

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>013</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>013</u>	1c Effective date of plan <u>01/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>013</u>				
1c Effective date of plan <u>01/01/1994</u>					
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) <u>DOREL U.S.A., INC.</u> <u>2525 STATE STREET</u> <u>COLUMBUS, IN 47201</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>35-1851471</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>812-372-0141</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>35-1851471</u>	2c Plan Sponsor's telephone number <u>812-372-0141</u>	2d Business code (see instructions) <u>326100</u>	
2b Employer Identification Number (EIN) <u>35-1851471</u>					
2c Plan Sponsor's telephone number <u>812-372-0141</u>					
2d Business code (see instructions) <u>326100</u>					

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.	10/11/2018	ANDREA BREHENY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 721
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) 653
a(2) Total number of active participants at the end of the plan year	6a(2) 675
b Retired or separated participants receiving benefits	6b 8
c Other retired or separated participants entitled to future benefits	6c 63
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 746
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 747
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 490
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 12
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 2J 2F 2G 2K 3D 3H 2S 2T	
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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 DOREL U.S.A., INC.	D Employer Identification Number (EIN) 35-1851471

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SF 51720	747	01/01/2017	12/31/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	9489290

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 5974350

c Additions: (1) Contributions deposited during the year	7c(1)	685780	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	108779	
(4) Transferred from separate account	7c(4)	41935	
(5) Other (specify below)	7c(5)	244478	

▶ LN INT, LN PRIN, LN TRF, LOAN DEFAU

(6) Total additions **7c(6)** 1080972

d Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 7055322

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	812107	
(2) Administration charge made by carrier	7e(2)	13185	
(3) Transferred to separate account	7e(3)	666987	
(4) Other (specify below)	7e(4)	166939	

▶ LN DISTRIB, MOVED PARTC

(5) Total deductions **7e(5)** 1659218

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 5396104

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	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 DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 DOREL U.S.A., INC.	D Employer Identification Number (EIN) 35-1851471

Part I	Service Provider Information (see instructions)
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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).. ☐ 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
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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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 63 64 67 68 72	CONTRACT ADMINISTRATOR	20114	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(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?
27	ADVISOR	10309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(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?
27	REGISTERED INVESTMENT ADV	0	Yes ☒ No ☐	Yes ☐ No ☒	14000	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)

AMERICAN CENTURY

44-6006315

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DIMENSIONAL FUND ADVISORS

36-3129984

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

FRANKLINTEMPLETON

90-0342299

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

GOLDMAN SACHS

13-5108880

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

HARRIS

04-3276558

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

JP MORGAN

33-1043149

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MFS INVESTMENT MANAGEMENT

90-0342299

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PGIM INVESTMENTS

22-3703799

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

T. ROWE PRICE

52-0791372

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1999755

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1945930

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VICTORY

31-6364605

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WASATCH ADVISORS

87-0319391

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	67 52 72	0
(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.	
CAPITAL PRESERVATION ACCOUNT 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(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.	
PREM U.S. GOVT MONEY MRKT BARINGS 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
EQUITY & INCOME OAKMARK 04-3276558	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(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.	
MM S&P 500 INDEX NORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(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.	
SELECT MID CAP GR TRPFRONTIER 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMALL CAP VALUE GOLDMAN SACHS 13-5108880	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
TOTAL RETURN BOND PRUDENTIAL 22-3703799	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(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.	
SYCAMORE EST VALUE VICTORY 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2020 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2025 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2030 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2035 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2040 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2045 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2050 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT 2055 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETIREMENT INCM JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
SMARTRETRMNT INCM II JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
GROWTH INVESTORS AMERICAN CENTURY 44-6006315	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(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.	
PREMIER GLOBAL OFI 51-0529334	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
WASATCH CORE GROWTH FUND 87-0319391	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(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.	
GLOBAL BOND TEMPLETON 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(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.	
VALUE MFS 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(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.	
EUROPACIFIC GROWTH AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	

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
SAGEVIEW ADVISORY GROUP LLC	27	14000
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN CENTURY	52	0
(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.	
GROWTH INVESTORS AMERICAN CENTURY 44-6006315	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(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.	
EUROPACIFIC GROWTH AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	

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
DIMENSIONAL FUND ADVISORS	52	0
(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.	
EMERG MARKET CR EQ PRTFL FD DFA 36-3129984	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS	52	0
(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.	
GLOBAL REAL ESTATE SECS FD DFA 36-3129984	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLINTEMPLETON	52	0
(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.	
GLOBAL BOND TEMPLETON 90-0342299	BASIS POINTS * PLAN ASSETS	

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
GOLDMAN SACHS	52	0
(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.	
SMALL CAP VALUE GOLDMAN SACHS	BASIS POINTS * PLAN ASSETS	
13-5108880		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARRIS	52	0
(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.	
EQUITY & INCOME OAKMARK	BASIS POINTS * PLAN ASSETS	
04-3276558		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2020 JP MORGAN	BASIS POINTS * PLAN ASSETS	
33-1043149		

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
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2025 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2030 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2035 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2040 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2045 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2050 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
JP MORGAN	52	0
(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.	
SMARTRETIREMENT 2055 JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETIREMENT INCM JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(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.	
SMARTRETRMNT INCM II JP MORGAN 33-1043149	BASIS POINTS * PLAN ASSETS	

