	m 5500-SF	Short Form Annua	t of Small Employe	OMB Nos. 121						
	rtment of the Treasury nal Revenue Service	This form is required to be filed				2016				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Code		rnal	This Form is Open to				
Pension Be	enefit Guaranty Corporation		accordance with the inst	ructions to the Form 5500-	SF.	Public Inspection				
Part I		dentification Information cal plan year beginning 01/01/2	016	and ending 12/31/	/2016					
For calenda	ar plan year 2016 or fisc	a single-employer plan		and ending 12/31/ lan (not multiemployer) (Filer		ing this how must attach a				
A This ret	urn/report is for:	a one-participant plan		nployer information in accord						
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	m/report (less than 12 month	ıs)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
		special extension (enter descr	1)							
Part II		mation—enter all requested inf	ormation	41						
1a Name BAK APPAR	of plan EL, INC. DEFINED BEN	NEFIT PLAN				e-digit humber 001				
				10	Effect	ive date of plan 01/01/2012				
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O , country, and ZIP or foreign posta		Emplo (EIN)	over Identification Number 20-5018569					
BAK APPAR				20	c Sponsor's telephone number 212-912-1500					
9 FOX HUNT GREAT NEC				20	2d Business code (see inst 448130					
3a Plan a	dministrator's name and	l address X Same as Plan Spon	ISOF.	3k) Admir	nistrator's EIN				
				30	CAdmir	nistrator's telephone number				
		plan sponsor has changed since t ber from the last return/report.	the last return/report filed	for this plan, enter the	DEIN					
	or's name			40	PN					
5a Total I	number of participants a	t the beginning of the plan year			5a	2				
b Total i	number of participants a	t the end of the plan year			5b	2				
		ccount balances as of the end of t			5c					
d(1) Tota	al number of active parti	icipants at the beginning of the pla	an year		d(1)	2				
d(2) Tot	al number of active parti	icipants at the end of the plan yea	ar		d(2)	2				
		erminated employment during the			5e	C				
		r incomplete filing of this return								
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	alid electronic signature.	04/03/2017	BARRY KOTTLER						
HERE	Signature of plan ad	ministrator	Date	Enter name of individual s	signing a	s plan administrator				
SIGN					0 0	·				
HERE	Signature of employ		Date		signing a	s employer or plan sponsor				
Preparer's	name (including firm na	me, if applicable) and address (in	clude room or suite numb	er) Pro	eparer's	telephone number				
		ooo the Instructions for Form FEOD				Earm 5500 SE (2016)				

6a b c	 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No 										
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	406031	555973							
b	Total plan liabilities	7b	0	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	406031	555973							
8											
а	Contributions received or receivable from: (1) Employers	8a(1)	112000								
			0								

7 Plan Assets and Liabilities		(a) Beginning o	of Year			((b) End of Year	
a Total plan assets	7a		406031				555973	
b Total plan liabilities	7b		0				0	
C Net plan assets (subtract line 7b from line 7a)	7c		406031				555973	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) Total		
 a Contributions received or receivable from: (1) Employers 	8a(1)		112000					
(2) Participants	8a(2)							
(3) Others (including rollovers)		0						
b Other income (loss)	8b		39792					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						151792	
d Benefits paid (including direct rollovers and insurance preto provide benefits)			0					
e Certain deemed and/or corrective distributions (see instru	uctions). 8e		0					
f Administrative service providers (salaries, fees, commiss	sions) 8f		1850					
g Other expenses	8g		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1850	
i Net income (loss) (subtract line 8h from line 8c)	8i						149942	
j Transfers to (from) the plan (see instructions)	····· 8j		0					
Part IV Plan Characteristics		•						
9a If the plan provides pension benefits, enter the applicabl	e pension feature co	odes from the List of Pla	an Chai	racteri	stic Co	odes in	the instructions:	
b If the plan provides welfare benefits, enter the applicable	e welfare feature coo	des from the List of Pla	n Chara	acteris	tic Coo	les in tl	he 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 participar described in 29 CFR 2510.3-102? (See instructions an Program)	10a		х					
, , , , , , , , , , , , , , , , , , , ,	b Were there any nonexempt transactions with any party-in-interest? (Do not include transac reported on line 10a.).							
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	and that was caused			~			

		100		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	Х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	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.)	10g	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Page **3-** 1

