Form 550	0-SF	Short Form Annu		port of Small Empl	loyee	(OMB Nos. 1210-0110 1210-0089		
Department of the T Internal Revenue S		This form is required to be fil	Benefit PI		Retirement 2015				
Department of La Employee Benefits Security	Administration	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).					orm is Open to c Inspection		
Pension Benefit Guaranty				instructions to the Form 5	500-SF.	1 ubi	e inspection		
Part I Annua For calendar plan yea		dentification Information al plan year beginning 01/01/		and ending 0	9/30/2016				
For calendar plan yea				oyer plan (not multiemployer)		kina this bo	x must attach a		
A This return/report i		a one-participant plan		ng employer information in a		-			
B This return/report is	s [the first return/report an amended return/report	\times the final return/re \times a short plan year	eport return/report (less than 12 m	nonths)				
C Check box if filing	under:	 Form 5558	automatic exten	sion		FVC progra	am		
David II David		special extension (enter desc							
	Plan Inforr	mation—enter all requested in	formation		16 Thurs	ali ali t			
1a Name of plan COUNTRY ROAD CLC	OTHING LLC	401(K) SAVINGS & RETIREME	NT PLAN		1b Three plan r (PN)	number	001		
					1c Effect	tive date of	•		
		r, if for a single-employer plan)			-	oyer Identifi	/1992 cation Number		
Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COUNTRY ROAD CLOTHING LLC					. ,	(EIN) 13-3444533 Sponsor's telephone number 212-989-7100			
					2d Busin	ess code (s	ee instructions)		
33 SPRING STREET EW YORK, NY 10013						3159	90		
3a Plan administrato	r's name and	address XSame as Plan Spor	sor.		3b Admir	nistrator's E	IN		
					3c Admir	histrator's te	elephone number		
4 If the name and/c	or FIN of the r	olan sponsor has changed since	the last return/report	filed for this plan, enter the	4b EIN				
		per from the last return/report.			4C PN				
5a Total number of p	participants at	the beginning of the plan year.			. 5a		0		
		the end of the plan year			. 5b		0		
		count balances as of the end of			5c		0		
	,	cipants at the beginning of the p			5d(1)		0		
. ,		cipants at the end of the plan ye	-		5d(2)		0		
e Number of partic than 100% veste	cipants that te	rminated employment during th	e plan year with accru	ed benefits that were less	5e		0		
Under penalties of per	rjury and othe ompleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary, etc.	ctions, I declare that I	have examined this return/re	eport, includin	ng, if applica			
		lid electronic signature.	10/18/2016	TANYA KROCHTA					
HERE Signatur	e of plan adr	ninistrator	Date	Enter name of individ	dual signing a	ıs plan adm	inistrator		
SIGN HERE									
Signatur		er/plan sponsor ne, if applicable) and address (i	Date nclude room or suite r	Enter name of individ number)	dual signing a Preparer's				
For Paperwork Reduction	on Act Notice	and OMB Control Numbers, see tl	ne instructions for Form	5500-SF.		F	Form 5500-SF (2015)		

6a Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		. ,					X Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		·····	,		X Yes No
If you answered "No" to either line 6a or line 6b, the plan can							
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined
Part III Financial Information					-		
7 Plan Assets and Liabilities		(a) Beginning			_		(b) End of Year
a Total plan assets			119	466	_		0
b Total plan liabilities	1				_		
C Net plan assets (subtract line 7b from line 7a)	7c			466	_		0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)			0			
(2) Participants	8a(2)			0			
(3) Others (including rollovers)				0			
b Other income (loss)				827			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							827
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			120	251			
e Certain deemed and/or corrective distributions (see instructions)	8e			0			
f Administrative service providers (salaries, fees, commissions)	8f			42			
g Other expenses	8g			0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						120293
i Net income (loss) (subtract line 8h from line 8c)	8i						-119466
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	n feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature coo	les from the List of Pla	n Chara	acterist	ic Coo	les in th	e instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interest reported 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' by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		х		
e Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		Х		
f Has the plan failed to provide any benefit when due under the pl	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	' (See instru	uctions and 29 CFR	10g		Х		
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require	d notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance)				1

