## 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

Part I Annual Repor	t Identification Information	1								
For calendar plan year 2015 or	fiscal plan year beginning 01/01/	2015 and ending 1:	2/31/2015							
A 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									
C Check box if filing under:	X Form 5558  special extension (enter desc	automatic extension DFVC program								
Part II Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name of plan	LC 401(K) SAVINGS & RETIREME		<b>1b</b> Three-digingler plan number (PN) ▶							
			1c Effective of	late of plan 01/01/1992						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)			<b>2b</b> Employer Identification Number (EIN) 13-3444533							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  COUNTRY ROAD CLOTHING LLC				telephone number 212-989-7100						
233 SPRING STREET NEW YORK, NY 10013			2d Business	code (see instructions) 315990						
3a Plan administrator's name a	and address XSame as Plan Spon	isor.	<b>3b</b> Administra	tor's EIN						
			<b>3c</b> Administra	tor's telephone number						
name, EIN, and the plan ne	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN							
a Sponsor's name			<b>4c</b> PN <b>5a</b>	21						
			<b>F</b> 1.	21						
C Number of participants with	n account balances as of the end of	the plan year (defined benefit plans do not	5c							
,		olan year	5d(1)	21						
		ear	5d(2)	21						
e Number of participants that	•	e plan year with accrued benefits that were less	5e	0						
Caution: A penalty for the late	e or incomplete filing of this retur	in/report will be assessed unless reasonable cal								
Linger penalties of periliry and o	athar nanaltiae eat tarth in tha inetri	ictions I appliate that I have examined this return/re	nort including it	anniicania a Schadiila						

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 in true, correct, and complete

Dellel, It is t	irde, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	09/22/2016	TANYA KROCHTA	ГА				
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 individ	ual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r)	Preparer's telephone number				

	Form 5500-SF 2015		Page <b>2</b>									
b	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							QPA) X Yes X Yes X				
	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	N	lot dete	rmined	
Par	t III   Financial Information	1	<u> </u>			1						
	Plan Assets and Liabilities		(a) Beginning	•				(b) E	nd of			
	Total plan assets	. 7a		127	7548					119	466	
	Total plan liabilities	7b		107	75.40					110	466	
	Net plan assets (subtract line 7b from line 7a)	7c	(-) A		7548				\ <b>T</b> - 1		466	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amou	ınt				(r	) Tot	aı		
	(1) Employers	8a(1)			0							
	(2) Participants	8a(2)			0							
	(3) Others (including rollovers)	8a(3)			0							
	Other income (loss)	. 8b		-1	581							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								-1	581	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4	501							
	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f		2	2000							
g	Other expenses	. 8g			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								6	501	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)									-8	082	
j	Transfers to (from) the plan (see instructions)	8j										
Par	IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in	the ins	tructio	ns:		
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uction	ns:		
Part	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		A	mount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interest					V						
	reported on line 10a.)			10b		X						
	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 by fraud or dishonesty?			10d		X						
е	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.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla			10f		X						
g	101					Χ						
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X						
i	2520.101-3.)	he require	d notice or one of the	10h								
	exceptions to providing the notice applied under 29 CFR 2520.10  Did the plan trust incur unrelated business taxable income?			10i								
Part	· ·			10j				<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem									☐ Ye	s $\Pi$ No	
112	5500) and line 11a below)  Enter the unpaid minimum required contribution for all years from						11a			П	~ INO	
12	Is this a defined contribution plan subject to the minimum funding		, , ,					RISA?	,	Ye	s X No	

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	(If "Ye	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 in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	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				
	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a							
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>V</b> (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı <del>T</del> a	Name 0	ii iiust		140	iusi s Lii	14		
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number			
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
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)?		based safe ADP/ACI				
450					ethod			
150		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 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		☐ Yes ☐ No				
	2(a)(2)	(ii))?		□ Ra	atio			
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	nercentage     Avera			erage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		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	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	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 fa	vorable		
18	Is the I	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	

