## 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

2015

This Form is Open to **Public Inspection** 

Pensio	n Benefit Guaranty Corporation	Complete all entries in	accordance with the instructions to the Form 55	500-SF		•
Part	Annual Report	<b>Identification Information</b>				
For cale	ndar plan year 2015 or fis	scal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15	
<b>A</b> This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan		-	
<b>B</b> This	return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)		
<b>C</b> Che	ck box if filing under:	Form 5558 special extension (enter description)	automatic extension		DFVC prog	ram
Part I	I Basic Plan Info	rmation—enter all requested in	formation			
	ne of plan NAGEMENT USA INC 40				Three-digit plan number (PN)	001
				1c	Effective date o	f plan 1/2011
Mai	ling address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				fication Number 995602
	NAGEMENT USA INC	e, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c	Sponsor's telep 212-6	hone number 18-6363
230 AVE	NUE OF THE AMERICA	S		2d	Business code (	see instructions)
OCKEF	ELLER CENTER, SUITE RK, NY 10036				5239	900
<b>3a</b> Pla	n administrator's name ar	nd address XSame as Plan Spons	sor.	3b /	Administrator's	EIN
				3c /	Administrator'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		
<b>a</b> Spo	onsor's name			4c	PN	
<b>5a</b> Tot	al number of participants	at the beginning of the plan year		5a		12
<b>b</b> Tot	al number of participants	at the end of the plan year		5b	)	9
			the plan year (defined benefit plans do not	5c	;	9
d(1)	Total number of active par	rticipants at the beginning of the pl	lan year	5d( <sup>-</sup>	-	10
d(2)	Total number of active pa	rticipants at the end of the plan year	ar	5d(2	2)	3
th	an 100% vested		e plan year with accrued benefits that were less	5e		0
			n/report will be assessed unless reasonable cau			
Under p	enaities of perjury and otl	her penalties set forth in the instru	ctions, I declare that I have examined this return/rep	port, in	cluding, if applic	able, 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

Deliel, it is t	rue, correct, and complete.	I					
	Filed with authorized/valid electronic signature.	07/27/2016	LAURA O'CONNELL				
HERE	Signature of plan administrator	Date	Enter name of individ	ual 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)			r )	Preparer's telephone number			
I							

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<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul>	an independand condition	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		<u> </u>	Yes Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	t deteri	mined
Part III Financial Information					-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		112	2557					1295	22
<b>b</b> Total plan liabilities	7b		440						4005	
C Net plan assets (subtract line 7b from line 7a)	7c			2557	-				1295	22
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	) Total		
(1) Employers	8a(1)		16	369						
(2) Participants	8a(2)		68	745						
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b		-7	290						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								778	24
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24	549						
e Certain deemed and/or corrective distributions (see instructions)	8e		36	070						
f Administrative service providers (salaries, fees, commissions)	8f			240						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								608	59
i Net income (loss) (subtract line 8h from line 8c)	8i								169	65
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in t	the instr	uction	s:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in th	o instru	etions		
in the plant provides wellare benefits, effer the applicable wellare is	eature code	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 111	ie iristiu	CHOHS.	•	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	ount	
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X						643
f Has the plan failed to provide any benefit when due under the plan			10e		X					070
					-			-		-
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	•	· · · · · · · · · · · · · · · · · · ·	10g		X					
2520.101-3.)	•		10h		Χ					
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							
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 requirem 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction :	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 custodia	an's
	rianio	of tubics of suctorial			telephone		o
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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).

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

[		▶ Complete all entries in accordance	dance with the instr	uctions to the Form 5	<u>500-SF.</u>		
Part I	Annual Repor	t Identification Information					,
For calenda	ır plan year 2015 or	fiscal plan year beginning 01	./01/2015	and ending		12/31/201	5
A This reti	urn/report is for:		a multiple-employer pl list of participating em a foreign plan	an (not multiemployer) ployer information in ac	(Filers	checking this b	ox must attach a
<b>B</b> This retu	m/report is	7 7	he final return/report i short plan year returr	ı/report (less than 12 m	nonths)		
C Check b	oox if filing under:	_	automatic extension			DFVC prog	ram
		special extension (enter description					
Part II	Basic Plan Inf	ormation—enter all requested informa	tion				
1a Name of DMS MAN	of plan	INC 401K PLAN			ļ ŗ	Three-digit plan number (PN)	001
**************************************						Effective date o	
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Box	r)	_		Employer Ident EIN) 45-29:	fication Number 95602
	town, state or provir inagement Usa	nce, country, and ZIP or foreign postal coo a Inc	le (if foreign, see instr	uctions)	2c 5	Sponsor's telep	hone number
	venue of the				2d E	······	(see instructions)
Rocket	eller Center	, Suite 1513					
New Yo	rk	NY 10036					
3a Plan ad	dministrator's name	and address XSame as Plan Sponsor.	***************************************		3b A	Administrator's	FIN
4 If the n	ame and/or FIN of the	he plan sponsor has changed since the la	at ratum/rapat filed filed				telephone number
name, <b>a</b> Sponso	EIN, and the plan n	umber from the last return/report.	ist return/report mea it	or tins plan, enter the	4b F		
	······································	ts at the beginning of the plan year			5a		1 2
							12
<b>b</b> Total n	iumber of participant	ts at the end of the plan year			5b		9
compl	ete this item)	n account balances as of the end of the p			5c		9
d(1) Tota	al number of active p	articipants at the beginning of the plan ye	ar		5d(1	<u> </u>	10
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan year			5d(2	2)	3
than 1	100% vested	at terminated employment during the plan			5e	1	0
Caution: A	penalty for the late	e or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is e	stablished.	
SB or Sche	alties of perjury and of dule MB completed rue, correct, and correct.	other penalties set forth in the instructions and signed by an enrolled actuary, as we nplete.	, I declare that I have II as the electronic ver	examined this return/re sion of this return/repor	port, inc t, and to	cluding, if applied the best of my	cable, a Schedule y knowledge and
SIGN HERE	Lare	o·Call	27 July 2016	Laura O'Conne	11		
, , , , , , ,	Signature of plan	administrator	Date	Enter name of individ	lual sign	ing as plan ad	ministrator
SIGN HERE	<u>Loc</u>	a O'Cull.	27 July 2016	LAURA		CONNEC	
Preparer's		loyer/plan sponsor name, if applicable) and address (include	Date	Enter name of individ			
r reparer s	name (moduling inm	name, ii applicable) and address (includ	eroom or suite numbe	· )	Prepa	rer's telephone	number
1							