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
MFS INVESTMENT MANAGEMENT	52	0
(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.	
VALUE MFS 90-0342299	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PGIM INVESTMENTS	52	0
(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.	
TOTAL RETURN BOND PRUDENTIAL 22-3703799	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T. ROWE PRICE	52	0
(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.	
T. ROWE PRICE NEW HORIZONS FUND 52-0791372	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0
(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.	
VANGUARD EXTENDED MARKET INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(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.	
TOTAL BOND MRKT INDEX VANGUARD 23-1945930	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(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.	
VANGUARD TOTAL INTL STOCK INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS	

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
VICTORY	52	0
(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.	
SYCAMORE EST VALUE VICTORY 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WASATCH ADVISORS	52	0
(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.	
WASATCH CORE GROWTH FUND 87-0319391	BASIS POINTS * PLAN ASSETS	
(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
(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
(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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information 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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>013</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DOREL U.S.A., INC.</u>	D Employer Identification Number (EIN) <u>35-1851471</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CAK SMALL CAP VALUE</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>289813</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CCZ SMARTRETIREMENT 2055</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46111</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CMM TOTAL RETURN BOND</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>656464</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CMZ TOTAL BOND MRKT INDEX</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18815</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-IZ SMARTRETIREMENT INCM</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>310289</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JRP EMERG MARKET CR EQ PRFTL FD</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>265</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-JRW GLOBAL REAL ESTATE SECS FD</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>430</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KR EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164829
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-M7 SMARTRETRMNT INCM II		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96359
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-ND PREMIER GLOBAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OR SMARTRETIREMENT 2020		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1001025
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-P7 SMARTRETIREMENT 2025		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381028
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Q7 SMARTRETIREMENT 2030		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 775010
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-R7 SMARTRETIREMENT 2035		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114314
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-S7 SMARTRETIREMENT 2040		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 223509
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-U7 SMARTRETIREMENT 2045		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30665
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-UE GLOBAL BOND		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2088

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VA EQUITY & INCOME**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VV VALUE**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 522312
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WF SELECT MID CAP GR**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1118316
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WK GROWTH INVESTORS**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1488877
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-X7 SMARTRETIREMENT 2050**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95726
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-YG PREM U.S. GOVT MONEY MRKT**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-ZX MM S&P 500 INDEX**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1951772
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>013</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOREL U.S.A., INC.</u>	D Employer Identification Number (EIN) <u>35-1851471</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	570294	540550
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8363936	9491656
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5974352	5396104
	(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14908582	15428310

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14908582	15428310
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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 Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	217238	
(B) Participants	2a(1)(B)	468538	
(C) Others (including rollovers)	2a(1)(C)	2604	
(2) Noncash contributions	2a(2)		688380
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			133480
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	24701	
(F) Other	2b(1)(F)	108779	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock		2b(2)(A)	55
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	55	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		2b(4)(A)	0
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....		2b(5)(A)	0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1611947
(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)		27726
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2461588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1699675	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1699675
f Corrective distributions (see instructions)	2f		783
g Certain deemed distributions of participant loans (see instructions).....	2g		1102
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	12611	
(3) Investment advisory and management fees	2i(3)	10309	
(4) Other	2i(4)	7503	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30423
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1731983

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		729605
l Transfers of assets:			
(1) To this plan.....	2l(1)		218
(2) From this plan	2l(2)		210095

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: BLUE AND CO., LLC

(2) EIN: 35-1178661

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)
DOREL U.S.A. SALARIED 401(K) RETIREMENT PLAN	35-1851471	011

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 DOREL U.S.A., INC.		D Employer Identification Number (EIN) 35-1851471
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 0
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): 04-1590850		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

- 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): _____

**DOREL U.S.A. ASSOCIATES 401(K)
RETIREMENT PLAN**

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

DECEMBER 31, 2017 AND 2016

AND

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017

CPAs / ADVISORS



DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

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REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee of
Dorel U.S.A. Associates 401(k) Retirement Plan
Columbus, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of Dorel U.S.A. Associates 401(k) Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to that matter.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Seymour, Indiana

October 9, 2018

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
Investments		
Mutual funds at fair value	\$ 2,366	\$ -0-
Pooled separate accounts at fair value	9,489,290	8,363,936
Fully benefit-responsive investment at contract value	<u>5,396,104</u>	<u>5,974,352</u>
Total investments	14,887,760	14,338,288
Receivables		
Notes receivable from participants	<u>540,550</u>	<u>570,294</u>
Net assets available for benefits	<u>\$ 15,428,310</u>	<u>\$ 14,908,582</u>

See accompanying notes to financial statements.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2017

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 1,639,673
Dividends and interest	<u>108,834</u>
Total investment income	1,748,507
Interest from notes receivable from participants	24,701
Contributions:	
Employer's	217,238
Employees'	<u>471,142</u>
Total contributions	688,380
Total additions	<u>2,461,588</u>

Deductions from net assets attributed to:

Benefits paid to participants	1,701,560
Administrative expenses	<u>30,423</u>
Total deductions	1,731,983

Fund transfers with Affiliate Plans

Net increase	519,728
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Net assets available for benefits, beginning of year

Net assets available for benefits, end of year

See accompanying notes to financial statements.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

1. DESCRIPTION OF THE PLAN

The following brief description of the Dorel U.S.A. Associates 401(k) Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan sponsored by Dorel Juvenile Group, Inc., Dorel Design and Development, LLC, Pacific Cycle, Inc., Ameriwood Industries, Inc., and Cycling Sports Group, Inc. (collectively, the "Company" or "Employer") primarily for the benefit of its hourly employees. The governing body for administration of the Plan and trust, the Defined Contribution Pension Plan Retirement Committee (the "Committee"), consists of members appointed by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. All eligible employees are automatically enrolled to participate in the Plan.

