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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Р	art I Annual Repor	rt Identification Information							
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending	12/31/20	016				
Α	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 a a foreign plan		-				
В.	This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 return/report)	2 months)					
С	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DF	FVC program				
P	art II Basic Plan Inf	formation—enter all requested in	formation						
	Name of plan 401(K) PLAN	·			Three-digit plan number (PN) • Effective date of	001 plan			
					01/01				
2a	Plan sponsor's name (emp Mailing address (include ro	2b Employer Identification Number (EIN) 26-1632925							
IBC :	STYLE NY, LLC	nce, country, and ZIP or foreign post	al code (if foreign, see instructions)	2c Sponsor's telephone number 212-355-3197					
08 V NEW	VEST 39TH STREET, SUITI YORK, NY 10018	E 710		2d	Business code (: 5613)	•			
3a	Plan administrator's name	and address 🛚 Same as Plan Spo	nsor.		Administrator's E	elephone number			
4		he plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN				
5a	Total number of participan	ts at the beginning of the plan year.		5	a	71			
b	Total number of participan	ts at the end of the plan year		51	b	113			
С			the plan year (only defined contribution plans	50	С	63			
d	(1) Total number of active p	participants at the beginning of the p	lan year	5d((1)	60			
d	(2) Total number of active p	participants at the end of the plan ye	ar	5d((2)	106			
е	Number of participants that		e plan year with accrued benefits that were less	50	e				

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 is true, correct, and complete.

<u>bellet, it is t</u>	rue, correct, and complete.							
31314	Filed with authorized/valid electronic signature.	10/12/2017	BRYAN ZASLOW					
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 i	oom or suite numbe	r)	Preparer's telephone number				

Form 5500-SF 2016 Page **2**

6a Were all of the plan's assets during the plan year invested in eligi		•						X Yes No		
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and conditi	ons.)						X Yes No		
c If the plan is a defined benefit plan, is it covered under the PBGC						-		Not determined		
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End of \	r ear		
a Total plan assets	7a		414601				•	1639643		
b Total plan liabilities	7b		C)						
C Net plan assets (subtract line 7b from line 7a)	7c	1	414601					1639643		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tota	I		
a Contributions received or receivable from:	- 40		C							
(1) Employers	8a(1)		166848							
(2) Participants	8a(2)		197769	_						
(3) Others (including rollovers)	8a(3)		123398							
b Other income (loss)	8b		120000	-				488015		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							400013		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		262882							
e Certain deemed and/or corrective distributions (see instructions).	8e		C)						
f Administrative service providers (salaries, fees, commissions)	8f		91							
g Other expenses	8g		C							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						262973			
i Net income (loss) (subtract line 8h from line 8c)	8i					225042				
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruct	ions:		
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruction	ons:		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Δ	Mount		
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				21704		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c	X				1000000		
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X					
carrier, insurance service, or other organization that provides so								4375		
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount	-		10g	X				13620		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?							
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
c Enter the amount contributed by the employer to the plan for this plan year									
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan perce test							verage enefit test	□ N/A	
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Ospannent of the Treasury Internal Revenue Service

