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 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 plan number YADIM, LLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number YADIM, LLC (EIN) 45-4315659 Sponsor's telephone number 212-372-3403 435 WEST 23RD STREET, SUITE 1BB NEW YORK, NY 10011 Business code (see instructions) 812112 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 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 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 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	Filed with authorized/valid electronic signature.	10/05/2015	SHERYL GUSS				
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 pla				
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 eligible. Are you claiming a waiver of the annual examination and report of a sunder 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot the plan is it covered under the PRCC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes [No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121) ? .		res	No Not determine	J u
Par					1			
	Plan Assets and Liabilities	_	(a) Beginning of Yea	<u>0</u>	-		(b) End of Year	
	Total plan assets	7a		0	-		1300	
	Fotal plan liabilities	7b		0			1500	
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount					
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
	1) Employers	8a(1)	15	500				
	2) Participants	8a(2)						
(3) Others (including rollovers)	8a(3)						
b_	Other income (loss)	8b						
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1500	
	Benefits paid (including direct rollovers and insurance premiums							
	o provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g					0	
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					1500	
	Net income (loss) (subtract line 8h from line 8c)	8i					1000	
Part		8j						
	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 2F 2G 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions							
10	During the plan year:				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	iciary Cor	rection Program)	10a		X		
b	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		
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		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X		
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 2520.101			10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							No
11a	Enter the unpaid minimum required contribution for current year fro	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	ction (302 of I	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 bein granting the waiver.	-			, and e	enter th Day	e date of the letter ruling Year	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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	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	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust



Mr. Yadim Carranza 435 West 23rd St, Suite 1BB New York, NY 10011

RE: Yadim, LLC 401(k) Plan

Form 5500 E-filing Authorization

On behalf of the above named plan sponsor, the undersigned hereby grants permission to Preferred Pension Planning Corporation (PPPC) to electronically file the plan sponsor's Form(s) 5500 annually, but only upon PPPC's receipt of a copy of the manually signed page one of Form 5500 or page two of 5500-SF.

The sponsor has been notified that the image of the plan administrator's/ plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.

The plan sponsor and Trustee understand and agree that the complete electronically filed Form 5500 will have Sheryl Guss indicated as Plan Administrator. This listing is solely for purposes of filing the Form 5500. The plan sponsor and Trustee agree that Sheryl Guss is not the Plan Administrator, that Preferred Pension Planning Corporation and its employees are not fiduciaries of the plan, and they are not responsible for any penalties, fines, charges, corrections, or other charges or actions that may be required or imposed upon the plan or its representatives.

The employer may revoke or change this authorization for future plan years at any time by notification in writing to PPPC.

Trustee

Date

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information							
For calend	ar plan year 2014 or fi	scal plan year beginning	01/01/2014	and ending	12/31/2	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 retu	urn/report is	x the first return/report	the final return/report						
	and an in and a fig. * Anna San and Anna San	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	☐ Form 5558	automatic extension		DFVC pr	ogram			
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name of plan Yadim, LLC 401(k) Plan						or 001			
					1c Effective da 01/01/2				
2a Plans Yadim,		ddress; include room or suite number	r (employer, if for a single-	employer plan)	2b Employer Id (EIN) 45-	lentification Number 4315659			
435 Wes	st 23rd Stree	t, Suite 1BB			2c Sponsor's t 212-372	elephone number -3403			
New Yo	rk	NY 10011			2d Business co 812112	ode (see instructions)			
THE RESERVE OF THE PARTY OF THE	00000	nd address XSame as Plan Sponso	or.		3b Administrator's EIN				
					3c Administrate	or's telephone number			
		e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN				
	or's name	mber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year			5a	2			
	State of the state	at the end of the plan year			5b	2			
compl	ete this item)	account balances as of the end of the			5c	1			
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	n year		5d(1)	2			
1,2	550	articipants at the end of the plan year			5d(2)	2			
		erminated employment during the pl			5e	0			
Caution: A	A penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable cau	ıse is established				
SB or Sche		her penalties set forth in the instruct nd signed by an enrolled actuary, as plete/							
SIGN		Mi	10/05/15	Yadim Carranz	a				
HERE	Signature of plan a	ninistrator	Date	Enter name of individ	ual signing as plan	administrator			
SIGN									
HERE	Signature of emplo		Date	Enter name of individ					
Preparers	name (including firm f	name, if applicable) and address (inc	elude room or suite numbe	r) (optional)	Preparer's telepr	one number (optional)			
1									