11	VI	Pension Funding Compliance							
		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co n 5500) and line 11a below)	•					X Ye	es 🗌 No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Ye	es 🗙 No
		A? /es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					']	
а	lf a w	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instring the waiver.		, and e	enter tl Dav			letter ar	ruling
lf y	<u> </u>	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
b	Enter	the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subti	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d				
е		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N)	N/A
Part '	VII	Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?				Yes	s)	No	
		es," 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	nt undei	the			Ye	s X	No
С	lf, du	ol of the PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify							
		n assets or liabilities were transferred. (See instructions.) Name of plan(s):	13	a(2) E			1	20(2)	PN(s)
	36(1)		10	8 c(2) E	.111(5)		1	50(3)	FIN(5)
Part	VIII	Trust Information							
14a	Name	of trust			11h -		.		
					140	rust's E	IN		
440					140	rust's E	IN		
14C	Name	of trustee or custodian				rust's E		stodia	ın's
14C	Name				14d ⊺		s or cu		ın's
		of trustee or custodian			14d ⊺	rustee'	s or cu		in's
14C Part					14d ⊺	rustee'	s or cu		in's
Part	t IX	of trustee or custodian		/es	14d ⊺ t	rustee' elephoi	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es	14d T t	rustee' elephoi	s or cu ne num	ber	ar" ADP
Part 15a 15b	t IX Is the How c	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b		/es esign- afe ha	14d T t	rustee' elephor	s or cu ne num	ber	
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes resign- afe ha Curren DP tes Ratio	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A verage	ber or yea	ar" ADP
Part 15a 15b	t IX Is the How c 401(k) What	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		/es esign- afe ha DP tes	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A	ber or yea	
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Yes esign- afe ha DP tes Ratio percen	based rbor t year"	rustee' elephoi	s or cu ne num No "Pri test N/A verage	ber or yea	ar" ADP
Part 15a 15b 16a 16b	t IX Is the How c 401(k) What year? Did th for the	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		/es esign- afe ha Curren DP tes Ratio bercen est /es	based rbor t year" st	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te	ber or yea	ar" ADP
Part 15a 15b 16a 16b 17a	t IX Is the How c 401(k) What year? Did th for the If the the le	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules?plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or		Yes Pesign- afe ha Curren DP tes Ratio Dercen est Yes etter c	•based rbor t year" st tage	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te no verage	ber or yea est	ar" ADP
Part 15a 15b 16a 16b 17a 17b 18	t IX Is the How of 401(k) What year? Did th for the If the letter Define Were	of trustee or custodian IRS Compliance Questions plan a 401(k) plan? If "No," skip b tid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply: testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply: te plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) a plan year by combining this plan with any other plan under the permissive aggregation rules? plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS or tter and the serial number	F F F F t ter the c	resign- afe ha Curren DP tes Ratio bercen est res etter co date of	•based rbor t year" st tage	rustee' elephor	s or cu ne num No "Pri test N/A verage enefit te no verage	ber or yea est	ar" ADP

	SCH	IEDULE SB	3	Single	-Employ	yer Define	d Be	nefit Plan		OMB N	lo. 1210-0110
	(F	orm 5500)		•		rial Inforn					2016
		tment of the Treasury nal Revenue Service								4	2010
	De	partment of Labor						04 of the Employe section 6059 of the		This Form i	s Open to Public
		nefits Security Administ				Revenue Code (th					spection
						chment to Form	5500 or				
		plan year 2016 or			01/01/201	16		and ending	12/3	31/2016	
		amounts to nea		r. ssessed for late fili	ng of this ren	ort unless reaso	nahla cai	usa is astablished			
	Name of pla							B Three-dig			
		REL, INC. DEFIN	ED BENE	FIT PLAN				plan numb)	001
										,	
<u> </u>	Plan spons	or's name as she	wn on lino	2a of Form 5500 o	5500 SE			D Employer I	dontific	ation Number (E	
U	BAK APPA			28 011 0111 5500 0	1 5500-51				20-50 ⁻		-11N)
									20 00		
Е	Type of plan	: 🗙 Single	Multiple-A	Multiple-B		F Prior year pl	an size:	X 100 or fewer	101-	500 More th	an 500
	Part I	Basic Inform	ation								
1	Enter the	valuation date:		Month 01	_ Day0	1 Year _2	016	_			
2	Assets:										
	a Market	value							2a		403557
		ial value							2b		403557
3	Funding	target/participant	count brea	akdown			. ,	Number of articipants	. ,	sted Funding Target	(3) Total Funding Target
	a For ret	ired participants a	and benefic	ciaries receiving pa	ayment			0		0	0
	b For ter	minated vested p	articipants					0		0	0
	C For act	ive participants						2		386574	386574
	d Total							2		386574	386574
4	If the pla	n is in at-risk stat	us, check t	he box and comple	ete lines (a) a	and (b)			_		
	a Fundin	g target disregar	ding presci	ibed at-risk assum	ptions				. 4a		
				sumptions, but disr							
5		interest rate					<u></u>		. 5		5.81%
6	Target no	ormal cost							. 6		118153
Sta	-	Enrolled Actuar	-								
	accordance wi	th applicable law and re	egulations. In		ssumption is reas						assumption was applied in d such other assumptions, in
	SIGN HERE									09/13/201	7
			Sig	nature of actuary						Date	
	LOUIS G. PI	RANGE	-	-						17-00775	5
			Type or	print name of actu	lary				Most	recent enrollme	nt number
	PENCERT L	TD								630-789-07	00
	735 N CASS WESTMON	S AVENUE F, IL 60559-1100		Firm name				Tel	ephone	number (includ	ing area code)
			A	ddress of the firm				_			
	e actuary ha	as not fully reflect	ed any reg	ulation or ruling pro	omulgated ur	nder the statute ir	n comple	ting this schedule	check	the box and see	e
Fo	or Paperwor	k Reduction Act	t Notice, s	ee the Instruction	s for Form t	5500 or 5500-SF	-			Schedule S	B (Form 5500) 2016 v. 160205

