Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

2a Plan sponsor's name (employer, if for a single-employer plan)
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)

AURIFY BRANDS LLC

56 WEST 22ND STREET
NEW YORK, NY 10010

2b Employer Identification Number (EIN)
84-1621705

2c Plan Sponsor's telephone number
646-649-9810

2d Business code (see instructions)
445299

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/02/2018	MARINA ROULIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	260
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	275
a(2) Total number of active participants at the end of the plan year	**6a(2)**	230
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	4
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	32
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AURIFY BRANDS LLC

D Employer Identification Number (EIN)
84-1621705

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AURIFY BRANDS LLC

D Employer Identification Number (EIN)
84-1621705

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	386	348
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	1697	76604
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	364258	542304
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	366341	619256
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	366341	619256

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	79423	
	(B) Participants	2a(1)(B)	126599	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		206022
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	997	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		997
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23051	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		23051
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		50847
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		280917
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27777	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27777
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	225	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		225
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		28002
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		252915
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FLATTERY SALOMON LLC **(2)** EIN: 27-1633209

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AURIFY BRANDS LLC

D Employer Identification Number (EIN)
84-1621705

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 16-1470238

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

AURIFY BRANDS LLC

401(K) PROFIT SHARING PLAN AND TRUST

Financial Statements

December 31, 2017

FLATTERYSALOMON

International Tax & Accounting

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
CONTENTS
DECEMBER 31, 2017

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FLATTERYSALOMON
International Tax & Accounting

Independent Auditor's Report

Plan Administrator
Aurify Brands LLC 401(K) Profit Sharing Plan and Trust

We have audited the accompanying financial statements of Aurify Brands LLC 401(K) Profit Sharing Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2017 and the changes in net assets available for benefits for the year ended December 31, 2017, in accordance with accounting principles generally accepted in the United States of America.

FlatterySalomon LLC

New York, NY

August 20, 2018

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2017

Assets		
Interest-bearing cash	$	348
Investments at fair value		542,304
Receivables		
Notes receivable from participants		76,604
Total assets	$	619,256
Net assets available for benefits	$	619,256

The accompanying notes are an integral part of these financial statements.

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

Additions		
Investment income:		
Dividends	$	73,898
Total investment income		73,898
Contributions:		
Employer		79,423
Participants		126,599
Total contributions		206,022
Interest income on notes receivable from participants		997
Total additions		280,917
Deductions		
Benefits paid to participants		27,777
Administrative expenses		225
Total deductions		28,002
Net increase in net assets		252,915
Net assets available for benefits:		
Beginning of year		366,341
End of year	$	619,256

The accompanying notes are an integral part of these financial statements.

A. Description of Plan

The following description of the Aurify Brands LLC 401(K) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Aurify Brands LLC (the "Company") who have one year of service and are age 21 or older. The Plan is subject to the provisions of ERISA. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute up to an amount equal to a percentage of the contributing participant's compensation from -0- percent to 92 percent in increments of 1 percent as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for employer profit sharing contributions on behalf of qualifying participants based on a discretionary formula as defined in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's profit-sharing contributions is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts as provided by the terms of the Plan. The loans are secured by the balance in the participant's account. The loan interest rate is determined by the Plan. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

B. Summary of Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through August 20, 2017, the date the financial statements were available to be issued.

C. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Assets at Fair Value as of December 31, 2017			
	Level 1	*Level 2*	*Level 3*	*Total*
Interest in registered investment companies	$542,304	—	—	$542,304

D. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

E. Tax Status

The IRS has determined and informed the Company by a letter dated April 10,2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

G. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 to Form 5500:

Net assets available for benefits per the financial statements	$619,256
Net assets available for benefits per the Form 5500	$619,256

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2017 to Form 5500:

Benefits paid to participants per the financial statements	$27,777
Benefits paid to participants per Form 5500	$27,777