As participants transfer between the Dorel U.S.A. Associates 401(k) Retirement Plan and the Dorel U.S.A. Salaried 401(k) Retirement Plan, their related Plan account transfers to the appropriate Plan, if applicable. Such transfers are reflected in the accompanying financial statements as "Fund transfers with Affiliate Plans".

Contributions

The Plan allows participants to contribute up to 75% of their compensation on a pre-tax basis, not to exceed the maximum amount allowed by law. Participants may elect to make after-tax contributions if the maximum pre-tax contribution is made.

The Company contributes 50% of the first 6% of compensation contributed by the employee for all locations.

The Plan permits a discretionary retirement supplemental contribution to be made to the Plan on an annual basis. The discretionary contribution is based on a percentage of the participant's gross earnings for the prior plan year. For the plan year ended December 31, 2017, there was no discretionary retirement supplemental contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching and discretionary contributions. Investment earnings, losses, and administrative expenses are allocated based on participants' account balances on a daily basis. Dorel Juvenile Group, Inc., Dorel Design and Development, LLC, Cycling Sports Group, Inc., and Pacific Cycle, Inc. participants are fully vested in all employee and Employer matching contributions plus actual earnings thereon at all times. Ameriwood Industries, Inc. employees are fully vested in all employee contributions plus actual earnings thereon at all times, and become vested in all

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Employer matching contributions plus actual earnings thereon in increments of 20% per year for five years. All participants are fully vested in all discretionary retirement supplemental contributions after five years.

Notes Receivable from Participants

Each participant can obtain a loan between \$1,000 and the lesser of 50% of the participant's nonforfeitable account balance or \$50,000. A participant may only receive one loan during a period of twenty-four consecutive months and may only have one loan outstanding at any given time. Loans bear interest at prime plus 1% and range in maturity from six months to five years, unless the loan is for the purchase of a primary residence, which can have a maturity date of up to fifteen years.

Benefit Payments

Upon reaching the age of 59½, the participant is entitled to receive a lump-sum payment equal to the value of the participant's account. A participant that retires, becomes disabled, terminates employment, or passes away is entitled to receive a lump-sum payment or installment payments as described in the Plan agreement, equal to the value of the participant's account. A participant may make a hardship withdrawal, as defined in the Plan agreement, prior to age 59½.

Investments

Participants may direct contributions (employee and Employer) among a variety of investment options.

Forfeitures

Forfeiture of a participant's nonvested account balance occurs upon termination. Forfeited amounts are held in a separate suspense account and used to pay administrative expenses or reduce future Employer matching contributions. At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$11,030 and \$15,692, respectively. For 2017, \$7,821 was used to pay for administrative expenses.

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. Should the Plan be terminated at some future time, all participants would become 100% vested in their accounts as of the termination date.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting. As such, benefit payments to participants and contributions from participants are accounted for on the cash basis. Investment income is recorded when received. The modified cash basis differs from the cash basis in that investments are recorded at fair value and participant loans are recorded as receivables (reductions) when the amounts have been advanced to (repaid from) the participant.

Although the modified cash basis of accounting represents a departure from accounting principles generally accepted in the United States of America, it is an allowable method of accounting for employee benefit plans under the reporting requirements of ERISA.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation includes the Plan's gains and losses on investments purchased 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. Delinquent notes receivable are recorded as a distribution based upon the terms of the plan document.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Risks and Uncertainties

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

Administrative Expenses

The Company absorbs significant cost of Plan administration.

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are available to be issued, which is October 9, 2018.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Massachusetts Mutual Life Insurance Company (Mass Mutual), the trustee, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits and the schedule of assets (held at end of year) as of December 31, 2017 and 2016, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

4. INCOME TAX STATUS

The Plan is based on a Volume Submitter Profit Sharing Plan with cash or deferral arrangement which has received a favorable opinion letter from the Internal Revenue Service (IRS) that the plan is designed to qualify as being exempt from federal income taxes. The plan administrator has not separately applied for an opinion letter from the IRS. However, the plan administrator believes that the Plan was designed and is currently being operated as a tax-exempt plan in compliance with the applicable requirements of the Internal Revenue Code and, therefore, no income taxes have been provided.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2015.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

5. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Professional fees and the majority of other administration expenses of the Plan were paid by the Company.

