-	Tm 5500-SF	Short Form Annua	Return/Report Benefit Plan	Return/Report of Small Employee Benefit Plan				
	nal Revenue Service	This form is required to be filed	under sections 104 and 4			2018		
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection		
	enefit Guaranty Corporation	Complete all entries in act	cordance with the instr	uctions to the Form 55	5500-SF.			
Part I		dentification Information	10	and an Para de				
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/20			2/31/2018			
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a <i>v</i> ith the form instructions.)		
B This ret	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report					
•		an amended return/report	a short plan year return	n/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
	1	special extension (enter descrip	,					
Part II		mation—enter all requested info	mation					
1a Name	•				1b Thre	e-digit number		
PIER 59 ST	UDIOS 401(K) PROFIT	SHARING PLAN & TRUST			(PN)			
					1c Effect	tive date of plan 01/01/2001		
		er, if for a single-employer plan) n, apt., suite no. and street, or P.O.	3ox)			loyer Identification Number		
City or		, country, and ZIP or foreign postal		ructions)	(EIN) 51-0365187 2c Sponsor's telephone number			
				·	212-691-5959 2d Business code (see instructions)			
CHELSEA P	IERS, PIER 59, LEVEL	2						
NEW YORK,						541920		
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Spons	or.		3b Admi	inistrator's EIN		
					3C Admi	inistrator's telephone number		
4 If the r	name and/or FIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN			
this pl	an, enter the plan spon	sor's name, EIN, the plan name and						
a Spons C Plan N	or's name				4d PN			
	lane							
5a Total	number of participants a	at the beginning of the plan year			5a	116		
		at the end of the plan year			5b	111		
		ccount balances as of the end of th			5c	34		
d(1) Tota	al number of active part	ticipants at the beginning of the plar	year		5d(1)	101		
• •		ticipants at the end of the plan year			5d(2)	98		
than	100% vested	erminated employment during the p	•		5e	0		
Caution: A	A penalty for the late o	r incomplete filing of this return/	eport will be assessed	unless reasonable cau				
SB or Sche	alties of perjury and oth edule MB completed and true, correct, and comp	er penalties set forth in the instructi d signed by an enrolled actuary, as	well as the electronic ver	examined this return/report	t, and to the	ng, if applicable, a Schedule e best of my knowledge and		
SIGN		valid electronic signature.	08/15/2019	ERIC FLEISHER				
HERE	Signature of plan ad		Date	Enter name of individu	ual signing	as plan administrator		
SIGN								
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individe	ual signing	as employer or plan sponsor		

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

Form 5500-SF (2018) v.171027

6a b c		an indeper and condit ot use Fo surance p	ndent qualified public accountant (IQPA) ions.) rm 5500-SF and must instead use Form 5500. rogram (see ERISA section 4021)? [] Yes [] No	Yes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year (b) En	d of Year
а	Total plan assets	7a	590319	604132
b	Total plan liabilities	7b		

D I otal plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	7c	59	90319			604132
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
a Contributions received or receivable from:(1) Employers	8a(1)	5	52659			
(2) Participants	8a(2)	8	85614			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	-4	15771			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					92502
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7	7910			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f		779			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					78689
i Net income (loss) (subtract line 8h from line 8c)	8i					13813
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Pla	an Char	acteris	stic Co	des in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature coo	des from the List of Plar	n Chara	cterist	ic Cod	es in the instructions:
Part V Compliance Questions						
0 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	iduciary Correction	10a		x	
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	

С	Was the plan covered by a fidelity bond?	10c	Х		60000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	х		4014
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		29182
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

