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 Re	eport Identification Information							
For calendar plan year 20	14 or fiscal plan year beginning 01/01/20)1 <u>4</u>	and ending 01	1/31/2014				
A This return/report is for			plan (not multiemployer) oyer information in accor					
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
·	an amended return/report	X a short plan year retu	urn/report (less than 12 m	nonths)				
C Check box if filing under		automatic extension		DFVC pro	gram			
	special extension (enter descr	iption) REASONABLE (CAUSE FOR LATE FILIN	lG				
Part II Basic Plar	n Information—enter all requested inf	ormation						
1a Name of plan	Time in a requested in	omaton		1b Three-digit				
DHE COMPANY, INC				plan number				
				(PN) ▶	001			
				1c Effective date 07	e of plan /10/2005			
2a Plan sponsor's name a DHE COMPANY, INC	and address; include room or suite number	er (employer, if for a single	e-employer plan)		entification Number			
				2c Sponsor's te				
37 CANAL ST	2				-228-8005			
NEW YORK, NY 10002-636	0				de (see instructions) 2990			
3a Plan administrator's na	ame and address XSame as Plan Spons	or.		3b Administrator	r's EIN			
	, _							
				Administrator	r's telephone number			
4 If the name and/or EII	N of the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	lan number from the last return/report.			4				
a Sponsor's name				4c PN				
	cipants at the beginning of the plan year				28			
•	cipants at the end of the plan year			. 5b	(
	s with account balances as of the end of			. 5c	C			
d(1) Total number of ac	tive participants at the beginning of the pla	an year		5d(1)	28			
	tive participants at the end of the plan year			5d(2)	(
	that terminated employment during the p			5e	(
Caution: A penalty for th	e late or incomplete filing of this return	/report will be assessed	d unless reasonable ca	use is established.				
Under penalties of perjury SB or Schedule MB compl	and other penalties set forth in the instructed and signed by an enrolled actuary, a	tions, I declare that I hav	e examined this return/re	port, including, if app				
belief, it is true, correct, an								
HERE	orized/valid electronic signature.	11/03/2016	DOUGLAS COHEN					
Signature of	plan administrator	Date	Enter name of individ	dual signing as plan a	administrator			
SIGN HERE Signature of	amplayar/plan anancar	Date	Enter name of individ	dual signing as small	over or plan aponeer			
	employer/plan sponsor g firm name, if applicable) and address (in		Enter name of individual		one number (optional)			
	g name, ii applicable, and address (III	Siddo room or suite riums	or , (optional)	. Toparor 3 tolophic	ridinisor (optional)			

	Form 5500-SF 2014		Page 2							
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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of th	an indepe and condit ot use Fo	ndent qualified public accounta ions.) rm 5500-SF and must instea	nt (IQ d use	PA) Form	5500.		X Ye	es 📗	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)?		Yes	No L	Not det	ermine	t
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Year		
	Total plan assets	7a	2650)73					0	
	Total plan liabilities	7b	0056						•	
	Net plan assets (subtract line 7b from line 7a)	7c	2650)/3					0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) -	Γotal		_
	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	-17	748						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-	1748	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2630)74						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f	2	251						
	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26	3325	
	Net income (loss) (subtract line 8h from line 8c)	8i						-26	5073	
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics		ı							
9a b Part	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe									
10					Yes	No		Amoun		
	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tions withi	n the time period described in		163	140		Amoun		
ű	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				
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 person of the ber	s by an insurance carrier, lefits under the plan? (See	10e	Х					40
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X				
h		(See instr	uctions and 29 CFR	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	ne require	d notice or one of the	10ii						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							∏ Ye	es 🗍	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		<u>. L.</u>		
12	Is this a defined contribution plan subject to the minimum funding						FRISA?	ПП	es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, UI 3C	JUIOIT C	JUZ UI		<u>, LJ ''</u>		_
a	If a waiver of the minimum funding standard for a prior year is being			ctions	and e	nter th	ne date of	the letter	rulina	

......Month

Day

Year

granting the waiver.