Certain Plan investments are pooled separate accounts managed by an affiliate of Mass Mutual. Mass Mutual is the trustee as defined by the Plan and, therefore, transactions in these funds qualify as party-in-interest transactions. Mass Mutual is the third party administrator for the Plan, and those fees are paid as a reduction to investment income. Mass Mutual also receives fees directly from Plan assets. SageView Advisory Group, LLC is the investment advisor for the Plan and receives payment from the Plan and the Plan Sponsor. Blue & Co., LLC is the independent auditor of the Plan and receives payment from the Company.

6. 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 Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. The three levels of the fair value hierarchy 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'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.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

- *Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds are held by the Plan and are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.
- *Pooled separate accounts:* Investments in pooled separate accounts are credited with earnings and gains or losses on the pooled investments. The separate accounts are stated at fair value as reported to the Plan by Mass Mutual, based on the quoted market prices of the underlying mutual funds. The unit value of the separate accounts is calculated by dividing the total value of the assets of the separate account by the number of units in the separate account. For separate accounts that invest exclusively in mutual funds, the total value of the assets of the separate account is based on the net asset value (NAV), or price per share, of the underlying mutual fund. The mutual fund calculates its NAV by dividing the mutual fund's net assets by the mutual fund's outstanding number of shares.

The following table sets forth by level, within the hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2017 and 2016:

	2017		2016	
	Level 1	Total	Level 1	Total
Mutual funds	\$ 2,366	\$ 2,366	\$ -0-	\$ -0-
Total assets in fair value hierarchy	2,366	2,366	-0-	-0-
Pooled separate accounts*	-0-	9,489,290	-0-	8,363,936
Investments at fair value	<u>\$ 2,366</u>	<u>\$ 9,491,656</u>	<u>\$ -0-</u>	<u>\$ 8,363,936</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of net asset available for benefits.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 9,489,290	N/A	Daily	None

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 8,363,936	N/A	Daily	None

7. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a group annuity contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of this traditional investment contract was \$5,396,104 and \$5,974,352 at December 31, 2017 and 2016, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to a plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

8. RECONCILIATION TO FORM 5500

The Plan sponsor has elected to show the underlying investments of the pooled separate accounts on Schedule H of Form 5500. Therefore instead of showing all of the pooled separate accounts on Schedule H, line 1c(10) they are showing the underlying investments of the pooled separate accounts which are mutual funds on Schedule H, line 1c(13). Likewise some of the investment income is shown on Schedule H, line 2b(10) instead of line 2b(7).

SUPPLEMENTAL SCHEDULE

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

EIN 35-1851471
Plan Number: 013

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
*	Mass Mutual Capital Preservation Account	Group Annuity Contract (interest rate 1.88%)	**	\$ 5,396,104
	Vanguard Extended Market Index Fund	Mutual Fund	**	664
	Vanguard Total International Stock Index Fund	Mutual Fund	**	1,052
	Wasatch Core Growth Fund	Mutual Fund	**	650
*	Mass Mutual Select Mid Cap Growth II (T. Rowe Price)	Pooled Separate Account	**	1,118,316
*	Mass Mutual Premier Money Market	Pooled Separate Account	**	7
*	Mass Mutual S&P 500 Index (Northern Trust)	Pooled Separate Account	**	1,951,772
*	JPMorgan SmartRetirement Blend 2020	Pooled Separate Account	**	1,001,025
*	JPMorgan SmartRetirement Blend 2025	Pooled Separate Account	**	381,028
*	JPMorgan SmartRetirement Blend 2030	Pooled Separate Account	**	775,010
*	JPMorgan SmartRetirement Blend 2035	Pooled Separate Account	**	114,314
*	JPMorgan SmartRetirement Blend 2040	Pooled Separate Account	**	223,509
*	JPMorgan SmartRetirement Blend 2045	Pooled Separate Account	**	30,665
*	JPMorgan SmartRetirement Blend 2050	Pooled Separate Account	**	95,726
*	JPMorgan SmartRetirement Blend 2055	Pooled Separate Account	**	46,111
*	JPMorgan SmartRetirement Income	Pooled Separate Account	**	310,289
*	JPMorgan SmartRetirement Income II	Pooled Separate Account	**	96,359
*	Templeton Global Bond Advisor	Pooled Separate Account	**	2,088
*	Prudential Total Return Bond	Pooled Separate Account	**	656,464
*	Goldman Sachs Small Cap Value	Pooled Separate Account	**	289,813
*	American Century Growth Inv	Pooled Separate Account	**	1,488,877
*	Victory Sycamore Established Value	Pooled Separate Account	**	201,266
*	Mass Mutual EuroPacific Growth Fund	Pooled Separate Account	**	164,829
*	DFA Emerging Markets CrEq Portfolio Fund	Pooled Separate Account	**	265
*	DFA Global Real Estate Securities Fund	Pooled Separate Account	**	430
*	Vanguard Total Bond Market Index	Pooled Separate Account	**	18,815
*	Mass Mutual Value MFS	Pooled Separate Account	**	522,312
*	Participant loans	Loans (interest rates ranging from 4.25% to 9.25%, with maturity dates from 2018 to 2022)	-0-	540,550
				<u>\$ 15,428,310</u>

* Party-in-interest

** Cost omitted for participant-directed investments

See report of independent auditors on pages 1 and 2.



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information (“SAI”).