P	Beginning of Year Carryover and Prefunding Balances (a) Carryover balance (b) Prefunding balance												
_							(a) C	arryover balance		(b) P	refundi	ng bala	nce
7					able adjustments (line 13 fror				0				0
8				,	nding requirement (line 35 fro				0				0
9	Amount	remainin	g (line 7 minus line	9 8)					0				0
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-4.90</u> %				0				0
11					to prefunding balance:								
	a Prese	nt value c	of excess contribut	ions (line 3	88a from prior year)							5	365
					over line 38b from prior yea interest rate of <u>5.70</u> %					306			
	• •			•	dule SB, using prior year's a	ctual							0
					r to add to prefunding balance							5	671
	d Portio	n of (c) to	be added to prefu	Inding hals									
	d Portion of (c) to be added to prefunding balance								<u> </u>			0	
	2 Other reductions in balances due to elections or deemed elections										0		
					ine 10 + line 11d – line 12)				0				0
	Part III		ding Percenta	-									
											14		04.39%
											15	1(04.39%
16					of determining whether carryc						16	1:	2 <mark>3.22</mark> %
17	If the cu	rrent valu	e of the assets of	the plan is	less than 70 percent of the fu	unding targe	et, enter suc	h percentage			17		%
Р	Part IV	Con	tributions and	d Liquid	ity Shortfalls								
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emplo	yees:							
()	(a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount paid by employees	(a) D (MM-DD		(b) Amount p employer	-	(c	Amou (: emplo	nt paid oyees	by
0	08/17/201	7		56000	0								
0	09/08/201	7		56000	0								
•						Totals <	18(b)		11200	0 18(c)			0
19	Discoun	ted emplo	over contributions	- see instr	uctions for small plan with a	aluation da	te after the	-	·				
					num required contributions fr				19a				0
	b Contri	butions m	nade to avoid restr	ictions adj	usted to valuation date				19b				0
	C Contri	butions al	ocated toward min	mum requi	red contribution for current yea	r adjusted to	o valuation da	ate	19c			10	2008
20	20 Quarterly contributions and liquidity shortfalls:												
a Did the plan have a "funding shortfall" for the prior year?							Yes	X No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?							Yes	No					
	C If line 20a is "Yes," see instructions and complete the following table as applicable:												
		(4) (Liquidity shortfall as of end	of quarter of					(4) 4:		
		(1) 1s	τ		(2) 2nd		(3) 3	3rd	(4) 4th				

