Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Parti	Annual Repor	t identification information				
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	/31/2018	
A This re	turn/report is for:	X a single-employer plan		olan (not multiemployer) (F mployer information in acc	_	
D. Tri	,	a one-participant plan	a foreign plan			
b This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digi	t
	•	NC. PROFIT SHARING PLAN			plan numb	
					(PN) ▶	001
					1c Effective of	late of plan
						06/30/1982
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	dentification Number
Mailin	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	13-3710582
City or	r town, state or provin	ice, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	,	telephone number
LANES FLO	OR COVERINGS & I	NTERIORS INC.			•	2-532-5200
						code (see instructions)
171 MADISC	ON AVENUE				Zu business (
NEW YORK						442210
3a Plan a	administrator's name	and address X Same as Plan Spo	neor		3b Administra	tor's FIN
ou man a	diffinistrator 3 flame (and address M came as rian ope	11301.		OD / Karrilliotra	IOI O LIIV
					3c Administra	tor's telephone number
						'
1 16 4b a					4h FINI	
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name :			4b EIN	
•	sor's name				4d PN	
C Plan N						
5a Total	number of participant	s at the beginning of the plan year.			5a	7
		s at the end of the plan year			5b	1
		n account balances as of the end of		·	5c	1
	,	articipants at the beginning of the p			5d(1)	7
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	0
e Num	ber of participants wh	o terminated employment during th	e plan year with accrued b	enefits that were less	5e	0
		e or incomplete filing of this retur			se is establishe	ed.
		other penalties set forth in the instru				
		and signed by an enrolled actuary,	as well as the electronic ve	ersion of this return/report,	, and to the best	of my knowledge and
belief, it is	true, correct, and cor		T .			
SIGN HERE	Filed with authorize	d/valid electronic signature.	01/28/2019	LANE BRETTSCHNEII	DER	
	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN						
HERE	Signature of empl	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility							X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann		•					<u> </u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from th					_		(See instru	ctions.)
Da	rt III Financial Information								
_ <u> </u>			(a) Da utuutu u	- (V			(b) F	1 - () /	
	Plan Assets and Liabilities	7-	(a) Beginning	of Year 02842			(b) End	d of Year 62129	
	Total plan liabilities	7a	10	02042				02129	
	Total plan liabilities	7b	10	02842				62129	
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amoun				(b)	Total	
	Contributions received or receivable from:		(a) Allioun	it .			(0)	TOTAL	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-	12114					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-12114	
d	Benefits paid (including direct rollovers and insurance premiums	8d	Q	28349					
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e	J.	20040					
	Administrative service providers (salaries, fees, commissions)	8f		250					
_ <u>'</u>	Other expenses	8g		200					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						928599	
÷	Net income (loss) (subtract line 8h from line 8c)							-940713	
j	Transfers to (from) the plan (see instructions)								
Pai	rt IV Plan Characteristics	, oj							
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in the ins	structions:	
	2E 2F 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	1	Amount	
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	140		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction						
	Program)			10a		Х			
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С				10c	X			500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused						
	by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som								
	the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X				0
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
$\overline{}$	If 10h was answered "Yes," check the box if you either provided the			1011					
	exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			В		es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 of		Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,					
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No.)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Oepartment of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2018