For additional information on soft dollar compensation, refer to the section of the mutual fund’s SAI that discusses brokerage allocation and other practices.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.

Some of the information provided in this report may be information that was furnished to MassMutual via the Plan Year End Plan Census or if information is not provided it is anticipated that this information can be supplied from your own records.

Part I Service Provider Information**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

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.

Name

EIN

2. Information on Other Service Providers Receiving Direct or Indirect Compensation**(a) Name and EIN or address of Service Provider**

Name

EIN

(b) Service Codes**(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?**

Massachusetts Mutual Life Insurance Company

041590850

52 60 63 64 67 68 72

Contract Administrator

20114.15

Y

Y

0.00

Y

SageView Advisory Group LLC

330818667

27

Registered Investment Advisor

0.00

Y

N

14000.00

N

SageView Advisory Group LLC

330818667

27

Advisor

10309.12

N

N

0.00

N

Harris

043276558

52

Investment Provider

0.00

Y

N

0.00

Y

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

Victory			316364605			
52	Investment Provider	0.00	Y	N	0.00	Y
Vanguard			231945930			
52	Investment Provider	0.00	Y	N	0.00	Y
Vanguard			231999755			
52	Investment Provider	0.00	Y	N	0.00	Y
JP Morgan			331043149			
52	Investment Provider	0.00	Y	N	0.00	Y
Goldman Sachs			135108880			
52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			520791372			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			951411037			
52	Investment Provider	0.00	Y	N	0.00	Y
American Century			446006315			
52	Investment Provider	0.00	Y	N	0.00	Y
PGIM Investments			223703799			
52	Investment Provider	0.00	Y	N	0.00	Y

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2

5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

Wasatch Advisors		870319391				
52	Investment Provider	0.00	Y	N	0.00	Y
FranklinTempleton		900342299				
52	Investment Provider	0.00	Y	N	0.00	Y
Dimensional Fund Advisors		363129984				
52	Investment Provider	0.00	Y	N	0.00	Y
MFS Investment Management		900342299				
52	Investment Provider	0.00	Y	N	0.00	Y

3. Sources of Indirect Information

Name		EIN		(c) Enter Amount of Indirect Compensation	
(b) Service Codes					
Harris		043276558			
52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...		0.00	
	Equity & Income (Oakmark) 043276558	Basis points * plan assets			
Victory		316364605			
52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...		0.00	
	Sycamore Est Value (Victory) 316364605	Basis points * plan assets			
MFS Investment Management		900342299			
52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...		0.00	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2

5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

Value (MFS)	900342299	Basis points * plan assets	
FranklinTempleton		900342299	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Global Bond (Templeton)	900342299	Basis points * plan assets	
Vanguard		231945930	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Total Bond Mrkt Index (Vanguard)	231945930	Basis points * plan assets	
Wasatch Advisors		870319391	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Wasatch Core Growth Fund	870319391	Basis points * plan assets	
JP Morgan		331043149	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
SmartRetirement 2020 (JP Morgan)	331043149	Basis points * plan assets	
JP Morgan		331043149	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
SmartRetirement 2025 (JP Morgan)	331043149	Basis points * plan assets	
JP Morgan		331043149	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
SmartRetirement 2030 (JP Morgan)	331043149	Basis points * plan assets	
JP Morgan		331043149	
Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.			

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

52	(d) Name and EIN of source of indirect compensation SmartRetirement 2035 (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	(d) Name and EIN of source of indirect compensation SmartRetirement 2040 (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	(d) Name and EIN of source of indirect compensation SmartRetirement 2045 (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	(d) Name and EIN of source of indirect compensation SmartRetirement 2050 (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	(d) Name and EIN of source of indirect compensation SmartRetirement 2055 (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	(d) Name and EIN of source of indirect compensation SmartRetirement Incm (JP Morgan) 331043149	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
JP Morgan			331043149
52	Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.		0.00

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
SmartRetrmnt Incm II (JP Morgan)	331043149	Basis points * plan assets	
Vanguard		231945930	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Vanguard Total Intl Stock Index Fd	231945930	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
EuroPacific Growth (American)	951411037	Basis points * plan assets	
Vanguard		231999755	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Vanguard Extended Market Index Fund	231999755	Basis points * plan assets	
Goldman Sachs		135108880	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Small Cap Value (Goldman Sachs)	135108880	Basis points * plan assets	
T. Rowe Price		520791372	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
T. Rowe Price New Horizons Fund	520791372	Basis points * plan assets	
PGIM Investments		223703799	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Total Return Bond (Prudential)	223703799	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

American Century	446006315	
52		0.00
(d) Name and EIN of source of indirect compensation Growth Investors (American Century) 446006315	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company	041590850	
60		0.00
(d) Name and EIN of source of indirect compensation Value (MFS) 900342299	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company	041590850	
63		0.00
(d) Name and EIN of source of indirect compensation Value (MFS) 900342299	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Dimensional Fund Advisors	363129984	
52		0.00
(d) Name and EIN of source of indirect compensation Global Real Estate Secs Fd (DFA) 363129984	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Dimensional Fund Advisors	363129984	
52		0.00
(d) Name and EIN of source of indirect compensation Emerg Market Cr Eq Prtfl Fd (DFA) 363129984	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company	041590850	
52		0.00
(d) Name and EIN of source of indirect compensation Premier Global (OFI) 510529334	(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company	041590850	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