Page 3

F	Part V	Assumpti	ons Used to Determine	e Funding Target an	d Targ	et Normal Cost		
21	Discount	rate:						
	a Segm	ent rates:	1st segment: 4.43%	2nd segment: 5.91%		3rd segment: 6.65 %		N/A, full yield curve used
	b Applic	able month (er	nter code)				21b	0
22	Weighted	d average retire	ement age				22	66
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined	Presci	ibed - separate	Substite	ute
Pa	art VI	Miscellane	ous Items					
24		-	de in the non-prescribed actu					
25	Has a me	ethod change I	been made for the current pla	n year? If "Yes," see instru	ctions re	garding required attach	ment	Yes 🗙 No
26	Is the pla	in required to p	provide a Schedule of Active F	Participants? If "Yes," see i	nstructio	ns regarding required a	ittachmer	ntX Yes 🗌 No
27	•		alternative funding rules, ente		nstructio	ns regarding	27	
Р	Part VII Reconciliation of Unpaid Minimum Required Contributions For Price							
28	Unpaid n	ninimum requir	ed contributions for all prior y	ears			28	0
29			ontributions allocated toward		29	0		
30	Remainir	ng amount of u	inpaid minimum required cont	ributions (line 28 minus line	9 29)		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year				
31	Target n	ormal cost and	d excess assets (see instruction	ons):				
	a Target	normal cost (li	ne 6)				31a	118153
	b Excess	s assets, if app	licable, but not greater than li	ne 31a			31b	16983
32	Amortiza	tion installmen	its:			Outstanding Bala	nce	Installment
	a Net sh	ortfall amortiza	tion installment				0	0
	b Waive	r amortization i	installment				0	0
33			proved for this plan year, ente ay Year				33	0
34	Total fun	ding requireme	ent before reflecting carryover	/prefunding balances (lines	31a - 31	b + 32a + 32b - 33)	34	101170
				Carryover balance		Prefunding balan	ice	Total balance
35			se to offset funding		0		0	0
36	Additiona	al cash require	ment (line 34 minus line 35)				36	101170
37			toward minimum required cor			```	37	102008
38	Present	value of excess	s contributions for current yea	r (see instructions)				
	a Total (e	excess, if any,	of line 37 over line 36)				38a	838
			ne 38a attributable to use of p				38b	0
39	Unpaid n	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36	over line	9 37)	39	0
40	40 Unpaid minimum required contributions for all years							
Ра	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	1 If an election was made to use PRA 2010 funding relief for this plan:							
	a Schedu	ule elected						2 plus 7 years 15 years
	b Eligible	e plan year(s) f	or which the election in line 4	1a was made			20	008 2009 2010 2011
42	Amount o	of acceleration	adjustment				42	
43	Excess ir	stallment acce	eleration amount to be carried	over to future plan years			43	

Form 5500-SF Short Form Annual Return/Report of Small Employee Benefit Plan									
Internal Revenue Service	This form is required to be file	d under sections 104	and 4065 of the Employe	e	2	2016			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		al Revenue Code (the	e Code).		1.000	is Open to Public spection			
(1997)	 Complete all entries in accor dentification Information 	dance with the instr	uctions to the Form 550	0-SF.					
For calendar plan year 2016 or fisca		01/01/2016	and ending	12	/31/2016				
A This return/report is for:	x a single-employer plan	a list of participating	plan (not multiemployer) employer information in a	(Filers c accordar	hecking this box	x must attach m instructions.)			
B This return/report is:	a one-participant plan the first return/report an amended return/report	a foreign plan the final return/repor	t urn/report (less than 12 m	onthe)					
C Check box if filing under:	Form 5558	automatic extension		[] DFVC progra	m			
	special extension (enter descriptio								
	mation enter all requested infor	mation							
1a Name of plan BAK APPAREL, INC. De	fined Benefit Plan				Three-digit plan number				
			Effective date of 01/01/2012	plan					
2a Plan sponsor's name (employe Mailing Address (include room, City or town, state or province,	tructions)		Employer Identif EIN) 20-501	ication Number .8569					
BAK APPAREL, INC.	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BAK APPAREL, INC.								
9 Fox Hunt Lane				2d Business code (see instructions) 448130					
US Great Neck NY 11020									
3a Plan administrator's name and	address X Same as Plan Sponso	r	2	3b Administrator's EIN					
			c	3c A	Administrator's to	elephone number			
4 If the name and/or EIN of the pl name, EIN, and the plan number	lan sponsor has changed since the la er from the last return/report.	ist return/report filed t	or this plan, enter the	4b E	EIN				
a Sponsor's name				4c ⊧	N				
5a Total number of participants at	the beginning of the plan year		*****	5a		2			
	the end of the plan year			5b		2			
complete this item)	count balances as of the end of the pl		contribution plans	5c		*			
	pants at the beginning of the plan year	ar		5d(1		2			
d(2) Total number of active particip e Number of participants that term	pants at the end of the plan year ninated employment during the plan	year with accrued ber	efits that were	5d(2)	2			
less than 100% vested	*****	*****		5e		0			
	incomplete filing of this return/rep								
SB or Schedule MB completed and belief, it is true, correct, and comple	r penalties set forth in the instructions signed by an enrolled actuary, as we te.	s, I declare that I have all as the electronic ve	e examined this return/rep rsion of this return/report	ort, incl , and to	uding, if applica the best of my l	ble, a Schedule knowledge and			
SIGN Duny	un	4/3/17	Barry Kottler						
HERE Signature of plan admini	strator	Date	Enter name of individua	l signing	g as plan admin	istrator			
SIGN JUM	m	4/3/17	Barry Kottler						
HERE Signature of employer/pl	an sponsor ne, if applicable) and address (include	Date	Enter name of individua						
Skip this question	ne, il applicable) and address (includ	e room or suite numb	ər)	Skip	er's telephone n this questic	umber DN			
For Paperwork Reduction Act Not	tice see the instructions for Form	5500 ST							