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC
=>PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
FDL PRIME DLY MNY	101	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	109	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10A	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10B	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10C	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10D	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10F	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10I	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10J	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10P	.00	.00	.00	.00	.00	.00	.00
FDL PRIME DLY MNY	10R	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	111	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	119	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11A	993.54	509.91	5.76 15.33 D	63.87-T	.00	754.32-X	706.35
PNR BOND R	11B	163.06	15.87	.51 1.51 D	165.06-T	.00	15.89-X	.00
PNR BOND R	11C	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11D	866.96	386.17	5.30 13.55 D	75.92-T	.00	613.58-X	582.48
PNR BOND R	11F	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11I	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11J	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11P	.00	.00	.00	.00	.00	.00	.00
PNR BOND R	11R	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	121	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	129	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12A	9,887.98	4,567.53	2,124.61 754.54 D	2,148.39-T	2,449.38-L 97.47 P 23.99 I	165.11 X 861.90-X	12,161.56
MFS MASS INV GR R	12B	800.88	2,100.02	215.04 124.07 D	747.67-T	.00	430.97-X	2,061.37
MFS MASS INV GR R	12C	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12D	8,815.76	5,649.63	1,963.33 755.49 D	1,976.92-T	2,204.09-L 92.58 P 22.73 I	132.00 X 1,015.62-X	12,234.89
MFS MASS INV GR R	12F	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12I	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12J	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12P	.00	.00	.00	.00	.00	.00	.00
MFS MASS INV GR R	12R	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	131	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	139	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	13A	17,985.25	5,971.98	2,931.59 1,678.56 D	1,283.21-T	7,093.91-L 332.18 P 85.07 I	4,400.81 X 2,287.59-X	22,720.73
IVY MID CAP GR	13B	125.67	146.50	1.33 29.37 D	139.00-T	.00	720.89 X 368.87-X	515.89
IVY MID CAP GR	13C	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	13D	12,550.80	3,508.72	2,155.52	1,143.38-T	4,862.62-L	1,187.16 X	14,107.92

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	ACTIVITY CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
				1,036.83 D		229.80 P	613.36-X	
						58.45 I		
IVY MID CAP GR	13F	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	13I	.00	58.65-	1.97-	.00	.00	120.93 X	.00
				4.55 D			64.86-X	
IVY MID CAP GR	13J	.00	879.06	26.85-	.00	.00	43.18 X	944.66
				72.43 D			23.16-X	
IVY MID CAP GR	13P	.00	.00	.00	.00	.00	.00	.00
IVY MID CAP GR	13R	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	141	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	149	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14A	48.49	1,426.82	145.73	55.41-T	.00	.00	1,583.54
				17.91 D				
MFS INTL DIVERS R	14B	125.40	7.27	17.95	143.30-T	.00	.00	7.38
				.06 D				
MFS INTL DIVERS R	14C	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14D	57.69	1,147.37	119.33	65.93-T	.00	.00	1,272.83
				14.37 D				
MFS INTL DIVERS R	14F	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14I	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14J	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14P	.00	.00	.00	.00	.00	.00	.00
MFS INTL DIVERS R	14R	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	151	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	159	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	15A	32,218.68	10,937.87	2,285.29	2,272.56-T	4,861.66-L	438.78-X	38,747.48
				582.84 D		234.70 P		
						61.10 I		
AC OC IN RT PT R	15B	.00	40.98	.27 D	.00	.00	.00	41.25
AC OC IN RT PT R	15C	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	15D	23,655.47	7,322.15	1,690.91	1,996.05-T	2,939.76-L	350.72-X	27,995.71
				440.79 D		137.21 P		
						35.71 I		
AC OC IN RT PT R	15F	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	15I	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	15J	.00	900.00	4.08	.00	.00	.00	904.54
				.46 D				
AC OC IN RT PT R	15P	.00	.00	.00	.00	.00	.00	.00
AC OC IN RT PT R	15R	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	161	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	169	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	16A	1,393.04	5,625.72	154.06	.00	489.71-L	604.28 X	2,467.03
				176.32 D		141.45 P	5,151.63-X	
						13.50 I		
MFS EMRG MKTS DBT	16B	.00	76.49	4.48	.00	.00	69.23 X	7.28
				4.28 D			147.20-X	
MFS EMRG MKTS DBT	16C	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	16D	1,328.80	2,367.19	91.62	.74-T	482.22-L	165.68 X	2,178.44
				94.62 D		121.76 P	1,521.14-X	