72	(d) Name and EIN of source of indirect compensation Premier Global (OFI) 510529334	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	SageView Advisory Group LLC	330818667	
27	(d) Name and EIN of source of indirect compensation Massachusetts Mutual Life Insurance Company 041590850	(e) Describe the indirect compensation including any formula... Plan Related Expenses	14000.00
	Massachusetts Mutual Life Insurance Company	041590850	
60	(d) Name and EIN of source of indirect compensation Global Bond (Templeton) 900342299	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company	041590850	
63	(d) Name and EIN of source of indirect compensation Global Bond (Templeton) 900342299	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company	041590850	
60	(d) Name and EIN of source of indirect compensation Wasatch Core Growth Fund 870319391	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company	041590850	
60	(d) Name and EIN of source of indirect compensation Equity & Income (Oakmark) 043276558	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company	041590850	
52	(d) Name and EIN of source of indirect compensation Capital Preservation Account 041590850	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.		

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Sycamore Est Value (Victory) 316364605	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
63	(d) Name and EIN of source of indirect compensation Sycamore Est Value (Victory) 316364605	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
67	(d) Name and EIN of source of indirect compensation Capital Preservation Account 041590850	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
72	(d) Name and EIN of source of indirect compensation Capital Preservation Account 041590850	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation EuroPacific Growth (American) 951411037	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
63	(d) Name and EIN of source of indirect compensation EuroPacific Growth (American) 951411037	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

60	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Total Return Bond (Prudential) 223703799	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
---	-----------

52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Select Mid Cap Gr (TRPFFrontier) 043512596	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
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60	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Small Cap Value (Goldman Sachs) 135108880	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
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72	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Select Mid Cap Gr (TRPFFrontier) 043512596	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
---	-----------

60	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2020 (JP Morgan) 331043149	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
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60	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2025 (JP Morgan) 331043149	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company	041590850
---	-----------

60	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.		

Dorel U.S.A. Associates 401(k) Retirement Plan

SF 51720 - 2

5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017

4/20/2018

SmartRetirement 2030 (JP Morgan)		331043149	Basis points * plan assets	
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2035 (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2040 (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2045 (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2050 (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement 2055 (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
60	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	SmartRetirement Incm (JP Morgan)		Basis points * plan assets	
	331043149			
Massachusetts Mutual Life Insurance Company			041590850	
Massachusetts Mutual Life Insurance Company			041590850	
Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.				

Dorel U.S.A. Associates 401(k) Retirement Plan

4/20/2018

SF 51720 - 2**5500 Schedule C Service Provider Information for the period of: 01/01/2017 - 12/31/2017**

60			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	SmartRetrmnt Incm II (JP Morgan) 331043149	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	MM S&P 500 Index (Northern Trust) 043410047	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
72			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	MM S&P 500 Index (Northern Trust) 043410047	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	Prem U.S. Govt Money Mrkt (Barings) 043212059	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
60			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	Growth Investors (American Century) 446006315	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
72			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	Prem U.S. Govt Money Mrkt (Barings) 043212059	Basis points * plan assets	

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001.

**DOREL U.S.A. ASSOCIATES 401(K)
RETIREMENT PLAN**

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

DECEMBER 31, 2017 AND 2016

AND

SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2017

CPAs / ADVISORS



DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

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REPORT OF INDEPENDENT AUDITORS

To the Administrative Committee of
Dorel U.S.A. Associates 401(k) Retirement Plan
Columbus, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of Dorel U.S.A. Associates 401(k) Retirement Plan (the "Plan") which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for 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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Massachusetts Mutual Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to that matter.

Other Matter

The supplemental schedule of assets (held at end of year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blue & Co., LLC

Seymour, Indiana

October 9, 2018

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) DECEMBER 31, 2017 AND 2016

ASSETS

	2017	2016
Investments		
Mutual funds at fair value	\$ 2,366	\$ -0-
Pooled separate accounts at fair value	9,489,290	8,363,936
Fully benefit-responsive investment at contract value	<u>5,396,104</u>	<u>5,974,352</u>
Total investments	14,887,760	14,338,288
Receivables		
Notes receivable from participants	<u>540,550</u>	<u>570,294</u>
Net assets available for benefits	<u>\$ 15,428,310</u>	<u>\$ 14,908,582</u>

See accompanying notes to financial statements.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2017

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 1,639,673
Dividends and interest	<u>108,834</u>
Total investment income	1,748,507
Interest from notes receivable from participants	24,701
Contributions:	
Employer's	217,238
Employees'	<u>471,142</u>
Total contributions	688,380
Total additions	<u>2,461,588</u>

Deductions from net assets attributed to:

Benefits paid to participants	1,701,560
Administrative expenses	<u>30,423</u>
Total deductions	1,731,983

Fund transfers with Affiliate Plans

Net increase	<u>(209,877)</u>
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Net assets available for benefits, beginning of year

Net assets available for benefits, end of year

\$ 15,428,310

See accompanying notes to financial statements.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

1. DESCRIPTION OF THE PLAN

The following brief description of the Dorel U.S.A. Associates 401(k) Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan sponsored by Dorel Juvenile Group, Inc., Dorel Design and Development, LLC, Pacific Cycle, Inc., Ameriwood Industries, Inc., and Cycling Sports Group, Inc. (collectively, the "Company" or "Employer") primarily for the benefit of its hourly employees. The governing body for administration of the Plan and trust, the Defined Contribution Pension Plan Retirement Committee (the "Committee"), consists of members appointed by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. All eligible employees are automatically enrolled to participate in the Plan.