	Form 5500-SF 2016		Page 2			_						
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
		n independ	dent qualified public acco	untan	t (IQP	PA)			XYes			
	If you answered "No" to either line 6a or line 6b, the plan canno	t use For	m 5500-SF and must ins	tead	use F	orm 5	500.					
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectio	n 402	21)?		X Yes	No	Not d	etermined		
P	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	of Yea	r			(b) End	of Year			
а	Total plan assets	7a		106,031					555,973			
b	Total plan liabilities	7b	-	00/0	0	-		,	0			
c	Net plan assets (subtract line 7b from line 7a)	7c	4	06,0		-			555,			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			+		(b) T		315		
а	Contributions received or receivable from:							()				
	(1) Employers											
	(2) Participants								an anna a' su			
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b		39,7	92				diserver			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							151,	792		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0	-						
e	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f		1,8	50							
g	Other expenses	8g			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1.	850		
i	Net income (loss) (subtract line 8h from line 8c)	8i							149,			
i	Transfers to (from) the plan (see instructions)	8j			0							
Pa	Int IV Plan Characteristics					disease in the						
	If the plan provides pension benefits, enter the applicable pension fe	ature code	s from the List of Plan Cl	haract	eristic	Code	s in the	e instructio	ons:			
	1A 3D			laruo								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	aracte	ristic	Codes	in the	instruction	ns:			
Pa	rt 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 contributi											
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fid	uciary Correction									
	Program)	••••••	•••••••	10a		X	4					
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		x						
с	Was the plan covered by a fidelity bond?			10c		x						
d				100		<u>^</u>						
	by fraud or dishonesty?			10d		x						
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)											
f	f Has the plan failed to provide any benefit when due under the plan? 10f											
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)											
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h 10h											
i	If 10h was answered "Yes," check the box if you either provided the											

Form 5500-SF 2016

Page	3	-	

	Dension Funding Openalises						
Par					-		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)			e SB	. X	Yes	No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		11a				0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?		section 30	2 of	. 🗆	Yes 2	< No
-	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver			er the date		letter ru ar	ling
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.					
b	Enter the minimum required contribution for this plan year.		12b				
С	Enter the amount contributed by the employer to the plan for the plan year	*******	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)		1120				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes [No		I/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	••••••		Yes	Х	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 b control of the PBGC?		er the		Yes	X No)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ic which assets or liabilities were transferred. (See instructions.)		lan(s) to				
1:	c(1) Name of plan(s):	13c	2) EIN(s)		13	c(3) PN	(s)
Part	VIII Trust Information - Skip These Questions						
and a second second							
14a	Name of trust		14	b Trust's E	IN		
14c	Name of trustee or custodian		140	d Trustee telephon			
Part	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.] Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-] safe ha			"Prior ye test	ear" ADP
] "Curren ADP tes			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the player? Check all that apply:	an	Ratio] percent test	age 🗌	Avera benef		□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?] Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	IRS opinior	letter or a	dvisory le	tter, ent	er the da	ate of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IR: letter//	S, enter the	date of the	e most rec	ent det	erminati	on
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?	separated f	rom	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year	••••••	••••••	Yes		No	