1′	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)
11	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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-					Т					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling			
lf	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 Y	es No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the							0			
D		e PBGC?				X Yes	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to	I						
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Dert	1/111	Truck Information								
Part		Trust Information		116	T	15.1				
14a	Name	e of trust		14b Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1						
15a	Is th	e plan a 401(k) plan?		Y	es					
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- ased safe arbor nethod	PP/ACP st				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es					
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est	verage enefit test				
16b		s the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	ΓY	es	No				
17a	Hast	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		∏ Y€	es	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		[] Y	Yes No N/A					

Fo	rm 5500-SF	Short Form Annu	ual Return/Rep	ort of Small Emp	loyee	OMB Nos, 1210-0110 1210-0089				
	arlment of the Treasury rnal Revenue Service	This form is required to be fil	Benefit Pla		Dotivernet	2015				
	Pepartment of Labor Benefits Security Administration	This form is required to be fil Income Security Act of 1974		6057(b) and 6058(a) of th						
-	enefit Guaranty Corporation	- Complete all entries in	· · · · · · · · · · · · · · · · · · ·	nstructions to the Form {	5500.SE	Public Inspection				
Part I	Annual Report	Identification Information		instructions to the Polin s	5300-5F,					
		scal plan year beginning	01/01/2016	and ending	09/	30/2016				
A This re	turn/report is for:	X a single-employer plan		er plan (not multiemployer) g employer information in a		king this box must attach a the form instructions)				
		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	X the final return/rep							
		an amended return/report	X a short plan year r	eturn/report (less than 12 r	nonths)					
C Check	box if filing under:		PFVC program							
		special extension (enter desc	, ,							
Part II		prmation—enter all requested in	nformation							
1a Name Country		ng Lic 401(K) Savings	s & Retirement	Plan		number 001				
					(PN)	▶ tive date of plan				
						01/1992				
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no, and street, or P.(1000 C	oyer Identification Number 13-3444533				
	town, state or provinc ry Road Cloth:	e, country, and ZIP or foreign pos ing lllc	tal code (if foreign, see	instructions)	2c Spon	c Sponsor's telephone number				
						12-989-7100 usiness code (see instructions)				
233 Sp	pring Street				3159	990				
New Yo	ork	NY 10013								
					3c Admir	nistrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN					
	, EIN, and the plan nui or's name	mber from the last return/report.			4c PN					
5a Total I	number of participants	at the beginning of the plan year.			1	0				
		at the end of the plan year				0				
		account balances as of the end of			5c	0				
		rticipants at the beginning of the p			1	0				
d(2) Tot	al number of active pa	rticipants at the end of the plan ye	ar		5d(2)	0				
		termidated employment during the			5e	0				
Caution: A Under pena SB or Sche	alties of perjury and ot	or incomplete filing of this retur ner penalties set forth in the instru- nd scined blean enrolled/actuary :	n/report will be asses: ctions, I declare that I h	sed unless reasonable ca ave examined this return/re	eport, includin	lished. g, if applicable, a Schedule				
	+ Camp	1. Montal		Tanya Krochta	i					
HERE	Signature of plan a	dministrato	Date	Enter name of individ	dual signing a	s plan administrator				
SIGN										
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ		s employer or plan sponsor				
Preparer's	name (including firm n	ame, if applicable) and address (ir	nclude room or suite nu	mber)	Preparer's	telephone number				
For Paperw	ork Reduction Act Notic	e and OMB Control Numbers, see th	- instaustiene fen Ferer F	500 SE		Form 5500-SF (2015)				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions.)					X Yes N
	Are you claiming a waiver of the annual examination and report of a	an independe	ent qualified public a	account	ant (IQ	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condition						X Yes N
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_		
r		isurance proj		SCLION 4	021)?	•••••	res	No Not determined
Ра	rt III Financial Information	г 	······			T		
7	Plan Assets and Liabilities		(a) Beginnin					(b) End of Year
a	Total plan assets	7a	v	11	9,46	6		
-	Total plan liabilities	7b			_			
C	Net plan assets (subtract line 7b from line 7a)	7c		11	9,46	6		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) Total
а	Contributions received or receivable from:	80(1)				0		
<u>, </u>	(1) Employers	8a(1)				0		
	(2) Participants	8a(2)				0		
b	(3) Others (including rollovers)	8a(3)			82	<u> </u>		
	Other income (loss)	8b			02		_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		_		-		82
	to provide benefits)	8d		12	0,25	1		
е	Certain deemed and/or corrective distributions (see instructions)	8e				0		
f	Administrative service providers (salaries, fees, commissions)	8f			4	2		
g	Other expenses	8g				0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						120,29
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-119,46
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics	f						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 3D	feature code	s from the List of PI	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acterist	ic Coc	les in th	ie instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a		tions within th	ne time period					
	described in 29 CFR 2510,3+102? (See instructions and DOL's V					x		
	Program)			10a		-		
	reported on line 10a.)			10b		Х		
c				10c		Х		
d		fidelity bond,	that was caused	10c		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er persons b	y an insurance	iou				
	the plan? (See instructions.)		e perients under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan			10f		х		
q	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	1	10g		Х		
	If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR			x		
	2520.101-3.)		and the strength product of a management of the strength of the strength of the strength of the strength of the	106				
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	e required n	otice or one of the	10h				
h	2520.101-3.)	ne required n 1-3	otice or one of the	10h 10i 10j				