As participants transfer between the Dorel U.S.A. Associates 401(k) Retirement Plan and the Dorel U.S.A. Salaried 401(k) Retirement Plan, their related Plan account transfers to the appropriate Plan, if applicable. Such transfers are reflected in the accompanying financial statements as "Fund transfers with Affiliate Plans".

Contributions

The Plan allows participants to contribute up to 75% of their compensation on a pre-tax basis, not to exceed the maximum amount allowed by law. Participants may elect to make after-tax contributions if the maximum pre-tax contribution is made.

The Company contributes 50% of the first 6% of compensation contributed by the employee for all locations.

The Plan permits a discretionary retirement supplemental contribution to be made to the Plan on an annual basis. The discretionary contribution is based on a percentage of the participant's gross earnings for the prior plan year. For the plan year ended December 31, 2017, there was no discretionary retirement supplemental contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's matching and discretionary contributions. Investment earnings, losses, and administrative expenses are allocated based on participants' account balances on a daily basis. Dorel Juvenile Group, Inc., Dorel Design and Development, LLC, Cycling Sports Group, Inc., and Pacific Cycle, Inc. participants are fully vested in all employee and Employer matching contributions plus actual earnings thereon at all times. Ameriwood Industries, Inc. employees are fully vested in all employee contributions plus actual earnings thereon at all times, and become vested in all

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Employer matching contributions plus actual earnings thereon in increments of 20% per year for five years. All participants are fully vested in all discretionary retirement supplemental contributions after five years.

Notes Receivable from Participants

Each participant can obtain a loan between \$1,000 and the lesser of 50% of the participant's nonforfeitable account balance or \$50,000. A participant may only receive one loan during a period of twenty-four consecutive months and may only have one loan outstanding at any given time. Loans bear interest at prime plus 1% and range in maturity from six months to five years, unless the loan is for the purchase of a primary residence, which can have a maturity date of up to fifteen years.

Benefit Payments

Upon reaching the age of 59½, the participant is entitled to receive a lump-sum payment equal to the value of the participant's account. A participant that retires, becomes disabled, terminates employment, or passes away is entitled to receive a lump-sum payment or installment payments as described in the Plan agreement, equal to the value of the participant's account. A participant may make a hardship withdrawal, as defined in the Plan agreement, prior to age 59½.

Investments

Participants may direct contributions (employee and Employer) among a variety of investment options.

Forfeitures

Forfeiture of a participant's nonvested account balance occurs upon termination. Forfeited amounts are held in a separate suspense account and used to pay administrative expenses or reduce future Employer matching contributions. At December 31, 2017 and 2016, forfeited nonvested accounts totaled \$11,030 and \$15,692, respectively. For 2017, \$7,821 was used to pay for administrative expenses.

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. Should the Plan be terminated at some future time, all participants would become 100% vested in their accounts as of the termination date.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting. As such, benefit payments to participants and contributions from participants are accounted for on the cash basis. Investment income is recorded when received. The modified cash basis differs from the cash basis in that investments are recorded at fair value and participant loans are recorded as receivables (reductions) when the amounts have been advanced to (repaid from) the participant.

Although the modified cash basis of accounting represents a departure from accounting principles generally accepted in the United States of America, it is an allowable method of accounting for employee benefit plans under the reporting requirements of ERISA.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation includes the Plan's gains and losses on investments purchased 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. Delinquent notes receivable are recorded as a distribution based upon the terms of the plan document.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Risks and Uncertainties

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

Administrative Expenses

The Company absorbs significant cost of Plan administration.

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements are available to be issued, which is October 9, 2018.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Massachusetts Mutual Life Insurance Company (Mass Mutual), the trustee, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits and the schedule of assets (held at end of year) as of December 31, 2017 and 2016, and the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2017.

4. INCOME TAX STATUS

The Plan is based on a Volume Submitter Profit Sharing Plan with cash or deferral arrangement which has received a favorable opinion letter from the Internal Revenue Service (IRS) that the plan is designed to qualify as being exempt from federal income taxes. The plan administrator has not separately applied for an opinion letter from the IRS. However, the plan administrator believes that the Plan was designed and is currently being operated as a tax-exempt plan in compliance with the applicable requirements of the Internal Revenue Code and, therefore, no income taxes have been provided.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2015.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

5. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Professional fees and the majority of other administration expenses of the Plan were paid by the Company.

Certain Plan investments are pooled separate accounts managed by an affiliate of Mass Mutual. Mass Mutual is the trustee as defined by the Plan and, therefore, transactions in these funds qualify as party-in-interest transactions. Mass Mutual is the third party administrator for the Plan, and those fees are paid as a reduction to investment income. Mass Mutual also receives fees directly from Plan assets. SageView Advisory Group, LLC is the investment advisor for the Plan and receives payment from the Plan and the Plan Sponsor. Blue & Co., LLC is the independent auditor of the Plan and receives payment from the Company.