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE Y-PLAN XFER

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
MFS EMRG MKTS DBT	16F	.00	.00	.00	.00	12.87 I .00	.00	.00
MFS EMRG MKTS DBT	16I	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	16J	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	16P	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS DBT	16R	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	171	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	179	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	17A	12,151.08	5,963.08	26.42- 975.60 D	1,908.65-T	3,006.93-L 129.94 P 31.98 I	4,897.89 X 3,232.55-X	15,975.02
A C VALUE R	17B	363.09	1,889.74	44.00- 166.86 D	368.17-T	.00	1,490.76 X 312.34-X	3,185.94
A C VALUE R	17C	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	17D	10,707.36	6,450.55	39.67 883.60 D	1,719.08-T	2,709.57-L 123.44 P 30.30 I	2,238.32 X 1,458.93-X	14,585.66
A C VALUE R	17F	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	17I	.00	58.60-	3.86- 3.43 D	.00	.00	118.26 X 59.23-X	.00
A C VALUE R	17J	.00	20.92-	1.38- 1.23 D	.00	.00	42.22 X 21.15-X	.00
A C VALUE R	17P	.00	.00	.00	.00	.00	.00	.00
A C VALUE R	17R	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	181	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	189	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18A	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18B	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18C	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18D	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18F	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18I	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18J	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18P	.00	.00	.00	.00	.00	.00	.00
AC OC 2015 PT R	18R	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	191	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	199	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19A	124.38	537.03	7.76- 12.93 D	.00	94.33 P 2.20 I	.00	763.11
L A SHT DUR INC R	19B	.00	7.27	.01- .01 D	.00	.00	.00	7.27
L A SHT DUR INC R	19C	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19D	99.83	344.90	5.32- 9.14 D	.00	75.35 P 1.76 I	.00	525.66
L A SHT DUR INC R	19F	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19I	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19J	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19P	.00	.00	.00	.00	.00	.00	.00
L A SHT DUR INC R	19R	.00	.00	.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE Y-PLAN XFER

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, PART IV, LINE 4I

SCHEDULE OF ASSETS (HELD AT YEAR END)

AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
L A FLTG RATE R3	1A1	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1A9	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AA	.00	156.95	.24- 2.64 D	.00	.00	.00	159.35
L A FLTG RATE R3	1AB	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AC	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AD	.00	34.85	.05- .58 D	.00	.00	.00	35.38
L A FLTG RATE R3	1AF	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AI	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AJ	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AP	.00	.00	.00	.00	.00	.00	.00
L A FLTG RATE R3	1AR	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1B1	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1B9	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BA	48,346.61	23,515.79	9,777.24 3,017.21 D	.00	.00	4,637.97 X	89,294.82
TRP RTMT 2040 R	1BB	.00	1,053.09	22.76 59.04 D	.00	.00	674.02 X	1,808.91
TRP RTMT 2040 R	1BC	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BD	36,404.27	19,019.45	7,407.40 2,342.50 D	.79-T	.00	4,209.65 X	69,382.48
TRP RTMT 2040 R	1BF	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BI	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BJ	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BP	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2040 R	1BR	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1C1	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1C9	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CA	4,883.11	2,782.83	809.11 72.19 D	1,292.99-T	1,485.92-L 159.35 P 18.26 I	.00	5,945.94
TEMP FOREIGN R	1CB	126.67	.00	13.48	140.15-T	.00	.00	.00
TEMP FOREIGN R	1CC	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CD	4,334.10	2,358.13	711.91 62.29 D	1,150.62-T	1,340.58-L 137.11 P 16.96 I	.00	5,129.30
TEMP FOREIGN R	1CF	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CI	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CJ	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CP	.00	.00	.00	.00	.00	.00	.00
TEMP FOREIGN R	1CR	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1D1	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1D9	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1DA	1,564.15	2,798.80	763.22	43.77-T	1,096.13-L 17.86 P 4.74 I	3,984.69 X 5,555.01-X	2,438.55
MFS EMRG MKTS EQ	1DB	95.96	627.49	18.69	113.24-T	.00	633.94 X 1,255.45-X	7.39