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

	enefit Guaranty Corporation	➤ Complete all entries in acc	cordance with the instruc	tions to the Form 5500	O-SF.	mopeonon
Part I	Annual Report	dentification Information				
For calenda	ar plan year 2013 or fis	cal plan year beginning	01/01/2014	and ending	(01/31/2014
A This ret	curn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	★ Ithe final return/report			
		an amended return/report	X a short plan year return	n/report (less than 12 mo	onths)	
C Check I	box if filing under:	X Form 5558	automatic extension		Ī	DFVC program
	-	special extension (enter descri	iption)		_	_
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name					1b	Three-digit
	mpany, Inc.					plan number
	1 1,					(PN) ▶ 001
						Effective date of plan
0- 5			/ 1 155			07/10/2005
	ponsors name and add mpany, Inc.	dress; include room or suite numbe	er (employer, if for a single-	employer plan)		Employer Identification Number (EIN) 13-3473186
	±					Sponsor's telephone number
37 Cana	al Street					212-228-8005
					2d	Business code (see instructions)
New You		NY 10002-636				812990
3a Plan a	dministrator's name an	d address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3b /	Administrator's EIN
					3c /	Administrator's telephone number
						·
		plan sponsor has changed since t	the last return/report filed fo	or this plan, enter the	4b	EIN
name,	, E I N, and the plan nun	plan sponsor has changed since to the from the last return/report.	the last return/report filed fo	or this plan, enter the		
name, a Sponse	, E I N, and the plan nun or's name	nber from the last return/report.	· 	·	4c	PN
name, a Sponse 5a Total r	, EIN, and the plan nun or's name number of participants					
name,	, EIN, and the plan nun or's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan yearat the end of the plan year	he plan year (defined bene	fit plans do not	4c 5a 5b	PN 28 0
name, a Sponso 5a Total r b Total r c Number comple	, EIN, and the plan nun or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the	he plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN 28 0
name, a Sponso 5a Total r b Total r c Number comple 6a Were	EIN, and the plan nun or's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan yearat the end of the plan year	he plan year (defined bene	fit plans do not	4c 5a 5b 5c	PN 28 0 0 0
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name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schelbelief, it is to	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elethe annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, as elete. Idministrator	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Douglas Cohen Enter name of individu	4c 5a 5b 5c PA) Form 9 see is eleptor, incompand to	28 0 0 0
name, a Sponse 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schelbelief, it is to	EIN, and the plan numor's name number of participants number of participants er of participants with a lete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in elethe annual examination and report (See instructions on waiver eligibither line 6a or line 6b, the plan cate plan, is it covered under the PBG or incomplete filing of this returnment penalties set forth in the instructed signed by an enrolled actuary, as elete. Idministrator	the plan year (defined bene ligible assets? (See instruct t of an independent qualifie ility and conditions.)	fit plans do not tions.) d public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/report, Douglas Cohen Enter name of individu	4c 5a 5b 5c PA) Form 9 see is eleptor, incompand to	28 0 0 0

Form 5500-SF 2013 Page **2**

Pai	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of		
	Total plan assets	7a		5,07	7.3		(b) Ella o	Tear	(
	Total plan liabilities	7b		., .					
	Net plan assets (subtract line 7b from line 7a)	7c	26	5,07	7.3				(
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	- , - ,	1		(b) To	 tal	
	Contributions received or receivable from:		(a) Amount				(6) 10	.aı	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	1,74	18				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						_	-1,748
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26	3,07	7 4				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		25	51				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							53 , 325
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-26	55 , 073
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 1 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
а				10a		Х			
b	Were there any nonexempt transactions with any party-in-interest 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	fidelity bo	nd, that was caused by fraud	10d		X			
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100					
•	insurance service, or other organization that provides some or all		•		Х				
	instructions.)			10e	Λ				60
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 e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (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 2520.10			10i					
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 current year fr					11a			<u> </u>
12	Is this a defined contribution plan subject to the minimum funding		·				FRISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	•		. 0, 30	,50011	00 <u>2</u> 01		<u>ш . 56</u>	<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		e letter ru ′ear	ling
——————————————————————————————————————	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		<u> </u>	
	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 (enter a minus sign to the left of a 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?	X	res 🔲 l	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 of the PBGC?	control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)
-				
Part	VIII Trust Information (optional)			- 1
14a	Name of trust	14b ⊤ı	ust's EIN	

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