	n 5500-SF	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0 1210-00
Interna	Revenue Service	This form is required to be fil	ed under sections 104 and	4065 of the Employee I	Retirement	2018
	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).					This Form is Open to
Pension Bene	afit Guaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form !	5500-SE	Public Inspection
Part I	Annual Report	t Identification Information	1			
For calendar	plan year 2018 or f	iscal plan year beginning	01/01/2018	and ending	12/3	1/2018
A This retur	n/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in a	(Filers checki	ng this box must attach a the form instructions.)
		a one-participant plan	🔲 a foreign plan			,
B This return	n/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	n/report (less than 12 n	nonths)	
C Check bo	x if filing under:	X Form 5558	automatic extension		DFVC pro	arom.
		special extension (enter desc				gram
Part II	Basic Plan Info	prmation—enter all requested in				
1a Name of		enter an requested in	IIOIMation		1h Three	-m_m
		101(k) Profit Sharing) Plan & Trust		1b Three plan n	umber
		-			(PN)	
					1c Effecti	ve date of plan 01/2001
Mailing a	ddress (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Employ	yer Identification Number
City or to	wn, state or provinc Fashion Gro	e, country, and ZIP or foreign post	tal code (if foreign, see insti	uctions)		51-0365187 or's telephone number
ALC &	Fashion Gro	hup corp.				691-5959
Chelse	ea Piers, Pi	er 59, Level 2.			2d Busine	ss code (see instructions)
	. 1					
New Yo		NY 1001			5419	20
3a Plan adm	inistrator's name ar	nd address 🛛 Same as Plan Spor	nsor.		3b Admini	strator's EIN
					3c Admini	strator's telephone number
4 If the nam	ne and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last re	tum/report filed for	4b EIN	
this plan,	enter the plan spor	nsor's name, EIN, the plan name a	and the plan number from th	e last return/report.		
a Sponsor's C Plan Nam					4d PN	
• Harritan						
	ber of participants	at the beginning of the plan year				
5a Total num					5a	11
b Total num	ber of participants	at the end of the plan year			5a 5b	
b Total num c Number of	nber of participants of participants with a	at the end of the plan year account balances as of the end of t	the plan year (only defined	contribution plans	5b	11
 b Total num c Number of complete 	ber of participants of participants with a this item)	at the end of the plan year account balances as of the end of t	the plan year (only defined	contribution plans	5b 5c	11
 b Total num c Number of complete d(1) Total n 	ber of participants of participants with a this item) umber of active par	at the end of the plan year account balances as of the end of t ticipants at the beginning of the pla	the plan year (only defined	contribution plans	5b 5c 5d(1)	11 3 10
 b Total num c Number of complete d(1) Total n d(2) Total n 	ber of participants of participants with a this item) umber of active par umber of active par	at the end of the plan year account balances as of the end of t ticipants at the beginning of the pla ticipants at the end of the plan yea	the plan year (only defined an year	contribution plans	5b 5c 5d(1) 5d(2)	11
 b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100 	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the	the plan year (only defined an year ar plan year with accrued be	contribution plans	5b 5c 5d(1) 5d(2) 5e	11 3 10 9
 b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A pe Under penaltie SB or Schedul 	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested malty for the late o is of perjury and oth e MB completed an	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filing of this return or incomplete filing of this return of signed by an enrolled actuary. a	the plan year (only defined an year plan year with accrued be plan year with accrued be freport will be assessed to fors. I declare that I have	contribution plans	5b 5c 5d(1) 5d(2) 5e ise is establia	11 3 10 9 shed.
 b Total num c Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A per Under penaltie SB or Schedul belief, it is true 	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested nalty for the late o is of perjury and oth	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filing of this return or incomplete filing of this return of signed by an enrolled actuary. a	the plan year (only defined an year plan year with accrued be I/report will be assessed tions, I declare that I have s well as the electronic vers	contribution plans nefits that were less inless reasonable cau examined this return/report	5b 5c 5d(1) 5d(2) 5e ise is establia	11 3 10 9 shed.
b Total num C Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested malty for the late o is of perjury and oth e MB completed an	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan yea terminated employment during the princomplete filing of this return or incomplete filing of this return of signed by an enrolled actuary. a	the plan year (only defined an year plan year with accrued be /report will be assessed tions, I declare that I have a s well as the electronic vers	contribution plans	5b 5c 5d(1) 5d(2) 5e ise is establia	11 3 10 5 shed.
b Total num C Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A pe Under penaltie SB or Schedul belief, it is true SIGN	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested malty for the late o is of perjury and oth e MB completed an	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the pr incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the plan year (only defined an year plan year with accrued be I/report will be assessed tions, I declare that I have s well as the electronic vers	contribution plans nefits that were less inless reasonable cau examined this return/report	5b 5c 5d(1) 5d(2) 5e see is established by and to the boot, including by and to the boot, and to the boot,	11 3 10 5 shed. , if applicable, a Schedule est of my knowledge and
b Total num C Number of complete d(1) Total n d(2) Total n e Number of than 100 Caution: A pe Under penaltie SB or Schedul belief. it is true SIGN	ber of participants of participants with a this item) umber of active par umber of active par of participants who % vested	at the end of the plan year account balances as of the end of t ticipants at the beginning of the plan ticipants at the end of the plan year terminated employment during the pr incomplete filing of this return her penalties set forth in the instruct d signed by an enrolled actuary, a lete.	the plan year (only defined an year plan year with accrued be /report will be assessed tions, I declare that I have a s well as the electronic vers	contribution plans nefits that were less inless reasonable cau examined this return/report ion of this return/report Eric Fleisher	5b 5c 5d(1) 5d(2) 5e see is established by and to the boot, including by and to the boot, and to the boot,	11 3 10 5 shed. , if applicable, a Schedule est of my knowledge and

IGN			
ERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
or Paperw	ork Reduction Act Notice, see the Instructions for Form 5500-SF.		Form 5500-SF (2018)
			v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
	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.)