6. 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 Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. The three levels of the fair value hierarchy 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'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.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

- *Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds are held by the Plan and are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.
- *Pooled separate accounts:* Investments in pooled separate accounts are credited with earnings and gains or losses on the pooled investments. The separate accounts are stated at fair value as reported to the Plan by Mass Mutual, based on the quoted market prices of the underlying mutual funds. The unit value of the separate accounts is calculated by dividing the total value of the assets of the separate account by the number of units in the separate account. For separate accounts that invest exclusively in mutual funds, the total value of the assets of the separate account is based on the net asset value (NAV), or price per share, of the underlying mutual fund. The mutual fund calculates its NAV by dividing the mutual fund's net assets by the mutual fund's outstanding number of shares.

The following table sets forth by level, within the hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2017 and 2016:

	2017		2016	
	Level 1	Total	Level 1	Total
Mutual funds	\$ 2,366	\$ 2,366	\$ -0-	\$ -0-
Total assets in fair value hierarchy	2,366	2,366	-0-	-0-
Pooled separate accounts*	-0-	9,489,290	-0-	8,363,936
Investments at fair value	<u>\$ 2,366</u>	<u>\$ 9,491,656</u>	<u>\$ -0-</u>	<u>\$ 8,363,936</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statement of net asset available for benefits.

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2017 and 2016, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2017</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 9,489,290	N/A	Daily	None

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 8,363,936	N/A	Daily	None

7. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a group annuity contract. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The contract value of this traditional investment contract was \$5,396,104 and \$5,974,352 at December 31, 2017 and 2016, respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0 percent. The crediting rate is reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to a plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

exemption from federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

8. RECONCILIATION TO FORM 5500

The Plan sponsor has elected to show the underlying investments of the pooled separate accounts on Schedule H of Form 5500. Therefore instead of showing all of the pooled separate accounts on Schedule H, line 1c(10) they are showing the underlying investments of the pooled separate accounts which are mutual funds on Schedule H, line 1c(13). Likewise some of the investment income is shown on Schedule H, line 2b(10) instead of line 2b(7).

SUPPLEMENTAL SCHEDULE

DOREL U.S.A. ASSOCIATES 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2017

EIN 35-1851471
Plan Number: 013

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
*	Mass Mutual Capital Preservation Account	Group Annuity Contract (interest rate 1.88%)	**	\$ 5,396,104
	Vanguard Extended Market Index Fund	Mutual Fund	**	664
	Vanguard Total International Stock Index Fund	Mutual Fund	**	1,052
	Wasatch Core Growth Fund	Mutual Fund	**	650
*	Mass Mutual Select Mid Cap Growth II (T. Rowe Price)	Pooled Separate Account	**	1,118,316
*	Mass Mutual Premier Money Market	Pooled Separate Account	**	7
*	Mass Mutual S&P 500 Index (Northern Trust)	Pooled Separate Account	**	1,951,772
*	JPMorgan SmartRetirement Blend 2020	Pooled Separate Account	**	1,001,025
*	JPMorgan SmartRetirement Blend 2025	Pooled Separate Account	**	381,028
*	JPMorgan SmartRetirement Blend 2030	Pooled Separate Account	**	775,010
*	JPMorgan SmartRetirement Blend 2035	Pooled Separate Account	**	114,314
*	JPMorgan SmartRetirement Blend 2040	Pooled Separate Account	**	223,509
*	JPMorgan SmartRetirement Blend 2045	Pooled Separate Account	**	30,665
*	JPMorgan SmartRetirement Blend 2050	Pooled Separate Account	**	95,726
*	JPMorgan SmartRetirement Blend 2055	Pooled Separate Account	**	46,111
*	JPMorgan SmartRetirement Income	Pooled Separate Account	**	310,289
*	JPMorgan SmartRetirement Income II	Pooled Separate Account	**	96,359
*	Templeton Global Bond Advisor	Pooled Separate Account	**	2,088
*	Prudential Total Return Bond	Pooled Separate Account	**	656,464
*	Goldman Sachs Small Cap Value	Pooled Separate Account	**	289,813
*	American Century Growth Inv	Pooled Separate Account	**	1,488,877
*	Victory Sycamore Established Value	Pooled Separate Account	**	201,266
*	Mass Mutual EuroPacific Growth Fund	Pooled Separate Account	**	164,829
*	DFA Emerging Markets CrEq Portfolio Fund	Pooled Separate Account	**	265
*	DFA Global Real Estate Securities Fund	Pooled Separate Account	**	430
*	Vanguard Total Bond Market Index	Pooled Separate Account	**	18,815
*	Mass Mutual Value MFS	Pooled Separate Account	**	522,312
*	Participant loans	Loans (interest rates ranging from 4.25% to 9.25%, with maturity dates from 2018 to 2022)	-0-	540,550
				<u>\$ 15,428,310</u>

* Party-in-interest

** Cost omitted for participant-directed investments

See report of independent auditors on pages 1 and 2.