	SCH	EDULE SB	Single-Employe	r Defined Be	nefit Plan			OMB N	o. 1210-0110	
	(Fe	orm 5500)		al Information		-				
	Departr	nent of the Treasury al Revenue Service	, iotuuri					2	2016	
	Dep 1ployee Ben	artment of Labor efits Security Administration	This schedule is required to be Retirement Income Security Act Internal Reve		section 6059 of t		This		s Open to Public spection	
F	ension Ben	efit Guaranty Corporation	► File as an attachn	nent to Form 5500 or	5500-SF.				spectron	
For	calendar	plan year 2016 or fiscal p		L/2016	and endir	ng 12,	/31/2	016		
		f amounts to nearest do								
		•••••	e assessed for late filing of this report	t unless reasonable ca						
	lame of p		Den effet DI		B Three-dig				~~~	
BAL	APPARI	L, INC. Defined	Benerit Plan		plan num	Der (PN)			001	
СР	lan spons	or's name as shown on I	ine 2a of Form 5500 or 5500-SF		D Employer lo	dentificat	tion Nun	nber (El	IN)	
BAK	APPARI	EL, INC.			2	0-501	8569			
ΕT	vpe of pla	n: X Single 🔲 Multipl	e-A 🔲 Multiple-B	Prior year plan size:	z 100 or fewer	101-5		More t	han 500	
in the second	Sec	Basic Information		Thorycar plan size.				WOIC U	nan oob	
1 1	- 18 - 111 - Mar 1920	e valuation date:	Month 01 Day 0							
2	Assets:		Month01Day01	<u> </u>			10000000			
_		t value			-	2a	10.00022878-00003	650266588-65876.	403,557	
	b Actua	ial value			•••••	2b			403,557	
3	Funding	target/participant count t	preakdown:	(1) Number of participants		(2) Vested Funding Target			(3) Total Funding Target	
	a For re	tired participants and ber	eficiaries receiving payment	0)		0		0	
	-		ints	0	1	0			0	
		- ,	•••••	2	<u>•</u>	386,574 386			386,574	
	d Total			2		386	\$,574		386,574	
4			ck the box and complete lines (a) an							
			escribed at-risk assumptions			4a	<u> </u>			
			assumptions, but disregarding trans five consecutive years and disregard		have been in	4b			11111 - 111 - 111	
5	Effective	e interest rate			•••••	5	ļ		5.81 %	
6					•••••	6			118,153	
To f acc	the best of m ordance with	Enrolled Actuary y knowledge, the information sup applicable law and regulations. I ar my best estimate of anticipated	plied in this schedule and accompanying schedu n my opinion, each other assumption is reasonat I experience under the plan.	les, statements and attachmer le (taking into account the exp	nts, if any, is complete perience of the plan ar	and accura id reasonal	ate. Each p ble expecta	presribed a ations) and	assumption was applied in d such other assumptions, in	
- 200 Carrier	IGN ERE		Join Hinano				09/13	3/2017	7	
		S	Signature of actuary				C	Date		
		Louis G. Prange	·				17-00)775		
			or print name of actuary						nt number	
		Pencert LTD	Firm name		- <u> </u>		30) 78 numbe		ling area code)	
		735 N Cass Aven	ue			,		,		
	US	Westmont	IL 60559-1100							
			Address of the firm							
If the instru	actuary h	as not fully reflected any	regulation or ruling promulgated unc	ler the statute in compl	leting this schedu	ule, chec	k the bo	ox and s	see	
For F	Paperwor	k Reduction Act Notice	, see the instructions for Form 550	0 or 5500-SF.		•	Sc	hedule	SB (Form 5500) 2016	

500) 2016 (Form 5500) 2016 v. 160205

Page 2

Pa	rt II Beginning o	of Year Carryov	ver and Prefunding Bal	ances							
	·····				(a)	Carryover balance		(b)	Prefund	ing baland	ce
7	Balance at beginning of year)	prior year after app	licable adjustments (line 13 fro	om prior			0				0
8	Portion elected for use t prior year)	o offset prior year's	funding requirement (line 35 f	rom	0						0
9							0				0
10			eturn of				ō				0
11			ed to prefunding balance:					le se		5 (St. 120-52)	
			ne 38a from prior year)							energies of stations in	5,365
	b(1) Interest on the exc	cess, if any, of line 3	38a over line 38b from prior yet tive interest rate of5.70	ar							306
			chedule SB, using prior year's								0
	c Total available at beg	inning of current pl	an year to add to prefunding b	alance .							5,671
			palance		GRANDAN STAT						0
12			ns or deemed elections				0				0
13			+ line 10 + line 11d - line 12).								0
Pa	Sector Sector Sector	ercentages									
Second Second	- 1920						· · · •		14	104	20.00
									14		.39 %
			ige s of determining whether carry							104	.39 %
	current year's funding re	quirement	s of determining whether carry	over/pren	unding bala	inces may be used	to reau	ce	16	123	.22 %
17			is less than 70 percent of the						17		%
Pa	rt IV Contributi	ons and Liquid	litv Shortfalls						ť		
18			year by employer(s) and employer	ovees.							
	(a) Date (b) A	Amount paid by mployer(s)	(c) Amount paid by employees	(a) Date D-YYYY)	(b) Amount employe				unt paid t loyees	у
08/	/17/2017	56,000		09/08	/2017		56,0	00			
				·							
				-						• • • •	
				Totals	► 18(b)		112.0	00 18(c)			0
19	Discounted employer co	ntributions see in	structions for small plan with a	valuation	ı date after						
			nimum required contributions t				19a				0
			adjusted to valuation date				19b				0
			required contribution for currer			_	19c			10	2,008
20				nt year au	Justed to ve		100			electronic de	
			the prior year?				Ľ	reason in the second] Yes 🕱	
		-	ly installments for the current] No
			complete the following table as		-	y manner: •••••	F				
			Liquidity shortfall as of end			n vear				GUARAN ANA	
	(1) 1st		(2) 2nd		(3)	3rd			(4) 4t	h	