7 Plan Assets and Liabilities		(a) Destinations	6 M				
a Total plan assets	7.	(a) Beginning o	590,		_	(b) End of	
b Total plan liabilities	. 7a		390,	213			604,1
C Net plan assets (subtract line 7b from line 7a)	. 7b		590,	210		_	604 1
8 Income, Expenses, and Transfers for this Plan Year	. 7c	12-34		273			604,1
a Contributions received or receivable from:		(a) Amount	_	-+		(b) Tot	al
(1) Employers	. 8a(1)		52,	659			
(2) Participants	. 8a(2)		85,	614			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-45,	771		1. 19.14	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92,5
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		77,9	910			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			779			1
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		25				78,6
i Net income (loss) (subtract line 8h from line 8c)	8i						13,8
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics	8j feature code	s from the List of Pla	n Char	acteri	stic Codes	in the instruc	tions:
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare to appl	feature code						
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for	feature code			cterist	ic Codes i		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for a provides welfare benefits, enter the applicable welfare for a plant V Compliance Questions 0 During the plan year:	feature code	from the List of Plan				in the instruct	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan	feature codes eature codes tions within ti /oluntary Fidu	from the List of Plan he time period uciary Correction		cterist	ic Codes i	in the instruct	ons:
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Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	feature codes eature codes tions within the foluntary Fidu ? (Do not inc fidelity bond,	from the List of Plan he time period uciary Correction lude transactions that was caused	Chara 10a 10b	Yes	ic Codes i No X	in the instruct	ions: ount
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan to plan the plan provides welfare benefits, enter the applicable welfare for the plan to plan the plan provides welfare benefits, enter the applicable welfare for the plan to plan the plan provides welfare benefits, enter the applicable welfare for the plan top provides welfare benefits, enter the applicable welfare for the plan top plan provides welfare benefits, enter the applicable welfare for the plan top plan provides welfare benefits, enter the applicable welfare for the plan top plan provides welfare benefits, enter the applicable welfare for the plan top provides welfare benefits, enter the applicable welfare for the plan top plan plan top plan plan plan plan plan plan plan pla	feature codes eature codes tions within the foluntary Fidu ? (Do not inc fidelity bond, her persons b e or all of the	from the List of Plan he time period uciary Correction lude transactions that was caused y an insurance benefits under	Chara 10a 10b 10c	Yes	No X X	in the instruct	ions: ount
 Part IV Plan Characteristics Ja If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan the plan provides welfare benefits, enter the applicable welfare for the plan to plan provides welfare benefits, enter the applicable welfare for the plan to plan provides welfare benefits, enter the applicable welfare for the plan to plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan to plan provides welfare benefits, enter the applicable welfare for the plan provides and pole welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan provide plan provides welfare for the plan provide plan provides plan for the plan provide plan provides plan provides plan the plan provide plan provides plan provides plan provides plan provides plan provides plan provides plan plan plan plan plan plan plan plan	feature codes eature codes tions within th /oluntary Fidu ? (Do not inc fidelity bond, ner persons b ie or all of the	from the List of Plan he time period uciary Correction lude transactions that was caused y an insurance benefits under	Chara 10a 10b 10c 10d	Yes	No X X	in the instruct	ions: ount 60,00
Part IV Plan Characteristics Ja If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan	feature codes eature codes tions within t /oluntary Fidu ? (Do not inc fidelity bond, ner persons b re or all of the	from the List of Plan he time period uciary Correction lude transactions that was caused y an insurance benefits under	Chara 10a 10b 10c 10d 10e 10f	Yes	No X	in the instruct	ions: ount 60,00 4,01
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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 an (Form 5500) and line 11a below)	id complete Scl	nedule S	B	Yes 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 ERISA?	Code or section		f	Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	Month	d enter f Day		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.			
b Enter the minimum required contribution for this plan year		12b		
c 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 negative amount)	ie left of a	12d		12-
e 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?			Yes	X 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 brocontrol of the PBGC?	ought under the			Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred.) to		
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
	I			