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * ACTIVITY * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
MFS EMRG MKTS EQ	1DC	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1DD	1,348.49	1,237.95	593.15	52.11-T	941.70-L 15.34 P 4.06 I	1,212.86 X 1,456.37-X	1,961.67
MFS EMRG MKTS EQ	1DF	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1DI	.00	116.83	1.54-	.00	.00	120.31 X 235.60-X	.00
MFS EMRG MKTS EQ	1DJ	.00	43.28	.58-	.00	.00	42.96 X 85.66-X	.00
MFS EMRG MKTS EQ	1DP	.00	.00	.00	.00	.00	.00	.00
MFS EMRG MKTS EQ	1DR	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1E1	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1E9	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1EA	14,569.66	4,560.35	53.20 1,093.07 D	1,272.98-T	4,696.63-L 221.43 P 56.71 I	4,395.54 X 4,838.27-X	14,142.08
FRNKLN SM CP VAL	1EB	176.32	296.67	7.00 11.31 D	156.91-T	.00	583.30 X 762.60-X	155.09
FRNKLN SM CP VAL	1EC	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1ED	10,378.74	2,735.19	97.80 728.77 D	1,134.83-T	3,252.39-L 153.17 P 38.94 I	1,153.21 X 1,419.48-X	9,479.12
FRNKLN SM CP VAL	1EF	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1EI	.00	51.92	1.18	.00	.00	91.63 X 144.73-X	.00
FRNKLN SM CP VAL	1EJ	.00	617.31	35.10- 48.06 D	.00	.00	33.95 X 51.68-X	612.54
FRNKLN SM CP VAL	1EP	.00	.00	.00	.00	.00	.00	.00
FRNKLN SM CP VAL	1ER	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1F1	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1F9	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FA	.00	278.29	2.78 2.57 D	.00	.00	.00	283.64
AC OC 2025 PT R	1FB	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FC	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FD	.00	132.00	.53 .82 D	.00	.00	.00	133.35
AC OC 2025 PT R	1FF	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FI	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FJ	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FP	.00	.00	.00	.00	.00	.00	.00
AC OC 2025 PT R	1FR	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1G1	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1G9	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1GA	174.98	2,807.70	53.69 68.45 D	.00	.00	317.73 X 542.43-X	2,880.12
OPP GOLD & SPC MI	1GB	.00	7.30	.24 .10 D	.00	.00	.00	7.64
OPP GOLD & SPC MI	1GC	.00	.00	.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

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**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
OPP GOLD & SPC MI	1GD	140.01	2,252.08	43.16 54.84 D	.00	.00	254.14 X 433.71-X	2,310.52
OPP GOLD & SPC MI	1GF	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1GI	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1GJ	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1GP	.00	.00	.00	.00	.00	.00	.00
OPP GOLD & SPC MI	1GR	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1H1	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1H9	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1HA	16,764.80	5,596.02	2,145.60 1,877.36 D	1,269.95-T	6,278.84-L 394.06 P 79.34 I	.00	19,308.39
MFS NEW DISCVRY R	1HB	52.83	.00	5.19	58.02-T	.00	.00	.00
MFS NEW DISCVRY R	1HC	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1HD	11,589.65	2,988.90	1,586.30 1,197.69 D	1,120.77-T	4,202.38-L 274.31 P 52.68 I	.00	12,366.38
MFS NEW DISCVRY R	1HF	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1HI	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1HJ	.00	900.00	55.35- 92.20 D	.00	.00	.00	936.85
MFS NEW DISCVRY R	1HP	.00	.00	.00	.00	.00	.00	.00
MFS NEW DISCVRY R	1HR	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1I1	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1I9	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1IA	15,119.47	8,804.07	4,067.32 91.00 D	1,214.65-T	6,057.96-L 299.62 P 77.01 I	271.03 X 283.83-X	21,173.08
OPP INTL GROWTH R	1IB	.00	127.15	1.73 .40 D	.00	.00	.00	129.28
OPP INTL GROWTH R	1IC	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1ID	10,394.96	5,758.33	2,867.63 60.43 D	1,066.89-T	4,082.70-L 198.87 P 50.79 I	216.79 X 226.94-X	14,171.27
OPP INTL GROWTH R	1IF	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1II	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1IJ	.00	900.00	10.19 4.02 D	.00	.00	.00	914.21
OPP INTL GROWTH R	1IP	.00	.00	.00	.00	.00	.00	.00
OPP INTL GROWTH R	1IR	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1J1	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1J9	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JA	981.22	735.04	17.04- 27.11 D	61.80-T	94.28 P 2.15 I	552.40 X 1,632.50-X	680.86
FRNKLN US GOV SEC	1JB	159.39	946.32	6.52- 10.05 D	159.79-T	.00	.38 X 949.83-X	.00
FRNKLN US GOV SEC	1JC	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JD	808.79	1,211.80	16.72- 27.23 D	73.50-T	75.30 P 1.72 I	441.98 X 2,022.82-X	453.78

