## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Allilual Report	identification information										
For calend	dar plan year 2015 or f	iscal plan year beginning 01/01/	2015	and ending 12	2/31/2015							
Δ This ra	eturn/report is for:	x a single-employer plan		plan (not multiemployer)								
A IIIISTO	eturi/report is ior.	a one-participant plan	a foreign plan	in accordance with the form instructions)								
<b>B</b> This re	turn/report is	X the first return/report	the final return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC	orogram						
•		special extension (enter desc	· /									
Part II	Basic Plan Info	ormation—enter all requested in	formation		T							
1a Name	•				<b>1b</b> Three-digit							
DLS OUTF	FITTERS, INC. 401(K)	PLAN			plan numbe (PN) ▶	er 001						
			1c Effective da									
						01/01/2015						
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			<b>2b</b> Employer lo	dentification Number						
		om, apt., suite no. and street, or P.0		tructions)		13-3799862						
	TTERS, INC.	ce, country, and ZIP or foreign pos	iai code (ii ioreign, see ins	tructions)		elephone number						
						12-399-0750						
65 W 55TH	I STREET, SUITE 202				2d Business co	ode (see instructions)						
NEW YORK	K, NY 10019					424300						
3a Plan	administrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administrat	or's EIN						
					3c Administrate	or's telephone number						
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN							
	sor's name	imber from the last return report.			4c PN							
		s at the beginning of the plan year.			5a	5						
		s at the end of the plan year		İ	5b	2						
		account balances as of the end of			5c							
com	olete this item)					2						
<b>d(1)</b> To	tal number of active pa	articipants at the beginning of the p	lan year		<del>}                                    </del>							
<b>d(2)</b> To	otal number of active pa	articipants at the end of the plan ye	ar		5d(2)							
		terminated employment during the			5e							
Caution:	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau	lse is established	<u>.</u> 1.						
Under per	nalties of perjury and o	ther penalties set forth in the instru	ctions, I declare that I have	e examined this return/rep	port, including, if a	pplicable, a Schedule						
	nedule MB completed a strue, correct, and com	and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report	t, and to the best o	of my knowledge and						
SIGN		/valid electronic signature.	07/22/2016	VIRGINIA WENZEL								
HERE					name of individual signing as plan administrator							
010	Signature of plan	auminion atti	Date	Enter name of individu	uai siyiiliiy as plar	ı aummıstidiUi						
SIGN HERE												
	Signature of employers		Date	Enter name of individu		· · · · · · · · · · · · · · · · · · ·						
riepaiers	s name (moluding ilfm)	name, if applicable) and address (i	notice room of Suite numb	) (iii	Preparer's teleph	ione number						

Form 5500-SF 2015			Page <b>2</b>								
6a Were all of the plan's assets during the b Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instruit you answered "No" to either line 6a	examination and report of a ctions on waiver eligibility a or line 6b, the plan canno	an indeper and conditi ot use Fo	ident qualified public a ons.)rm 5500-SF and mus	account t instea	ant (IQ ad use	PA)  <b>Form</b>	5500.			X Yes X	No No
C If the plan is a defined benefit plan, is it o	covered under the PBGC in	surance p	rogram (see ERISA se	ection 4	021)?	📙	Yes	No	_ N	lot determine	∌d
Part III   Financial Information	1					ı					
7 Plan Assets and Liabilities			(a) Beginning	g of Ye	ar			(b) E	nd of	<u>Year</u> 314774	
Total plan assets      Total plan liabilities		7a 7b								314774	
C Net plan assets (subtract line 7b from lin		7c								314774	
8 Income, Expenses, and Transfers for this	· ·		(a) Amou	unt				(b	) Tota	al	
a Contributions received or receivable from			(4,7 :						,		
(1) Employers		8a(1)			146						
(2) Participants		8a(2)			3707						
(3) Others (including rollovers)		8a(3)			9345 3327						
C Total income (add lines 8a(1), 8a(2), 8a(		8b 8c			1021					572525	
d Benefits paid (including direct rollovers a	,	00								012020	
to provide benefits)		8d		257	7751						
e Certain deemed and/or corrective distrib	,	8e									
f Administrative service providers (salaries	s, fees, commissions)	8f									
g Other expenses		8g								057754	
h Total expenses (add lines 8d, 8e, 8f, and	<i>G</i> /	8h								257751 314774	
i Net income (loss) (subtract line 8h from income (loss) (subtract line 8h from income	,	8i								314774	
Part IV Plan Characteristics	10113/	8j									
B If the plan provides welfare benefits, en  Part V Compliance Questions	ter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instr	uction	s:	
10 During the plan year:					Yes	No	N/A		Α	mount	
<b>a</b> Was there a failure to transmit to the pl described in 29 CFR 2510.3-102? (Se Program)	e instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
<b>b</b> Were there any nonexempt transaction						X					
reported on line 10a.)				10b							
C Was the plan covered by a fidelity bon				10c		X					
<b>d</b> Did the plan have a loss, whether or no by fraud or dishonesty?				10d		Χ					
Were any fees or commissions paid to carrier, insurance service, or other orgathe plan? (See instructions.)	any brokers, agents, or oth	er persons e or all of	s by an insurance the benefits under	10e		X					
f Has the plan failed to provide any bene				10f		Χ					
g Did the plan have any participant loans	·				X					62	0001
h If this is an individual account plan, was				10g	^					03	3081
2520.101-3.)				10h		X					
i If 10h was answered "Yes," check the le exceptions to providing the notice appli	•	•		10i							
j Did the plan trust incur unrelated busin	ess taxable income?			10j							
Part VI Pension Funding Complia	ance										
11 Is this a defined benefit plan subject to 5500) and line 11a below)										Yes X	No
11a Enter the unpaid minimum required cor	ntribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			_	
12 Is this a defined contribution plan subje	ect to the minimum funding	requireme	ents of section 412 of t	he Cod	le or se	ction 3	302 of E	RISA?	·	Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/A harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A	