Page 3

Pa	rt V Assumptio	ons Used To Determine	Funding Target and Targ	et Normal Cost		
21						
	a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	>	N/A, full yield curve used
	b Applicable month	(enter code)			21b	0
22					22	66
	Mortality table(s) (se			scribed - separate		te
Par	t VI Miscellane	eous items				
24	Has a change been r attachment	made in the non-prescribed ac	tuarial assumptions for the curren	t plan year? If "Yes," see	instruction	ns regarding required • • • • • • • • • Yes 🕱 No
25	Has a method chang	e been made for the current p	lan year? If "Yes," see instructions	regarding required attac	chment .	Yes 🕱 No
26	Is the plan required t	o provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachmer	nt
27			ter applicable code and see instru		27	
Par	CONCEPT: 1111		Im Required Contribution			· · · · · ·
28	Unpaid minimum req	uired contributions for all prior	years		28	0
29	Discounted employer	contributions allocated toward	d unpaid minimum required contril	outions from prior years	29	0
30	Remaining amount o	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0
Par	t VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost a	nd excess assets (see instruct	ions):			
	a Target normal cost	(line 6)	<u></u>		31a	118,153
			line 31a		31b	16,983
32	Amortization installm	ents:		Outstanding Bala	nce	Installment
i	a Net shortfall amorti	zation installment			0	0
	b Waiver amortizatio	n instaliment			0	0
	If a waiver has been	approved for this plan year, en	ter the date of the ruling letter gra) and the waived amount .	nting the approval	33	0
34			/prefunding balances (lines 31a - 3		34	101,170
		indic bolor or relieding barryover.	Carryover balance	Prefunding Bala		Total balance
	Balances elected for requirement	use to offset funding	0		0	0
			• • • • • • • • • • • • • • • • • • • •		36	101,170
	Contributions allocate	ed toward minimum required o	ontribution for current year adjuste	d to valuation date	37	102,008
38		ess contributions for current ye				
			<u>.</u>		38a	838
			prefunding and funding standard o		38b	0
			ear (excess, if any, of line 36 over		39	0
			<u>.</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		40	<u> </u>
Par	and the second		Pension Relief Act of 2010			¥
41	f an election was mad	le to use PRA 2010 funding re	lief for this plan:			
ā	a Schedule elected.		• • • • • • • • • • • • • • •	• • • • • • • • • • • • •	🖂	2 plus 7 years 🔲 15 years
ł	D Eligible plan year(s) for which the election in line	41a was made		. 🗌 200	8 2009 2010 2011
					42	
			d over to future plan years		43	

Schedule SB, Part V Summary of Plan Provisions

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

Employer:	BAK APPAREL, INC.							
Type of Entity -								
	EIN: 20-5018569 TIN: 61-1700048 Plan #: 001 Plan Type: Defined Benefit							
<u>Dates:</u>	Effective - 01/01/2012 Year end - 12/31/2016 Valuation - 01/01/2016 Top Heavy Years - 2012, 2013, 2014, 2015, 2016							
Eligibility:	All employees excluding non-resident aliens, members of an excluded class and union							
	Minimum age - 21 Months of service - N/A							
Hours Required for -	Eligibility - 0 Benefit accrual - 500 Vesting - 1000							
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction							
	Attainment of age 62 and completion of 5 years of participation Not provided							
Average Compensation:	Highest 3 consecutive years of service							
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation							
Plan Benefits: Retirement -	Derived from the unit credit benefit formula below:							
	3.5% of average monthly compensation per year of service after 01/01/2011 beginning year 1							
Accrued Benefit -	Unit credit based on service. Service prior to 01/01/2011 is excluded							
	Minimum Benefit - None							
	Maximum Benefit - None							
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum							
Early Retirement -	None							
Death Benefit -	Present Value of Accrued Benefit							
Disability Benefit -								
Top Heavy Minimum:	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years							
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$210,000							
	Maximum 401(a)(17) compensation - \$265,000							
Normal Form:	Life Annuity							
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit							
Vesting Schedule:	100% Vested immediately Service is calculated using all years of service except years prior to plan effective date							