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE Y-PLAN XFER

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
FRNKLN US GOV SEC	1JF	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JI	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JJ	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JP	.00	.00	.00	.00	.00	.00	.00
FRNKLN US GOV SEC	1JR	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1K1	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1K9	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KA	615.91	532.89	7.07 4.30 D	75.02-T	94.39 P 2.27 I	325.64 X 813.11-X	694.34
PIMCO FOREIGN BON	1KB	193.11	180.79	2.32 .85 D	194.12-T	.00	88.26-X	94.69
PIMCO FOREIGN BON	1KC	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KD	521.48	470.35	6.33 3.47 D	89.30-T	75.42 P 1.82 I	260.43 X 714.35-X	535.65
PIMCO FOREIGN BON	1KF	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KI	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KJ	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KP	.00	.00	.00	.00	.00	.00	.00
PIMCO FOREIGN BON	1KR	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1L1	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1L9	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LA	421.34	806.49	7.94 15.71 D	61.41-T	94.44 P 2.31 I	.00	1,286.82
PIMCO REAL RETURN	1LB	157.41	7.27	.46 1.15 D	158.98-T	.00	.00	7.31
PIMCO REAL RETURN	1LC	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LD	408.53	619.14	6.99 13.47 D	73.12-T	75.45 P 1.85 I	.00	1,052.31
PIMCO REAL RETURN	1LF	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LI	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LJ	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LP	.00	.00	.00	.00	.00	.00	.00
PIMCO REAL RETURN	1LR	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1M1	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1M9	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MA	4,768.18	5,305.07	7.87- 358.95 D	.00	94.27 P 2.14 I	.00	10,520.74
PIMCO UNCRTD BD R	1MB	.00	62.11	1.41- 1.34 D	.00	.00	.00	62.04
PIMCO UNCRTD BD R	1MC	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MD	3,811.65	4,208.21	5.96- 285.59 D	.00	75.27 P 1.69 I	.00	8,376.45
PIMCO UNCRTD BD R	1MF	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MI	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MJ	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MP	.00	.00	.00	.00	.00	.00	.00
PIMCO UNCRTD BD R	1MR	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2030 R	1N1	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2030 R	1N9	.00	.00	.00	.00	.00	.00	.00

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AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, PART IV, LINE 4I

SCHEDULE OF ASSETS (HELD AT YEAR END)

AS OF DECEMBER 31, 2017

PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * ACTIVITY * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
TRP RTMT 2030 R	1NA	11,636.74	3,333.72	1,332.47 704.69 D	.00	4,893.26-L 234.72 P 61.11 I	9,241.59 X 8,700.58-X	12,951.20
TRP RTMT 2030 R	1NB	.00	15.21	41.95- 45.77 D	.00	.00	1,392.89 X 1,351.00-X	60.92
TRP RTMT 2030 R	1NC	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2030 R	1ND	6,742.78	959.91	871.20 286.56 D	.00	2,835.00-L 137.22 P 35.73 I	2,624.10 X 2,334.73-X	6,487.77
TRP RTMT 2030 R	1NF	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2030 R	1NI	.00	7.94-	7.28- 7.93 D	.00	.00	242.32 X 235.03-X	.00
TRP RTMT 2030 R	1NJ	.00	897.16	16.12- 32.72 D	.00	.00	86.52 X 83.92-X	916.36
TRP RTMT 2030 R	1NP	.00	.00	.00	.00	.00	.00	.00
TRP RTMT 2030 R	1NR	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1O1	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1O9	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OA	39.74	3,154.33	309.76 73.24 D	45.79-T	.00	.00	3,531.28
MFS INTL NW DISC	1OB	102.78	7.30	15.70 .08 D	118.41-T	.00	.00	7.45
MFS INTL NW DISC	1OC	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OD	47.28	2,438.66	242.99 56.59 D	54.47-T	.00	.00	2,731.05
MFS INTL NW DISC	1OF	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OI	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OJ	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OP	.00	.00	.00	.00	.00	.00	.00
MFS INTL NW DISC	1OR	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1P1	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1P9	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PA	125.63	464.26	4.64 10.88 D	.00	94.45 P 2.32 I	.00	702.18
PNR STRATEGIC INC	1PB	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PC	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PD	100.79	280.72	3.45 7.67 D	.00	75.46 P 1.88 I	.00	469.97
PNR STRATEGIC INC	1PF	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PI	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PJ	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PP	.00	.00	.00	.00	.00	.00	.00
PNR STRATEGIC INC	1PR	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1Q1	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1Q9	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1QA	208.91	2,619.33	102.01- 138.74 D	.00	.00	2,197.77 X 2,491.41-X	2,571.33
FA REAL ESTATE M	1QB	29.42	367.06	12.13- 15.96 D	.00	.00	291.65 X 376.84-X	315.12