## 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

2015

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	Complete all entries in a	ccordance with the Ins	tructions to the Form	5500-SF.						
Part I	Annual Repor	t Identification Information									
For calen	dar plan year 2015 or	fiscal plan year beginning 01/01/201	5	and ending 12	/31/2015						
A This re	eturn/report is for:	X a single-employer plan				king this box must attach a					
	,	a one-participant plan	a foreign plan			,					
<b>B</b> This re	turn/report is	the first return/report	the final return/report								
C Charle	how if filing under	an amended return/report	_	rn/report (less than 12 r	_						
C Check	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		∐ DF	FVC program					
Part II	Rasic Plan Info	ormation—enter all requested info	·								
1a Name		DIFFICULTIES OF COLOR	771101011		1b Three-	digit					
	ters, Inc. 401(k) Plan		plan n	umber							
DLO Gallita	1000, 1110. 40 T(ty 1 1011				(PN)	. I 004					
					1c Effective date of plan 01/01/2015						
2a Plans	sponsor's name (emple	oyer, if for a single-employer plan)			2b Employ	yer Identification Number					
Mailin	ng address (include roo	om, apt., suite no. and street, or P.O.				3-3799862					
City o		ce, country, and ZIP or foreign postal	code (if foreign, see inst	ructions)	2c Spons	or's telephone number (212) 399-0750					
					2d Busine	ss code (see instructions)					
65 W. 55th	Street, Suite 202				424300						
New York, I	NY 10019										
3a Plan a	administrator's name a	nd address X Same as Plan Sponso	г.		3b Administrator's EIN						
					3c Administrator's telephone number						
4 If the	name and/or FIN of th	e plan sponsor has changed since the	e last return/report filed fo	or this plan, enter the	4b EIN						
		mber from the last return/report.	o lactolarin oport moo i	or true prairi, eritor are	TO LIN	<del></del>					
a Spons	or's name		_		4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	5					
		at the end of the plan year				2					
		account balances as of the end of the			_						
		account balances as of the crit of the			5c	2					
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the plan	year		5d(1)	2					
	·	rticipants at the end of the plan year.			5d(2)	2					
		terminated employment during the pl			5e	0					
Caution: A	penalty for the late	or incomplete filing of this return/r	eport will be assessed	unless reasonable cai							
		her penalties set forth in the instruction									
	true correct, and comp	nd signed by an enrolled actuary, as to lete	well as the electronic ver	sion of this return/repor	t, and to the be	st of my knowledge and					
SIGN	4.1	luzel -	12/16	Virginia WENZ	El	····					
HERE			1 1 7 '								
	Signature of plan a	dministrator	Date /	Enter name of individe	ual signing as	olan administrator					
SIGN HERE	<u></u>				<u> </u>						
	Signature of emplo		Date	Enter name of individual		employer or plan sponsor					
Preparer's	name (including firm n	ame, if applicable) and address (inclu	de room or suite numbe	r)	Preparer's tel	lephone number					
						1					
				}	-						
				ĺ							
				I							

