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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information								
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017					
A This ret	urn/report is for:	X a single-employer plan			ot multiemployer) (Filers checking this box must attach a er information in accordance with the form instructions.)					
		a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)					
C Check I	oox if filing under:	X Form 5558	automatic extension		DFVC program	m				
	T =	special extension (enter desc								
Part II	•	ormation—enter all requested in	formation		Γ	T				
1a Name JBC 401(K)	•				1b Three-digir plan numb (PN) ▶					
					1c Effective d	ate of plan 01/01/2008				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)		. ,	dentification Number 26-1632925				
	town, state or provin	ce, country, and ZIP or foreign post		ructions)		telephone number 2-355-3197				
						code (see instructions)				
108 WEST 3 NEW YORK,	9TH STREET, SUITE NY 10018	÷ 710				561300				
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tor's telephone number				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN					
•	or's name	, , ,	•	•	4d PN					
C Plan N	lame									
5a Total r	number of participants	s at the beginning of the plan year.			. 5a	113				
	•	s at the end of the plan year			. 5b	140				
		account balances as of the end of		•	. 5c	46				
` '	·	articipants at the beginning of the p	•		5d(1)	106				
		articipants at the end of the plan ye			5d(2) 5e	125				
than	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0				
		or incomplete filing of this retur								
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.								
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2018	BRYAN ZASLOW						
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator				
SIGN HERE										
TILILE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer 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 Yes	No		
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	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 in					_		Not dete	ermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instru	ctions.)	
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year		
а	Total plan assets	7a		39643				2084739		
b	Total plan liabilities	. 7b						0		
С	Net plan assets (subtract line 7b from line 7a)	7c	163	39643				2084739		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	Γotal		
а	Contributions received or receivable from:	0-(4)		0						
	(1) Employers	8a(1)	10	0 91776						
	(2) Participants	8a(2)		88914	-					
	(3) Others (including rollovers)	8a(3)		01740						
	Other income (loss)	8b	30	01740				500.400		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						582430		
	to provide benefits)	8d	1;	137160						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		174						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					137334			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						445096		
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the instr	uctions:		
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									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	•	10a	X			229	001	
b	Were there any nonexempt transactions with any party-in-interest			Toa				223	70 1	
	reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ			10000	000	
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		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance							
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	Χ			42	276	
f	f 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 a	s of year-	end.)	10g	Χ				0	
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	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								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
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)				

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Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public inspection

		A 1-1 - A161 - A1-1 - 1 - 6	1						
Part I		t Identification Informat							
For calenda	ar plen year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/	**************************************			
A This reti	urn/report is for:	a single-employer plan		plan (not multiemployer) Imployer information in a					
B This return/report is C Check box if filling under:		a one-participant plan	a foreign plan						
B This retu	im/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	im/report (less than 12 r	nonths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	n			
		special extension (enter d	lescription)						
Part II	Basic Plan Inf	ormation—enter all requeste	d information						
1a Name	of plan				1b Three-digit				
JBC 401	l(K) PLAN				plan numb				
					(PN) ▶	001			
					1c Effective d	-			
A			T		01/01/	******************************			
		loyer, if for a single-employer place.				dentification Number			
		om, apt., suite no, and street, or		structions)	(EIN)26-				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JBC STYLE NY, LLC					telephone number			
	. , = .				(212) 3	55-3197			
					2d Business c	ode (see instructions)			
108 WES	ST 39TH STREE	ET, SUITE 710							
NEW YOR				Y 10018	561300				
3a Plan ac	dministrator's name	and address 🛛 Same as Plan	Sponsor.		3b Administrat	or's EIN			
					3C Administrat	or's telephone number			
		the plan sponsor or the plan nen			4b EIN				
		onsor's name, EIN, the plan na	me and the plan number from	the last return/report.	4-1				
a Sponse C Plan N					4d PN				
5a Total r	number of participan	its at the beginning of the plan y	ear		. 5a	113			
b Total r	number of participant	is at the end of the plan year	**************************************		. 5b	140			
C Numb	er of participants with	h account balances as of the en	d of the plan year (only define	od contribution plans	5c	46			
		participants at the beginning of t			·	106			
	d(2) Total number of active participants at the end of the plan year					125			
9 Numb than '	per of participants what 100% vested	no terminated employment durin	g the plan year with accrued	benefits that were less	5e	0			
Caution: A	I penalty for the late	e or incomplete filing of this n	eturn/report will be assesse	d unless reasonable c	use is establishe	d			
SB or Sche	alties of perjury and ordule MB completed true, correct and so	other penalties set forth in the in and signed by an enrolled actual molete.	structions, I declare that I have ary, as well as the electronic v	re examined this return/reportsion of this return/reportsion	eport, including, if a ort, and to the bast	applicable, a Schedule of my knowledge and			
SIGN	/ VAA	Jan Kar	9/12/18	BRYAN ZASLOW					
HERE	Signature of plan	administrator	Date	Enter name of indivi	dual signing as pla	n administrator			
SIGN	V (<u> </u>							
HERE	Signature of emp	loyeriplan sponsor	Date	Enter name of indivi	dual signino as em	ployer or plan sponsor			
For Paperse	ork Budardion Act No.	the see the Instructions for Form							