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AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 - SCHEDULE H, PART IV, LINE 4I

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AS OF DECEMBER 31, 2017

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * ACTIVITY * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
FA REAL ESTATE M	1QC	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1QD	193.10	2,287.63	87.42- 124.04 D	.74-T	.00	576.61 X 779.94-X	2,313.28
FA REAL ESTATE M	1QF	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1QI	.00	25.97	.25-	.00	.00	45.81 X 71.53-X	.00
FA REAL ESTATE M	1QJ	.00	8.66	.09-	.00	.00	16.97 X 25.54-X	.00
FA REAL ESTATE M	1QP	.00	.00	.00	.00	.00	.00	.00
FA REAL ESTATE M	1QR	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1R1	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1R9	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RA	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RB	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RC	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RD	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RF	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RI	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RJ	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RP	.00	.00	.00	.00	.00	.00	.00
A C MID CAP VALUE	1RR	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1S1	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1S9	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1SA	11,546.88	5,934.89	2,189.11 1,187.35 D	.00	5,127.74-L 234.69 P 61.08 I	11,302.93 X 8,891.83-X	18,437.36
IVY SCI & TECH R	1SB	.00	900.67	69.01- 52.75 D	.00	.00	1,720.94 X 1,449.52-X	1,155.83
IVY SCI & TECH R	1SC	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1SD	6,826.45	2,126.35	1,501.64 565.22 D	.80-T	2,958.92-L 137.19 P 35.70 I	3,015.11 X 2,388.51-X	8,859.43
IVY SCI & TECH R	1SF	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1SI	.00	68.16-	11.32- 7.76 D	.00	.00	331.92 X 260.20-X	.00
IVY SCI & TECH R	1SJ	.00	875.96	71.84- 60.14 D	.00	.00	118.52 X 93.21-X	889.57
IVY SCI & TECH R	1SP	.00	.00	.00	.00	.00	.00	.00
IVY SCI & TECH R	1SR	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1T1	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1T9	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1TA	1,453.64	1,120.52	4.82 90.91 D	98.95-T	94.23 P 2.13 I	.00	2,667.30
A C HIGH YIELD R	1TB	248.82	.00	3.07 4.07 D	255.96-T	.00	.00	.00
A C HIGH YIELD R	1TC	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1TD	1,180.48	805.69	4.59 70.67 D	117.71-T	75.25 P 1.68 I	.00	2,020.65
A C HIGH YIELD R	1TF	.00	.00	.00	.00	.00	.00	.00

