Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information	1							
For calend	lar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017					
A This re	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.)									
D =: .		a one-participant plan	a foreign plan							
B This ret	urn/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m				
		special extension (enter descr	. ,							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name ANGELICA		TS, LLC 401(K) PLAN			1b Three-digingler plan number (PN) ▶					
					1c Effective d	late of plan 01/01/2014				
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer I	Identification Number				
		om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		tructions)	(EIN)	27-5011335				
	FLOWERS & EVENT		ar code (ir foreign, see insi	in delitoris)	2c Sponsor's telephone number 212-229-0272					
				Ī	2d Business of	code (see instructions)				
436 HUDSO NEW YORK					453110					
new rona	,									
3a Plan a	administrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	tor's EIN				
					3c Administra	itor's telephone number				
4 If the	name and/or EIN of th	he plan sponsor or the plan name ha	as changed since the last	roturn/roport filed for	4b EIN					
this p	lan, enter the plan sp	onsor's name, EIN, the plan name a								
	sor's name				4d PN					
C Plan N	vame									
5a Total	number of participant	s at the beginning of the plan year			5a	4				
		s at the end of the plan year			5b	2				
		account balances as of the end of			5c	1				
d(1) Tot	al number of active p	articipants at the beginning of the pl	an year	<u> </u>	5d(1)	4				
		earticipants at the end of the plan year			5d(2)	2				
than	100% vested	o terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau	se is establishe	ed.				
SB or Scho		other penalties set forth in the instruction and signed by an enrolled actuary, and the model.								
SIGN	Filed with authorize	d/valid electronic signature.	06/22/2018	MARIA ANGELICA GC	OMES					
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	ın administrator				
SIGN	Filed with authorized/valid electronic signature. 06/22/2018 MARIA ANGELICA G				GOMES					
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ridual signing as employer or plan sponsor					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Ye	s No	
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.)							× Ye	s No
	If you answered "No" to either line 6a or line 6b, the plan cann								
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No								termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	d of Year	
а	Total plan assets	. 7a		77356			• •	112807	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	-	77356				112807	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:			0000					
	(1) Employers	8a(1)		9888					
	(2) Participants	8a(2)		12112					
	(3) Others (including rollovers)	. 8a(3)		14359					
	Other income (loss)	8b		14339	-			36359	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						30339	
	to provide benefits)	. 8d		0					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	ministrative service providers (salaries, fees, commissions) 8f 908							
g	Other expenses	. 8g		0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						908	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						35451	
j	Transfers to (from) the plan (see instructions)	······ 8j 0							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	•	40-		X			
b	Program)			10a		^			
	reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		Χ			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other carrier insurance service, or other organization that provides some								
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					Χ			
f	f Has the plan failed to provide any benefit when due under the plan?					X			
g				10g		X			
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance							
11 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)								
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 o	f 	Y	′es X No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling			
lf y	you 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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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 section 6057(b) and 6058(a) of

the Internal Revenue Code (the Code).

2017 This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach A This return/report is for: 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 return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit Angelica Flowers & Events, LLC 401(k) Plan plan number (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification 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) (EIN) 27-5011335 Angelica Flowers & Events, LLC 2c Sponsor's telephone number (212) 229-0272 2d Business code (see instructions) 436 Hudson Street 453110 US New York NY 10014 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN Sponsor's name 4d PN Plan Name 5a Total number of participants at the beginning of the plan year 4 b Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (only defined contribution plans 2 complete this item) 5¢ 1 d(1) Total number of active participants at the beginning of the plan year 5d(1) 4 d(2) Total number of active participants at the end of the plan year 5d(2) 2 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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. SIGN MARIA ANGELICA GOMES HERE Signature of plan administ Enter name of individual signing as plan administrator SIGN MARIA ANGELICA GOMEES HERE Signature of employer/plan spor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Enter name of individual signing as employer or plan sponsor

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2 () () (221111	.>-	2017

Pa	a	0	2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	******				*********	X Yes	
b	Are you claiming a waiver of the annual examination and report of	an indene	ndent qualified sublic						A 168	L_IN0
	411051 25 Of 17 2525, 104-46? (See instructions on waiver eligibility	and condit	ions)				**********	*******	XYes	По
_	you answered the to either line ba or line bb, the plan cann	ot use Fo	rm 5500-SF and must i	netes	d ues	EAR	m 5500			
C	in the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA sec	tion 4	021)?	,		s Ma	Not de	fermina
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this ve	ar	,		٠٠ لـــا٠٠			
ь		·							(See instruc	tions.)
<u> </u>	art III Financial Information	-								
	Plan Assets and Liabilities		(a) Beginning	of Ye	ar		• • • • • • • • • • • • • • • • • • • •	(b) End	of Year	
<u>a</u>	Total plan assets			77,	356				112,	307
<u>b</u>	Total plan liabilities	. 7b			0					0
C	Net plan assets (subtract line 7b from line 7a)	7c		77,	356	_			112,8	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou			\top		(b) T		307
а	Contributions received or receivable from: (1) Employers							(5)	Out.	
	(1) Employers	8a(1)		9,	888					
	(2) Participants	8a(2)		12,	112					
b	(3) Others (including rollovers)	· · · · · · · · · · · · · · · · · · ·			0					
<u>-</u>	Other income (loss)	8b	19 Supple April 1988 Supple	14,	359					
<u>d</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							36,3	159
	to provide benefits)	8d			0					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f				1000				
g	Other expenses				808					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			0					
i	Net income (loss) (subtract line 8h from line 8c)	8i					908			
j	Transfers to (from) the plan (see instructions)						2 a 1 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		35,4	51
Pa	Part IV Plan Characteristics				0					
-										
	If the plan provides pension benefits, enter the applicable pension fe 2A 2E 2J 3D	ature code	es from the List of Plan (Chara	cterist	ic Co	des in t	he instructi	ons:	
h										
2	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cl	naract	eristic	Code	es in the	e instructio	ns:	
A15,000,000										
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributi	ons within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol. Program)	untary Fid	uciary Correction							
b		**************	*******************************	10a		X				
	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	401						
C	Was the plan covered by a fidelity bond?		***************************************	10b		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fir	delity hone	that was assessed	10c		X				
	by fraud of distinctesty?	*******	222222200022222200000000000000000000000	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other	r nereone	by an incurence	100						
	carrier, insulance service, or other organization that provides some	or all of th	a hanatita undan							
f	the plan? (See instructions.)		*******************************	10e		X				
	Has the plan failed to provide any benefit when due under the plan?			10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year en	d.)	10g		Х				
n	If this is an individual account plan, was there a blackout period? (S	ee instruct	tions and 29 CFR							
	ZOZV. 10 (=0.) ************************************	************	***************************************	10h		х				
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required r	notice or one of the							
	and neade applied driver 29 CFR 2020,101-2	************	2444	10i						

	Page 3 -				
Pai	t VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete section of the complete section of th	Schedul	e SB	☐ Yes	X No
118	- 20 should minimum required contributions for all years from Schedule SB (Form 5500) line 40	44-			
12	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tion 302	************	☐ Yes	
a	fra waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a		er the date		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-1	rear	
<u>b</u>	Enter the minimum required contribution for this plan year.	12b			
C	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 the left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		V []	., [7]	
Parl	VII Plan Terminations and Transfers of Assets		Yes	No L	N/A
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	Г	7 V	[55] N.	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Yes	X No	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	e	Пу	es X	No
	If during this was a second successful to the	******			

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

13c(3) PN(s)

13c(2) EIN(s)