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6a Were all of the plan's assets during b Are you claiming a waiver of the and under 29 CFR 2520.104-46? (See in If you answered "No" to either lin c If the plan is a defined benefit plan, i	nual examination and report of a nstructions on waiver eligibility a e 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IC	PA) Form	5500.		X X No	,		No No ed
Part III Financial Information	1										
7 Plan Assets and Liabilities			(a) Beginning of Yea	ır			(b) End	of Y	ear		
a Total plan assets		7a			0					1	500
b Total plan liabilities		7b			_						
C Net plan assets (subtract line 7b from	m line 7a)	7c			0					1	500
8 Income, Expenses, and Transfers for			(a) Amount		-		(b) T	otal			
Contributions received or receivable (1) Employers		8a(1)		150	00						
(2) Participants		8a(2)			187				(EE)		
(3) Others (including rollovers)		8a(3)							6		
b Other income (loss)		8b									IIIA III
C Total income (add lines 8a(1), 8a(2)	INCO VARIANCE CONTRACT	8c								1	500
d Benefits paid (including direct rollove	ers and insurance premiums	5292			196						
to provide benefits)		8d			1000						
e Certain deemed and/or corrective di		8e			900						
f Administrative service providers (sal		8f			9.65						
g Other expenses (add lines 2d, 2e, 2f		8g									0
h Total expenses (add lines 8d, 8e, 8f i Net income (loss) (subtract line 8h fi		8h 8i						-1 000		1	500
i Transfers to (from) the plan (see ins											300
Part IV Plan Characteristics		8j									
b If the plan provides welfare benefits Part V Compliance Questions		eature cod	es from the List of Plan Charac	cteris		es in t	he instruct	ions:			
10 During the plan year:					Yes	No		Am	ount		
a Was there a failure to transmit to the 29 CFR 2510.3-102? (See instructions)	tions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		Х					
b Were there any nonexempt transa- on line 10a.)	보다 아이는 이렇게 되어야 하면 하면 하는 것이 되었다. 그런			10b		Х					
C Was the plan covered by a fidelity	bond?			10c		Х					
d Did the plan have a loss, whether or dishonesty?				10d		Х					
e Were any fees or commissions pai insurance service, or other organiz instructions.)	ation that provides some or all	of the ben	efits under the plan? (See	10e		х					
f Has the plan failed to provide any	benefit when due under the plan	n?		10f		Х					
g Did the plan have any participant le	oans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h If this is an individual account plan 2520.101-3.)	T)	5×		10h		Х					
i If 10h was answered "Yes," check exceptions to providing the notice	어머니가 모든 일이 있는데 이번 아이지 않는데 하면 하면 되었다. 그렇게 되었다면 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하			10i							
Part VI Pension Funding Com	pliance										
11 Is this a defined benefit plan subject 5500) and line 11a below)									Yes		No
11a Enter the unpaid minimum required						11a					
12 Is this a defined contribution plan s	subject to the minimum funding	requireme	ents of section 412 of the Code	orse	ection 3	302 of	ERISA?		Yes	X	No
(If "Yes," complete line 12a or lines											
a If a waiver of the minimum funding granting the waiver					, and e	enter th Day	ne date of t	he le Yea		lling	

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	orm 5500), and	skip to li	ne 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	ar			:	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re-					12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ding 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 employe	er 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?								Yes	X No
C 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):				130	c(2) El	N(s)	13c(3) PN(s)
-	VIII Trust Information (optional)				1	4h Tr	rust's EIN		
14a 1	Name of trust					4D TI	rust's EIN		