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE Y-PLAN XFER

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
A C HIGH YIELD R	1TI	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1TJ	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1TP	.00	.00	.00	.00	.00	.00	.00
A C HIGH YIELD R	1TR	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1U1	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1U9	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UA	213.94	798.48	.28 D	.00	.00	819.64-X	193.06
FA GOV MM DLY MNY	1UB	.00	69.23	.00	.00	.00	69.23-X	.00
FA GOV MM DLY MNY	1UC	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UD	171.93	321.07	.21 D	.00	.00	337.84-X	155.37
FA GOV MM DLY MNY	1UF	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UI	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UJ	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UP	.00	.00	.00	.00	.00	.00	.00
FA GOV MM DLY MNY	1UR	.00	.00	.00	.00	.00	.00	.00
LOAN	L01	.00	.00	.00	.00	.00	.00	.00
LOAN	L09	.00	.00	.00	.00	.00	.00	.00
LOAN	L0A	943.43	.00	589.41	.00	.00	47,538.07 X 3,747.27-X	45,323.64
LOAN	L0B	.00	.00	.00	.00	.00	.00	.00
LOAN	L0C	.00	.00	.00	.00	.00	.00	.00
LOAN	L0D	753.57	.00	407.32	.00	.00	32,811.93 X 2,692.82-X	31,280.00
LOAN	L0F	.00	.00	.00	.00	.00	.00	.00
LOAN	L0I	.00	.00	.00	.00	.00	.00	.00
LOAN	L0J	.00	.00	.00	.00	.00	.00	.00
LOAN	L0P	.00	.00	.00	.00	.00	.00	.00
LOAN	L0R	.00	.00	.00	.00	.00	.00	.00
** TOTAL		366,341.31	206,022.53	51,842.52 23,051.94 D	28,001.85-T	80,350.00-L 5,443.36 P 996.73 I	154,366.92 X 80,457.01-X	619,256.45
***** INVESTMENTS								
FDAXX	10*	.00	.00	.00	.00	.00	.00	.00
PBFRX	11*	2,023.56	911.95	11.57 30.39 D	304.85-T	.00	1,383.79-X	1,288.83
MIRGX	12*	19,504.62	12,317.18	4,302.98 1,634.10 D	4,872.98-T	4,653.47-L 190.05 P 46.72 I	297.11 X 2,308.49-X	26,457.82
WMGRX	13*	30,661.72	10,447.61	5,059.62 2,821.74 D	2,565.59-T	11,956.53-L 561.98 P 143.52 I	6,472.97 X 3,357.84-X	38,289.20
MDIKX	14*	231.58	2,581.46	283.01 32.34 D	264.64-T	.00	.00	2,863.75
ARSRX	15*	55,874.15	19,201.00	3,980.28 1,024.36 D	4,268.61-T	7,801.42-L 371.91 P 96.81 I	789.50-X	67,688.98
MEDEX	16*	2,721.84	8,069.40	250.16 275.22 D	.74-T	971.93-L 263.21 P 26.37 I	839.19 X 6,819.97-X	4,652.75

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PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION	ID	BEG BAL 2017/01/01	* * * * * * * * * A C T I V I T Y * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
***** INVESTMENTS								
AVURX	17*	23,221.53	14,223.85	35.99- 2,030.72 D	3,995.90-T	5,716.50-L 253.38 P 62.28 I	8,787.45 X 5,084.20-X	33,746.62
ARFRX	18*	.00	.00	.00	.00	.00	.00	.00
LDLRX	19*	224.21	889.20	13.09- 22.08 D	.00	169.68 P 3.96 I	.00	1,296.04
LRRRX	1A*	.00	191.80	.29- 3.22 D	.00	.00	.00	194.73
RRTDX	1B*	84,750.88	43,588.33	17,207.40 5,418.75 D	.79-T	.00	9,521.64 X	160,486.21
TEFRX	1C*	9,343.88	5,140.96	1,534.50 134.48 D	2,583.76-T	2,826.50-L 296.46 P 35.22 I	.00	11,075.24
MEMFX	1D*	3,008.60	4,824.35	1,372.94	209.12-T	2,037.83-L 33.20 P 8.80 I	5,994.76 X 8,588.09-X	4,407.61
FVFRX	1E*	25,124.72	8,261.44	124.08 1,881.21 D	2,564.72-T	7,949.02-L 374.60 P 95.65 I	6,257.63 X 7,216.76-X	24,388.83
ARWRX	1F*	.00	410.29	3.31 3.39 D	.00	.00	.00	416.99
OGMNX	1G*	314.99	5,067.08	97.09 123.39 D	.00	.00	571.87 X 976.14-X	5,198.28
MNDRX	1H*	28,407.28	9,484.92	3,681.74 3,167.25 D	2,448.74-T	10,481.22-L 668.37 P 132.02 I	.00	32,611.62
OIGNX	1I*	25,514.43	15,589.55	6,946.87 155.85 D	2,281.54-T	10,140.66-L 498.49 P 127.80 I	487.82 X 510.77-X	36,387.84
FUSRX	1J*	1,949.40	2,893.16	40.28- 64.39 D	295.09-T	169.58 P 3.87 I	994.76 X 4,605.15-X	1,134.64
PFRRX	1K*	1,330.50	1,184.03	15.72 8.62 D	358.44-T	169.81 P 4.09 I	586.07 X 1,615.72-X	1,324.68
PRRRX	1L*	987.28	1,432.90	15.39 30.33 D	293.51-T	169.89 P 4.16 I	.00	2,346.44
PUBRX	1M*	8,579.83	9,575.39	15.24- 645.88 D	.00	169.54 P 3.83 I	.00	18,959.23
RRTCX	1N*	18,379.52	5,198.06	2,138.32 1,077.67 D	.00	7,728.26-L 371.94 P 96.84 I	13,587.42 X 12,705.26-X	20,416.25
MIDRX	1O*	189.80	5,600.29	568.45 129.91 D	218.67-T	.00	.00	6,269.78
STIRX	1P*	226.42	744.98	8.09 18.55 D	.00	169.91 P 4.20 I	.00	1,172.15
FHETX	1Q*	431.43	5,308.65	201.90- 278.74 D	.74-T	.00	3,128.81 X 3,745.26-X	5,199.73
AMVRX	1R*	.00	.00	.00	.00	.00	.00	.00
WSTRX	1S*	18,373.33	9,769.71	3,538.58	.80-T	8,086.66-L	16,489.42 X	29,342.19