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

2045

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		t Identification Information							
For calend	dar plan year 2015 or t	fiscal plan year beginning	01/01/2015	and ending	12/31/	2015			
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) nployer information in a	-				
	,	a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program			
Part II	Basic Plan Infe	ormation—enter all requested in	formation						
1a Name of plan COUNTRY ROAD CLOTHING LLC 401(K) SAVINGS & RET			& RETIREMENT PL	AN	1b Three-digit plan number (PN) ▶				
					1c Effective da 01/01/1				
Mailin	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			CO. 10	dentification Number			
	r town, state or provinc RY ROAD CLOTH	ce, country, and ZIP or foreign post ING LLC	al code (if foreign, see instr	uctions)		telephone number			
233 SI	PRING STREET					ode (see instructions)			
NEW YO	ORK	NY 10013			313990				
		nd address XSame as Plan Spons	sor.		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
4 If the r	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN				
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN				
<b>5a</b> Total i	number of participants	s at the beginning of the plan year			5a	21			
		s at the end of the plan year				21			
C Numb	er of participants with	account balances as of the end of t	he plan year (defined bene	fit plans do not	F.				
		articipants at the beginning of the pla				21			
		articipants at the end of the plan yea				21			
e Numb	per of participants that 100% vested	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed u	unless reasonable cai	use is established	d.			
SB or Sche	edule MB completed a true, correct, and com	ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.	tions, I declare that I have on the second section is the electronic vers	examined this return/resion of this return/repor	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and			
SIGN (	- Johny A	19 Work	- 21 1	TANYA -	TKROC	HTA			
SIGN	Signature of plan a	a <b>ð</b> ministrator	Date 7 Day 10	Enter name of individ	lual signing as plar	administrator			
HERE	Signature of emplo	war/nlan sponsor	Date	Enter name of individ	lual signing on any				
Preparer's	name (including firm r	name, if applicable) and address (in		Enter name of individ	Preparer's teleph				
		,		-	,				

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligib</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot contain the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an independ and conditio ot use Forn	lent qualified public a ns.) n 5500-SF and mus	ccount t instea	ant (IQ	PA) Form	5500.	X	Yes No
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Yea	ar .
a Total plan assets	7a	1-79		7,54	8		10/ =	119,466
b Total plan liabilities	7b				1			
C Net plan assets (subtract line 7b from line 7a)	7c		12	7,54	8			119,466
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total	
a Contributions received or receivable from:		1.00					1	
(1) Employers	8a(1)				0			
(2) Participants	8a(2)				0			
(3) Others (including rollovers)	8a(3)				0			
b Other income (loss)	8b			1,58	1			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c				+	_		-1,581
to provide benefits)	8d			4,50	1			
e Certain deemed and/or corrective distributions (see instructions)	8e				0			
f Administrative service providers (salaries, fees, commissions)	8f			2,00	0			
g Other expenses	8g				0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							6,501
i Net income (loss) (subtract line 8h from line 8c)	8i							-8,082
j Transfers to (from) the plan (see instructions)	8i							
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amo	unt
a 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 Fid	uciary Correction	10a		Х			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х	- 7 V		
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 by fraud or dishonesty?	fidelity bond	, that was caused	10d		Х			
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.)	e or all of the	e benefits under	10e		Х			
f Has the plan failed to provide any benefit when due under the plan	າ?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount as	s of vear end	1.)	10g		Х			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruct	ions and 29 CFR	10g 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	ne required n	otice or one of the	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)	ents? (If "Ye	s," see instructions a	and con	nplete	Sched	lule SB	(Form	Yes No
11a Enter the unpaid minimum required contribution for all years from							No Host	
12 Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the	ne Cod	e or se	ction (	302 of E	RISA?	Yes X No

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(lf "`	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr tting the waiver					ling
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Day		Year	
	the minimum required contribution for this plan year		12b			
	the amount contributed by the employer to the plan for this plan year		12c			
<b>d</b> Sub	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	ft of a	12d			
	ative amount)		120			
	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				п	
	a resolution to terminate the plan been adopted in any plan year?			X Yes	∐ No	
	es," enter the amount of any plan assets that reverted to the employer this yeares," eall the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough					
	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough e PBGC?				Yes X	No
C If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)					
- Lab - 1811 (1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII	Trust Information					
14a Name			14h 1	rust's EIN		
14a N			44.1			
14C Nam	e of trustee or custodian			Trustee's telephone		an's
Part IX	IRS Compliance Questions					
<b>15a</b> Is the	e plan a 401(k) plan?		Ye	s	No	
15b If "Ye matc	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ning contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba	esign- ised safe irbor ethod	ADF test	P/ACP
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(iii))?	1(m)-	Ye		No	
	k the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage st		erage nefit test
this p	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combi lan with any other plans under the permissive aggregation rules?		Ye	S	No	
	he plan been timely amended for all required tax law changes?		Ye	S	No	N/A
for ta	x law changes and codes).	Enter the			``	nstruction
1/C If the advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan ory letter, enter the date of that favorable letter		t to a fa	vorable IR	S opinion	or
17d If the deter	plan is an individually-designed plan and received a favorable determination letter from the IRS, entimination letter		the plar	n's last fav	orable	
18 Is the made	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h.), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	as been slands)?	Yes	3	No	
<b>19</b> Were	in-service distributions made during the plan year?		Ye	S	No	
	s," enter amount		19			
20 Were	required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whe d), as required under section 401(a)(9)?	ther or not	Ye	s	No	N/A