	5500) and line 11a below).	ule SB	(Form		Yes [No
_11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of E	RISA?	Π	Yes 2	

	Form 5500-SF 2015 Page 3 -					
(If ")	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see insl			e date of th		ing
	ting the waiverN ompleted 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			
			12c			
	the amount contributed by the employer to the plan for this plan year act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le					
	tive amount)		12d			
e Will (he 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			2211		
13a Has	a resolution to terminate the plan been adopted in any plan year?			X Yes	No No	
lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year		13a			0
	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug PBGC?			X	Yes 🗌 I	No
c If du	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a assets or liabilities were transferred. (See instructions.)					
	Name of plan(s);	13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII	Trust Information					
14a Name	of trust		14b 1	rust's EIN		
14c Nam	e of trustee or custodian			Trustee's telephone	or custodia number	ın's
Part IX	IRS Compliance Questions					
15a Is the	plan a 401(k) plan?		Ye	S	No	
15b If "Ye match	s," how does the 401(k) place satisfy the nondiscrimination requirements for employee deferrals and ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	ba ha	esign- ised safe irbor ethod	ADP test	/ACP
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40)(ii))?)1(m)-	🗌 Ye	s	No	
	the box to indicate the method used by the plan to satisfy the coverage requirements under sectio			atio ercentage st	Ave ben	rage efit test
16b Does this p	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb an with any other plans under the permissive aggregation rules?	bining	Ye	5	No	
17a Has ti	e plan been timely amended for all required tax law changes?		🗌 Ye	S	No	N/A
17b Date for tax	he last plan amendment/restatement for the required tax law changes was adopted	. Enter the	applicat	le code	(See in	structions
advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan bry letter, enter the date of that favorable letter and the letter's serial nu	Imber				рг
deteri	olan is an individually-designed plan and received a favorable determination letter from the IRS, en nination letter		the plar	n's last fav	orable	
	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 I		Yes		No	
19 Were	in-service distributions made during the plan year?		Ye	S	No	
If "Ye	," enter amount		19			
20 Were retired	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh i), as required under section 401(a)(9)?	ether or not	Ye	S	No	N/A