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b	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	an indepe	ndent qualified public a	ecount	ant (IC	PA)			Yes No
	if you answered "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 If "Yes" is checked, enter the My PAA confirmation number from the	iot use Fo isurance p	rm 5500-SF and must rogram (see ERISA se	t instea ection 4	id use 021)?	Form	5500. Yes [] No	Not	determined
Par	t III Financial Information								
7	Plan Assets and Liebilities		(a) Beginning o	of Year			(b) Enc	i of Year	
a	Total plan assets	7a	1,	639,	643			2	,084,739
ь	Total plan liabilities	7b							0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	639,	643			2	,084,739
8	income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)			О				
	(2) Participants	8a(2)		191,					
	(3) Others (including rollovers)	82(3)		88,	-				····
	Other income (loss)	8b		301,	740				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							582,430
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Bd		137,	160				,
<u> </u>	Certain deemed and/or corrective distributions (see instructions)	8e			이		·····		
f	Administrative service providers (salaries, fees, commissions)	8f			174				
_ 9_	Other expenses	8g			0				:
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-	137,334
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8)							445,096
j	Transfers to (from) the plan (see instructions)	8)							
Par 9a	tiV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	structions	*
b	If the plan provides welfare benefits, enter the applicable welfare t	eature cod	ies from the List of Pia	n Chan	acteris	lic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:	<u></u>		-	Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-1027 (See instructions and DOL's Normal)	Voluntary f	iduciary Correction	10a					22 001
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	17 (Do not	include transactions	10b	×	х			22,901
C	Was the plan covered by a fidelity bond?			10c	х			1	,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		х			,000,000
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sorthe plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	×			· January	4,276
f				10f	Ī	х	·		
g				10g	х				
ħ	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10g	<u> </u>	х	<u>, </u>		<u>.</u>
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i					

**************************************		Form 5500-SF 2017	***************************************	Page 3-						
Part	VI:	Pension Funding Compliance			······································		***************************************		······	
11	ls th (Fo:	nis a defined benefit plan subject to minimum fundi m 5500) and line 11a below)	ng requirements? (If "Yes," so	ee instructions and	complete Sch	edule S	В] [Yes	No
11a		er the unpaid minimum required contributions for a								
12	is t	his a defined contribution plan subject to the minim SA? "Yes," complete line 12a or lines 12b, 12c, 12d, an	num funding requirements of	section 412 of the					Yes	X No
а	If a grad	waiver of the minimum funding standard for a prior ting the waiver.	year is being amortized in th	is plan year, see i	nstructions, and Month	d enter t		of the I		ding
		completed line 12s, complete lines 3, 9, and 10								**************************************
b	Ente	r the minimum required contribution for this plan ye	ear			12b	·			
С	Ente	the amount contributed by the employer to the pla	an for this plan year	*****************		1 2 ¢		······································		
d	Sub neg	tract the amount in line 12c from the amount in line ative amount)	a 12b. Enter the result (enter	a minus sign to th	e left of a	12d		· · · · ·	****	
0		the minimum funding amount reported on line 12d			.44		Yes	No	П	N/A
Pert	VII	Plan Terminations and Transfers of	Assets					7-7		
13a	Has	a resolution to terminate the plan been adopted in any	y plan year?		************		Yes	×	No	-
		es," enter the amount of any plan assets that reve				13a				
b	We	re all the plan assets distributed to participants or t trol of the PBGC?	peneficiaries, transferred to ar	nother plan, or bro	ught under the		[Yes	X	lo ol
С	lf, d	uring this plan year, any assets or liabilities were to th assets or liabilities were transferred. (See instru	ransferred from this plan to ar	nother plan(s), ide	ntify the plan(s)) to		M		

13c(2) EIN(s)

13c(3) PN(s)

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