Schedule SB, Part V Summary of Plan Provisions

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	1.82
	Segment 2	6 - 20	4.12
	Segment 3	> 20	5.01

Mortality Table - 16E - 2016 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5.5%
	Mortality Table -	None
Post-Retirement -	Interest -	5.5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

Valuation Date:	01/01/2016										
Funding Method:	As prescribed in IRC 9	s prescribed in IRC Section 430									
	•	gibility age at last birthday and other ages at nearest birthday									
New participants are included in current year's valuation											
Potrognostivo Componention				S valuation							
Retrospective Compensation	0				f normal form	Funding Torg	t for lump our io				
Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum											
Interest Rates	- Segment rates for the permitted under IRC 4		Pate as	Segment rates as permitted under IR HATFA							
	Segment #	Year	Rate %	Segment #	Year	Rate %					
	Segment 1	0 - 5	1.41	Segment 1	0 - 5	4.43					
	Segment 2	6 - 20	3.96	Segment 2	6 - 20	5.91					
	Segment 3	> 20	4.97	Segment 3	> 20	6.65					
Pre-Retirement -	\$	None)								
	Early Retirement Table										
		None									
	Disability Table -	None None									
	Salary Scale -	None									
	Expense Load -	None									
	Ancillary Ben Load -	None									
Post-Retirement -	Mortality Table -	16C - 2	2016 Combir	ed - IRC 430(h)(3)	(A)						
	Cost of Living -	None									
	Lump Sum -	or		Annuity Reserving ble Mortality Table) at 5.5%				
Asset Valuation Method:	Fair market value of a	ssets adju	sted for cont	ributions under IRC	2 430(g)(4)						
Discrimination Test Assumption	ıs:										
	Based on all employee	es									
- · · - · · · ·											

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

410(b)/401(a)(4) Testing:								
Pre-Retirement -	Interest -	8.5%						
Post-Retirement -		8.5% U84 - 1984 Unisex						
	meriality rable							
Permissively Aggregated Plans -	Not tested As Sing	le Plan						
Compensation -	Use current compe	Use current compensation to calculate the benefit accrual rate (annual method)						
Testing Age -	Normal retirement	lormal retirement age or attained age, if older						
Testing Service -	Separate benefiting	g service for DC and for DB for Accrued-to-Date Method						
Normal Form for MVAR -	Joint with 50% Sur	vivor Benefits						
401(a)(26) Testing:								
Compensation -	Use current compe	ensation to calculate the benefit accrual rate for 401(a)(26)						

Testing Age - Normal retirement age or attained age, if older

1979

Schedule SB, line 26 -Schedule of Active Participant Data

BAK APPAREL, INC. Defined Benefit Plan 20-5018569/001 For the plan year 01/01/2016 through 12/31/2016

Years of Credited Service

1	Under			10 to	15 to	20 to	25 to	30 to	35 to	40 &		
Attained	1	1 to 4		14	19	24	29	34	39	up		
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.		٦
Under												
25												
25 to												
29												
30 to												
34												
35 to												
39												
40 to												
44												
45 to												
49												
50 to												
54												
55 to												
59	П				I			1			1	
60 to												
64												
65 to												
69			1									
70 &												
up												

1979

Schedule SB, line 22 -Description of Weighted Average Retirement Age

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 -

Discounted Employer Contributions

BAK APPAREL, INC. Defined Benefit Plan

20-5018569 / 001

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 01/01/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	08/17/2017	\$56,000					
Applied to MRC	01/01/2016	56,000	51,091	0	0	5.81	0
Deposited Contribution	09/08/2017	\$56,000					
Applied to Additional Contribution	01/01/2016	922	838	0	0	5.81	0
Applied to MRC	01/01/2016	55,078	50,079	0	0	5.81	0
Totals for Deposited Contribution		\$112,000	\$102,008	\$0	\$0		