Department of Labor Englayes Genetis Security Administration

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. 1210-6110 1210-8089

2015

This Form is Open to Public Inspection

			accordance with the instr	uctions to the Form 230	V-Or.	waterway and a second s				
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For calendar p	lan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20					
A This return	/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)							
		a one-participant plan	📗 a foreign plan							
B This return/	report is	the first return/report	the final return/report							
		an amended return/report	a short plan year returi	ofreport (less than 12 mor						
C Check box	if filing under:	Form 5558	automatic extension		DFVC pro	ogram				
**************************************		special extension (enter des								
······································	~ ~~~~~	ormation—enter all requested i	nformation		X 4					
1a Name of p					1b Three-digit plan number					
JBC 40178	() Chate				(PN) ≯	aa;				
					1c Effective date	of plan				
		60. 2000, mm, A value (1800-1800) (177-177-177-177-178-178-178-178-178-178-			01/01/20	() i)				
Mailing ac	ldress (include roo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.	O. Box)		2b Employer Ider (EIN) 26-1					
City or tov	•	ce, country, and ZIP or foreign po	stal code (if foreign, see instr	uctions)	2c Sponsor's tell (212) 355					
					2d Business code					
10a WEST	39TH STREET	r, suite 710			561300	a face manticuousi				
NEW YORK			NY	10018						
name, El	N, and the plan nu	e plan sponsor has changed sinc imber from the last return/report.	e the last return/report filed for		4b EIN					
a Sponsor's	······································				4c PN 5a					
	, ,	s at the beginning of the plan year		- t		12.47				
		s at the end of the plan year				30				
					5b	7:				
			of the plan year (defined ben	efit plans do not	5c 5c					
d(1) Total c	number of active pa	(AAA. * * * * * * * * * * * * * * * * * *		efit plans do not		7.5				
-		articipants at the beginning of the	plan year	efit plans do not	5c 5d(1)	50				
d(2) Total r e Number	number of active participants that	articipants at the beginning of the articipants at the end of the plan y t terminated employment during t	plan yearrearthe plan year with accrued be	efit plans do not	5c	50				
d(2) Total of Number than 100 Caution: A po	number of active participants that of participants that 1% vested enalty for the late	articipants at the beginning of the articipants at the end of the plan y t terminated employment during to or incomplete filing of this retr	plan year rear	efit plans do not nefits that were less unless reasonable cau	5c 5d(1) 5d(2) 5e se is established.	7 i 5 i 6 i 6 i 6 i 6 i 6 i 6 i 6 i 6 i 6				
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 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answored "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in 	an independe and condition tot use Form	ent qualified public a is.) i 5500-SF and must	ccounte	int (IQ) d uso	PA) Form		*******	[>	•	No No nined
Part III Financial Information					£1.4.0000			00000000000000000000000000000000000000		
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Y		en de la companya de
a Total plan assets	. 7a		1,406	5,000	5		MONTH OF THE	Pladououdo	1,41	4,60
b Total plan liabilities	. 7b		***************************************	*****************************		00.000.000F1-00.0000F12000F620-0		41 - 10000000		new excellence (**) (*
C Net plan assets (subtract line 7b from line 7a)	. 7c		1,400	5,000	5	the second section of the second seco	eccesorine easy ex	ir-a;,a=044000	1,41	4,60
8 Income, Expenses, and Transfers for this Plan Year	Martin 1900 (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)	(a) Amou	ınt		/s.	5.5.05.05.05.000.00	(b) T	otal	55	
a Contributions received or receivable from:	0.74			,						
(1) Employers	8a(1)		つ (), 55			(*************************************	10.40628040.400	teoglosoon two soor	Maria de la composition della
(2) Participants	. 8a(2)		/:	, 55.			ear. 1000 a.dh da	-de Ludecocco	essá erestécción n am a	introversy (2000) Mexiconomy
(3) Others (including rollovers)	. 8a(3)		and the second		4		900.000.000.000 AVANG ALBERTS (1979)	en i i i i i i i i i i i i i i i i i i i	on the second of	· • • • • • • • • • • • • • • • • • • •
b Other income (loss)	8b]. {	3,810	2		······································			
C Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Marine and the state of the state of	er seles ou un outro set e	and the second	***********		50-4 8 000000		50,74
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		52	2,09	9					
Certain deemed and/or corrective distributions (see instructions)	80	y terrorite (1990) e teles (1997) e consecue (1998) e troris e consecue teles está de secue de la consecue teles está de secue de la consecue teles está de la consecue teles e teles e consecue teles está de la consecue teles e tel			5	enerodoen en el 1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (10	12:11:20:04:20:06:20:20:20:20:00:00:00:00:00:00:00:00:00:	00105373636330	-	***************************************
f Administrative service providers (salaries, fees, commissions)	8f		ever-in-ever-appropries	51	0	MMC of MM or owners, league as	***************************************	90.99998886	•••••	······································
g Other expenses.	89	e Vice Vice e dell'autori e se se titre e con en en en estate delle entre e i i i i i i i i i i i i i i i i i i	An employee to be a con-		ol		West retrospersors and account	***************************************	stational formation of the	Mentarra consecutado en consecutado de la consecutado de la consecutado de la consecutado de la consecutado de
h Total expenses (add lines 8d, 8e, 8f, and 8g)	3 8h		connect automorphisms (co.	***************************************		otorec is interestable consistent	20.200004000000000000000000000000000000	PRINCESSA S		52,14
i Net income (loss) (subtract line 8h from line 8c)	81		2 XXXX			***************	Formation of construction (1995)	**********		8,59
Transfers to (from) the plan (see instructions)	81			***************************************		*******************************	***************************************	100000 ANALONG	400010000000000000000000000000000000000	0,32
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable pension are provided by the plan provides welfare benefits, enter the applicable pension are provided by the plan provides welfare benefits, enter the applicable pension are provided by the plan provides welfare benefits, enter the applicable pension are provided by the plan provides welfare benefits, enter the applicable pension are provided by the plan provi				×0.00000000000000000000000000000000000	40000 · 40000 · 40000	V/////////////////////////////////////	***************		gentle us repropriet	***************************************
