		Yes	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 being		•	ctions	and e	enter th	he date o	of the la	etter ruli	na

......Month

Day

Year

granting the waiver.

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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

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part	I Annual Repor	t Identification Information							
For cale	ndar plan year 2014 or f	iscal plan year beginning	01/01/2014	and ending	12/31/2014				
A This	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 one-participant plan a foreign plan								
B This	return/report is:	the first return/report	the final return/repo	ort					
	,	an amended return/report		turn/report (less than 12 r	months)				
			_ a short plan your to	tanin oport (1000 than 12 )					
C Che	ck box if filing under:	x Form 5558	automatic extension	n	DFVC prog	jram			
		special extension (enter desc	ription)						
Part I	I Basic Plan Info	ormation enter all requested	information						
	me of plan				1b Three-digit				
Lv	dell Jewelrv Pro	fit Sharing Plan			plan number (PN) ▶	001			
-1					1c Effective date				
					01/01/200	•			
	n sponsor's name and a dell Jewelry Des	ddress; include room or suite numb ign Studio, LLC	er (employer, if for a sing	gle-employer plan)	2b Employer Identification Number (EIN) 46-2866031				
					2c Sponsor's telephone number				
3 ¥	est 35th Street, 10t	h Floor			(212) 239				
					423940	e (see instructions)			
	New York NY 10001	and address X Same as Plan Sp	onsor Name		3b Administrator	'e EIN			
<b>J</b>	it dammistrator o namo c	and dedices in earlier as their op-	JIIOOF HAITIC		OD Administrator	3 LIN			
					3c Administrator	's telephone number			
4 If th	ne name and/or EIN of th	e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	_			
nar	ne, EIN, and the plan nu	mber from the last return/report.							
<b>a</b> Spo	onsor's name				4c PN				
	• •	at the beginning of the plan year			5a	51			
		at the end of the plan year			5b	58			
		account balances as of the end of			5c	58			
		rticipants at the beginning of the pla		***************************************	5d(1)	37			
		rticipants at the end of the plan yea	·		5d(2)	20			
	·	terminated employment during the			3u(2)	38			
	than 100% vested	······································			5e	4			
Caution	n: A penalty for the late	or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca	use is established.				
Under p	enalties of perious and o	ther penalties set forth in the instru	ctions, I declare that I ha	ive examined this return/re	eport, including, if app				
SIGN	1/4/		09/10/15	Constan	Jus J. Na	<del>10</del>			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	al signing as plan adr	ministrator			
65 20p	14		00/10/17	Virla-	J- Mark				
SIGN	Signature of employe	r/plan enonsor	Date	Enter name of individue		/			
		name, if applicable) and address; in		Enter name of individua		e number (optional)			
roparo			ionado room or ounce man	izer (epitellar)	The second of the	And the second s			

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)				*********	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	an indepe	ndent qualified public accountan	t (IQF	PA)				_
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)					No			
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Fo	rm 5500-SF and must instead				_	_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40:	21)?		Ye	s No	Not dete	ermined
P	art III Financial Information	_							
7	Plan Assets and Liabilities	TRIPLE F	(a) Beginning of Yea	r	(b) End of Yea			f Year	
<u>a</u>	Total plan assets	. 7a	1,426,6	68	$\perp$			1,320,3	26
b	Total plan liabilities	7b		0					0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,426,6	68	1,320,				26
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	All her stands	(a) Amount		Satura and	* *	(b) To		
	(1) Employers	8a(1)	47,1	40	24				
	(2) Participants	8a(2)	119,6	58	* 1988	MATE I	NO PROPERTY	PART OF THE	No. 2702
	(3) Others (including rollovers)	8a(3)	26,4	75	-	300000	2 WAR TO S	<b>建筑工工,中华大大岛中央</b>	<b>多在今期</b> 。
b	Other income (loss)	8b	55,3	14	A STATE	7. 17.	Mark 1	F & A.T. V.S. W.	75/8-11
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	MEST TO MESTER STATE OF THE PROPERTY OF	1				248,58	87
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	354,6	29	17.50 M				50750
e	Certain deemed and/or corrective distributions (see instructions)	8e	331/0	0	Žf *	-	10 May 1		10.0
f	Administrative service providers (salaries, fees, commissions)	8f		0	-	** **			5
g	Other expenses	8g	31	00		Miles All			WEET.
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	V. LONG TARREST STREET, ST. AND CO.	EAR.				354,92	29
i	Net income (loss) (subtract line 8h from line 8c)	8i	MAN PARK PROPERTY AND ASSESSMENT	September 1	(106,342)			2)	
ī	Transfers to (from) the plan (see instructions)	8j			The Mangel will be will be to the second				acception of
Pa	rt IV Plan Characteristics								
Po	rt V Compliance Questions								
10	During the plan year:				Yes	No	1 ,	Amount	
a				10a	163	х		anount	
b	Were there any nonexempt transactions with any party-in-interest:	? (Do not	include transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?	***********	***************************************	10c	x			500	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's								-
	or dishonesty?			10d		Х	ļ	-	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all dinstructions.)	of the ben	efits under the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the plan			10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as	-		10g	x			5	, 982
h	If this is an individual account plan, was there a blackout period? (	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				x	data 2		
i	f 10h was answered "Yes," check the box if you either provided the required notice or one of the			10i			The state of the s		
Pai							.,		10 No. 1
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							☐ Yes 2	
11a	Enter the unpaid minimum required contribution for current year fro	_							
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code of	or sec	tion 3	02 of i	ERISA?	Yes 2	<b>N</b> o
	(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 bein granting the waiver						ne date of th		

Form 5500-SF 2014 Page <b>3</b> -				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year	12b			
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. Enter the result (enter a minus sign to the left negative amount)				
e 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?	Ye	es X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under the control	Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)				
13c(1) Name of plan(s):	13c(2) EIN(	s) 13c(3) PN(s)		
Part VIII Trust Information (optional)				
14a Name of trust	<b>14b</b> Tr	14b Trust's EIN		