····	Form 5500-SF 2015		Page <b>2</b>								
<b>b</b> / Մ	Were all of the plan's assets during the plan year invested in eligible to you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannut the plan is a defined boxefit plan, in it covered under the PRCS is	an indepe and condi ot use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount	ant (IQ ad use	PA)  Form	5500.			Yes [	No No
Part	the plan is a defined benefit plan, is it covered under the PBGC in  III Financial Information	isurance p	orogram (see ERISA se	ection 4	021)?	······ <u>L</u>	Yes	No	Not d	etermii	ned
_	Plan Assets and Liabilities		l (ap. : :			Т					
	otal plan assets	7a	(a) Beginning	*	ar 2,55	-		(b) End	of Yea		,522
	otal plan liabilities	7b			2,33	+	······································			123	, 322
	Jet plan assets (subtract line 7b from line 7a)	7c		11	2,55	7				129	,522
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amoi	unt				(b) <sup>-</sup>	Γotal	*******	<u></u>
	Contributions received or receivable from:				c 20				- 1.55		
	1) Employers	8a(1)			6,36	+-		·	775.77		: 1
	Participants	8a(2) 8a(3)			8,74	5					
	Other income (loss)	8b			7,29						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			.,25	1				77	,824
d E	Benefits paid (including direct rollovers and insurance premiums						Barahara Barah	19 3360	4		,021
	provide benefits)	8d			4,54			254			
	Certain deemed and/or corrective distributions (see instructions)	8e		3	6,07	_	<u> Sirema</u>		elställe og	- 12	
	Administrative service providers (salaries, fees, commissions) Other expenses	8f			24	U	erit (150 in 160 in Service	<u> 14717</u> Artikla	<u>. 10 mar 20 .</u>		
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	a je e ja page a j	tigaki.				21374		<b>C</b> O	0.50
	Jet income (loss) (subtract line 8h from line 8c)	8i		<u>nya manana.</u> Nasasanan		-					<u>,859</u> ,965
	ransfers to (from) the plan (see instructions)	8i				+	+ 42.54.5		1.7	1 1.5	, 505
Part	IV Plan Characteristics									<u> 1 summily 1</u>	
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racterí	stic Co	odes in	the instru	ctions:		
	3D 2E 2F 2G 2J 2K										
١	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ie instruci	tions:		
Part	V Compliance Questions	· · · · · · · · · · · · · · · · · · ·		*					······································		
10	During the plan year:				Yes	No	N/A		Amo	unt	····
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			Х	11				***************************************
	reported on line 10a.)			10b			-				
C	Was the plan covered by a fidelity bond?			10c		X	ļ				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		Х	1				
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person	s by an insurance the benefits under	10e	х						643
	Has the plan failed to provide any benefit when due under the plan				<b>†</b>	x	<del>                                     </del>				
	Did the plan have any participant loans? (If "Yes," enter amount a			10f		Х	Lateral Lateral				
	If this is an individual account plan, was there a blackout period?			10g					francisco.	1171	
	2520.101-3.)			10h		X					
	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 require 1-3	d notice or one of the	10i						taribari ng 1967	
j	Did the plan trust incur unrelated business taxable income?			10j							
Part											
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		Yes	No
	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a			_	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction	302 of F	ERISA2	ΙП	Yes 5	No.

	Form 5500-SF 2015 Page <b>3</b> -				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter the		e letter rul Year	ing
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<u>b</u>	Enter the minimum required contribution for this plan year	12b			
	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			<u> </u>
<u>e</u>	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?		Yes	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 confidence of 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):         13c(2)	EIN(s)		13c(3) P	N(s)
Part					
14a i	Name of trust	14b 7	rust's EIN		
14c	Name of trustee or custodian		Trustee's of telephone		ın's
Part	IX IRS Compliance Questions	<u> </u>			
15a	Is the plan a 401(k) plan?	Ye	s	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- ased safe arbor ethod	ADP test	/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	Ratio percentage test		Average benefit test	
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Ye	s	No	
17a	Has the plan been timely amended for all required tax law changes?	Ye	s	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes).			`	struction
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje advisory letter, enter the date of that favorable letter and the letter's serial number				or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date or determination letter .	the plai	ı's last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?	. Ye	s	No	
	If "Yes," enter amount	. 19		***************************************	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Ye	s	No	N/A