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a line of the line of	an indepen and condition ot use For	dent qualified public ons.) m 5500-SF and mu	accour st inste	ntant (II Pad us	QPA) e Fort	n 5500.		<u> </u>	Yes	No.
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA s	ection	4021)7	·	Yes	∐No	∐ Not	determ	nined
7	rt III Financial Information  Plan Assets and Liabilities	100	(a) Danieria	t V		$\overline{}$		(b) F			
a	Total plan assets	. 7a	(a) Beginnir	ig or ti	ear	+		(D) E	nd of Y	<del>0ar</del> 314774	
<u>u</u>	Total plan liabilities	1				+					
С	Net plan assets (subtract line 7b from line 7a)	. 7c				$\top$			. 3	14774	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(l:	) Totai		
а	Contributions received or receivable from:			11	46						
_	(1) Employers	8a(1)			07		-		-		
_	(2) Participants	8a(2)		5593							
h	(3) Others (including rollovers)	8a(3) 8b			27						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	u un un			U			5	72525	
d	Benefits paid (including direct rollovers and insurance premiums	- 55					- 11,1				
	to provide benefits)	8d		2577	51						
	Certain deemed and/or corrective distributions (see instructions)	8e				-					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f						_	-		
<u>g</u>	Other expenses	8g								57754	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								57751	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				100			3	14774	
J	t IV Plan Characteristics	8j									
В	2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Char	acteris	tic Cod	des in th	e instru	ictions:		
Par					Yes	No	N/A				
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fid	uciary Correction	10a	165	Х	NIA		Amo	unt	
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	e benefits under	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end	1.)	10g	х					6:	3081
h	If this is an individual account plan, was there a blackout period? (	ividual account plan, was there a blackout period? (See instructions and 29 CFR									
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							
j	Did the plan trust incur unrelated business taxable income?			10J							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)									Yes X	No
11a	Enter the unpaid minimum required contribution for all years from S	Schedule SE	(Form 5500) line 40	)			11a				
12	le this a defined contribution plan subject to the minimum funding r	equirement	e of continu 442 of th	ام المط	01.00	ofion 2	02 of E1	DICAS		Yes X	No

	Form 5500-SF 2015	Page 3 -	1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b	elow, as applicable.)								
	If a waiver of the minimum funding standard for a prior year granting the waiver.					enter tl Day		the letter Year	ruling	
	f you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), and	skip	to line	e 13.	,				
	b Enter the minimum required contribution for this plan year	***************************************		*******		12b				
_	Enter the amount contributed by the employer to the plan for t	his plan year				12c				
	Subtract the amount in line 12c from the amount in line 12b. negative amount)		12d							
6	Will the minimum funding amount reported on line 12d be me			Yes	No	N/A				
Par	t VII Plan Terminations and Transfers of Asse	ts								
13	a Has a resolution to terminate the plan been adopted in any plan y	ear?					Ye	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 benefic of the PBGC?						[	Yes X	No	
С	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.		an(s)	, ident	tify the plan(s) to	)				
	13c(1) Name of plan(s):				13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
Par	t VIII Trust Information									
14a	14a Name of trust  14b Trust's EIN									
140	Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions									
15a	l Is the plan a 401(k) plan?					Ye	S	No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination matching contributions (as applicable) under sections 401(k)(3	) and 401(m)(2)?	*****			ba ha	esign- ised safe irbor ethod	fe ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/. testing method" for nonhighly compensated employees (Treas 2(a)(2)(ii))?	. Reg sections 1.401(k)-2(a)(2	)(ii) a	nd 1.4	101(m)-	Ye		No		
	Check the box to indicate the method used by the plan to satis				. ` ` `	Ra pe	rcentage	Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests this plan with any other plans under the permissive aggregatio	of sections 410(b) and 401(a)	)(4) b	y com	bining	Ye	S	No		
17a	Has the plan been timely amended for all required tax law chain	nges?				Ye	S	No	N/A	
17b	Date the last plan amendment/restatement for the required tax for tax law changes and codes).	law changes was adopted			Enter the a	oplicabl	e code _	(See ii	nstructions	
	If the plan sponsor is an adopter of a pre-approved master and advisory letter, enter the date of that favorable letter	and the let	ter's :	serial i	number			•	or	
	If the plan is an individually-designed plan and received a favor determination letter					he plar	i's last fav	orable/		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no made), American Samoa, Guam, the Commonwealth of the No					Yes		No		
19	Were in-service distributions made during the plan year?					Yes	3	No		
	If "Yes," enter amount					19				
20	Were required minimum distributions made to 5% owners who retired), as required under section 401(a)(9)?					Yes	3	No	□ N/A	