2E 2F 2G 2J 2T 3D				×0.00000000000000000000000000000000000	40000 · 40000 · 40000	V/////////////////////////////////////	***************		gentle us repropriet	
B If the plan provides welfare benefits, enter the applicable welfare				×0.00000000000000000000000000000000000	40000 · 40000 · 40000	V/////////////////////////////////////	***************	ions	gentle us repropriet	
B If the plan provides welfare benefits, enter the applicable welfare to Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Note that the plan	feature codes	s from the List of Pla	n Chara	Yes	ic Cod	es in th	***************	ions	: nount	10 82
B If the plan provides welfare benefits, enter the applicable welfare to B If the plan provides welfare benefits, enter the applicable welfare to B If the plan provides welfare benefits, enter the applicable welfare to B If the plan provides welfare to B If the plan provides B If the plan provides B If the plan and participant contributions and DOL's Verogram)	feature codes utions within I Voluntary Fid	s from the List of Pla the time period luciary Correction clude transactions		ıcterist	ic Cod	es in th	***************	ions	: nount	10,82
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B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan to the plan any participant contributed by the plan program benefits and policy of the plan any participant contributed by the plan program benefits and policy of the plan any party-in-interest program. Did the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	feature codes utions within a Votuntary Fid It? (Do not income a s fidelity bonce ther persons me or all of the	the time period luciary Correction Clude transactions I, that was caused by an insurance to benefits under	10a 10b 10c	Yes X	No X	es in th	***************	ions	: nount	00,00
B If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan applicable welfare to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	dions within the voluntary Fidure (Do not income a fidelity bond ther persons me or all of the voluntary of the voluntary and the voluntary of	the time period luciary Correction clude transactions J. that was caused by an insurance ne benefits under	10a 10b	Y9s X	No X	es in th	***************	ions	: nount	00,00
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	F	orm 5500-SF 2015	Page 3 - []					
a	If a wa	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicabliver of the minimum funding standard for a prior year is being amortized githe waiver.	in this plan year, see i		nter ti Oay		he fetter n Year	ling
		npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form						**************************************
<u>b 6</u>	Enter th	e minimum required contribution for this plan year		******	12b			www.com/com/com/com/com/com/com/com/com/com/
CE	inter th	e amount contributed by the employer to the plan for this plan year		***********	12c			
		ct the amount in line 12c from the amount in line 12b. Enter the result (e re amount)			12d			
		minimum funding amount reported on line 12d be met by the funding d	adline?			Yes	No [] N/A
Part V	oraconomic copa	Plan Terminations and Transfers of Assets	er og kann i morre er er fra skriften bjorger og	***************************************	*************		E-10-36-38-30-30-30-30-30-30-30-30-30-30-30-30-30-	
13a	Has a	esolution to terminate the plan been adopted in any plan year?	***************************************	***************************************	***************************************	Ye.	[X] No	5.00.000.000.0000.0000.0000.000
8 .000		,* enter the amount of any plan assets that reverted to the employer this		\$0.500000000000000000000000000000000000	13a	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	n o transition de la constantina de la	
# 20022920000000000000000000000000000000	of the	all the plan assets distributed to participants or beneficiaries, transferred PBGC?					Yes 🏻	No .
С	If during which	ig this plan year, any assets or liabilities were transferred from this plan assets or liabilities were transferred. (See instructions.)	o another plan(s), ide	ntify the plan(s) to				
13	3c(1) N	ame of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Part '	VIII	Trust Information					MATERIA CONTRACTOR CON	behandeliteiteiteiteiteiteiteiteiteiteiteiteitei
14a N			***************************************		14b	Trust's Ell	٧	
14c	Name	of trustee or custodian		ONLY OF THE PROPERTY OF THE PR	140	Trustee's telephone		lian's
Part	IX	IRS Compliance Questions			rokon varrenno versa			
15a	ls the	olan a 401(k) plan?			□ Y	'es	No	***************************************
	matchi	how does the 401(k) plan satisfy the nondiscrimination requirements for no contributions (as applicable) under sections 401(k)(3) and 401(m)(2)	***************************************	******************	0	Design- pased safe narbor method	∏ AD	P/ACP st
	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for ti method" for nonhighly compensated employees (Treas. Reg sections 1 (ii))?	401(k)-2(a)(2)(ii) and	1.401(m)-	۲ 🗆	'es	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage	equirements under se	ction 410(b);	U	Ratio percentage lest		verage enefit test
16b	Does t	he plan satisfy the coverage and nondiscrimination tests of sections 410 in with any other plans under the permissive aggregation rules?	(b) and 401(a)(4) by c	ombining	0	es es	∏No	
17a	Has th	e plan been timely amended for all required tax law changes?	******************************		Ο,	res .	∏No	□ MV
	for tax	the last plan amendment/restatement for the required tax law changes w law changes and codes).		. Enter the ap				structions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&Fry letter, enter the date of that (avorable letter) or volume submitter and the letter's serial		d lo a	favorable l	RS opinio	n or
17d	If the p	Ian is an individually-designed plan and received a favorable determinal ination letter			the p	lan's last fa	vorable	
		Plan maintained in a U.S. temtory (i.e., Puerto Rico (if no election under , American Samoa, Guam, the Commonwealth of the Northern Mariana			OY	es	[]No	
19	Were i	n-service distributions made during the plan year?	************************	************		⁄es	□No	
	If "Yes	," enter amount	***************************************		19			
20	Were retired	equired minimum distributions made to 5% ovmers who have attained a), as required under section 401(a)(9)?	ge 70 ¼ (regardless o	f whether or not	0,	Yes	[]No	[] N/A