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I /	Annual Report	Identification Information	n 01/01/2018	and ending	12/31/201	8	
or calendar	plan year 2018 or i	iscal plan year beginning	a multiple-employer plan				
A This return	n/report is for:	a single-employer plan	list of participating empl	oyer information in ac	cordance with the fo	rm instructions.)	
		a one-participant plan	a foreign plan				
B This return	/report is	the first return/report	the final return/report		antha\		
		an amended return/report	a short plan year return/	report (less than 12 m	promy		
C Check bo	x if filing under:	Form 5558	automatic extension		DFVC program		
		special extension (enter des			······································		
Part II	Basic Plan Inf	formation—enter all requested	information		Ab The die		
1a Name of LANE!	f pla n S FLOOR COV	PERINGS, INC. PROFIT	SHARING PLAN		1b Three-digit plan number (PN) ▶	001	
					1c Effective date 06/30/15		
Mailing	addman (include re	ployer, if for a single-employer plan from, apt., suite no. and street, or l	O. Box)		(EIN) 13-3		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LANES FLOOR COVERINGS & INTERIORS INC.				2c Sponsor's telephone number 212-532-5200			
	MADISON AVE				2d Business coo	de (see instructions)	
NEW '	YORK	NY 10	0016		442210		
20 Dies od	Iministrator's name	and address X Same as Plan S	Soonsor.		3b Administrato	r's EIN	
		f the plan sponsor or the plan nam	to has changed since the last re	eturn/report filed for	4b EIN	Appropriate Approp	
this pi	an, enter the plan	the plan sponsor or the plan han sponsor's name, EIN, the plan har	ne and the plan number from the	he last return/report.	4d PN	11 11 11 11 11 11 11 11 11 11 11 11 11	
c Plan N	or's name lame						
Fo Talel	number of participa	ants at the beginning of the plan ye	ear		5a	7	
h Total	number of participa	ents at the end of the plan year			<u>5b</u>	1	
A Mumb	or of participants u	with account balances as of the en	d of the plan year (only defined	contribution plans	5c	1	
comp d(1) Tot	al number of activi	e participants at the beginning of t	he plan year		5d(1)		
4(1)	tal number of activ		n vear		5d(2)	(
d(2) To		e participants at the end of the pla	ii yeai				
e Num	ber of participants	e participants at the end of the pla who terminated employment durin	ig the plan year with accrued b	enents that were less	5e		
e Num than	ber of participants 100% vested	who terminated employment during	ig the plan year with accrued b	t unless reasonable	5e cause is establishe	ed.	
e Num than Caution: a Under per SB or Sch	ber of participants 100% vested A penalty for the nalties of perjury ar ledule MB complet	who terminated employment during late or incomplete filing of this and other penalties set forth in the life and signed by an enrolled actu	eturn/report will be assessed	d unless reasonable e examined this return/re	cause is established when the course is established when the course is caused as the course is a course of the course is caused as the course is cause	ed. applicable, a Schedule	
e Num than Caution: Under per SB or Sch belief, it is	ber of participants 100% vested A penalty for the	who terminated employment during late or incomplete filing of this and other penalties set forth in the life and signed by an enrolled actu	eturn/report will be assessed	d unless reasonable e examined this return ersion of this return/rep	cause is established for the best characters of the best characters.	ed. applicable, a Schedule of my knowledge and	
e Num than Caution: a Under per SB or Sch	ber of participants 100% vested	who terminated employment during late or incomplete filing of this and other penalties set forth in the life and signed by an enrolled actu	eturn/report will be assessed estructions, I declare that I have any, as well as the electronic versions.	d unless reasonable e examined this return ersion of this return/rep	cause is established when the course is established when the course is caused as the course is a course of the course is caused as the course is cause	ed. applicable, a Schedule of my knowledge and	
e Num than Caution: I Under per SB or Sch belief, it is	ber of participants 100% vested	who terminated employment during at ear incomplete filing of this rad other penalties set forth in the life and signed by an enrolled acture complete.	return/report will be assessed instructions, I declare that I have any, as well as the electronic verifications.	d unless reasonable e examined this return ersion of this return/re Lane Bretts Enter name of ind	cause is established freport, including, if port, and to the best chneider ividual signing as play	ed. applicable, a Schedule of my knowledge and	

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Form 5500-SI	(2018
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6a 1	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	See instructions.)				*******	X Yes	No
b A	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	you claiming a waiver of the annual examination and report of an independent qualified pub er 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ou answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and n						X Yes	No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	gram (see ERISA sect	ion 402	21)?	Tyes	s No	Not determin	ied
	If "Yes" is checked, enter the My PAA confirmation number from the							See instruction	rs.)
Par	t III Financial Information	=							
7 1	Plan Assets and Liabilities		(a) Beginning of	Year			(b) End of		
a	Total plan assets	7a	1,0	02,8	42			62,	129
	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,0	02,8	42			62,	129
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		12,1	14				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-12,	114
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Ç	928,3	49				
е	Certain deemed and/or corrective distributions (see instructions)	8e			50				-
	Administrative service providers (salaries, fees, commissions)	8f		<i>.</i>	30				
	Other expenses	8g			\dashv			928	500
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				\dashv			-940	***************************************
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						- 34V	1 1 2 4
j	Transfers to (from) the plan (see instructions)	- 8j							
b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare								
Par	rt V Compliance Questions					T			
10	During the plan year:				Yes	No	P	Amount	
а	Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		Х			
t	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not	include transactions	10b		X			
(Was the plan covered by a fidelity bond?			10c	Х			50	,00
	d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?		*****************************	10d		Х			
		ther person	s by an insurance			x			
(Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of		10e					
(Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so 	me or all of		10e 10f		X			
	 Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of			X				
-	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	lan?as of year-	end.) uctions and 29 CFR	10f	Х				

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Part	VI Pension Funding Compliance			***************************************		
11	Is this a defined benefit plan subject to minimum fund (Form 5500) and line 11a below)					Yes [
11a	Enter the unpaid minimum required contributions for					
12	Is this a defined contribution plan subject to the minir ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, ar					Yes X
а	If a waiver of the minimum funding standard for a pric granting the waiver.	or year is being amortized in this plan year, see in		d enter i Day		the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip to line	e 13.		·	
b	Enter the minimum required contribution for this plan y	/ear	4133344433442123444434	12b		
С	Enter the amount contributed by the employer to the p	lan for this plan year		12c		
	Subtract the amount in line 12c from the amount in linegative amount)	ne 12b. Enter the result (enter a minus sign to the	e left of a	12d		
е	Will the minimum funding amount reported on line 12	d be met by the funding deadline?	<		Yes	No N/A
Part	VII Plan Terminations and Transfers of	Assets				
13a	Has a resolution to terminate the plan been adopted in a	ny plan year?			X Yes	☐ No
	If "Yes," enter the amount of any plan assets that rev	erted to the employer this year		13a		
b	Were all the plan assets distributed to participants or control of the PBGC?					Yes 🛛 No
С	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred.	transferred from this plan to another plan(s), ide	ntify the plan(s) to		
	3c(1) Name of plan(s): 13c(2)					13c(3) PN(s)
***************************************						***************************************
			-			