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE
Y-PLAN XFER

AURIFY BRANDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
FORM 5500 - SCHEDULE H, PART IV, LINE 4I
SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2017

PLAN 2-64006 LB ROOSEVELT FIELD LLC

**** CONTINUATION OF PLAN TOTALS

DESCRIPTION ***** INVESTMENTS	ID	BEG BAL 2017/01/01	* * * * * * * * * ACTIVITY * * * * * * * * * CONTRIB	EARNINGS	PAYMENTS	LOANS	OTHER	END BAL 2017/12/31
				1,873.22 D		371.88 P 96.78 I	13,083.27-X	
AHYRX	1T*	2,882.94	1,926.21	12.48 165.65 D	472.62-T	169.48 P 3.81 I	.00	4,687.95
FZBXX	1U*	385.87	1,188.78	.49 D	.00	.00	1,226.71-X	348.43
LOAN	L0*	1,697.00	.00	996.73	.00	.00	80,350.00 X 6,440.09-X	76,603.64
***** SOURCES								
EMPLOYER FORFEITU	**1	.00	.00	.00	.00	.00	.00	.00
ROLLOVER	**9	.00	.00	.00	.00	.00	.00	.00
EMPLOYEE PRE-TAX	**A	2 209,180.78	5 111,645.76	29,603.08 13,050.68 D	13,169.40-T	47,538.07-L 3,157.86 P 589.41 I	94,833.45 X 51,042.65-X	350,310.90
ROTH 401(K)	**B	2 2,920.81	5 8,951.80	154.92 529.30 D	2,918.78-T	.00	7,578.00 X 7,578.00-X	9,638.05
EMPLOYER QNEC	**C	.00	.00	.00	.00	.00	.00	.00
EMPLOYER MATCH	**D	2 154,239.72	4 79,423.09	22,302.60 9,137.03 D	11,913.67-T	32,811.93-L 2,285.50 P 407.32 I	50,499.97 X 20,380.86-X	253,188.77
EMPLOYER PROFIT S	**F	.00	.00	.00	.00	.00	.00	.00
ROTH CATCH-UP	**I	.00	5 1.37	25.04- 23.67 D	.00	.00	1,071.18 X 1,071.18-X	.00
EMPLOYEE CATCH UP	**J	.00	5 6,000.51	193.04- 311.26 D	.00	.00	384.32 X 384.32-X	6,118.73
NON-ELECTIVE CONT	**P	.00	.00	.00	.00	.00	.00	.00
ROTH ROLLOVER	**R	.00	.00	.00	.00	.00	.00	.00

PLAN PARTICIPANT COUNTS:

ACTIVE, FULLY VESTED:	3	SEPARATED, RECEIVING BENEFITS:	0	TERMINATED, AWAITING FORFEITURE:	0
ACTIVE, PARTIALLY VESTED:	0	SEPARATED, ENTITLED TO FUTURE BENEFITS:	1	DECEASED WITH BENEFICIARIES:	0
ACTIVE, NON VESTED:	2,243	TOTAL SEPARATED WITH BENEFITS:	1	ELIGIBLE, NOT PARTICIPATING:	0
TOTAL ACTIVE PARTICIPANTS:	2,246			OTHERS ON FILE:	4,107
TOTAL:	6,354				

(2) 366,341 (3) Earnings (1) 619,256.45

F-FORF D-DIVIDEND U-UNREALIZED W-WDRL T-TERM PMT L-LOAN ISSUE P-PRINC PMT I-INT PMT X-XFER M-MISC C-CONV A-FEE ASSESSED N-INSURANCE Y-PLAN XFER