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d(1) Total number of active participants at the beginning of the plan year 5d(1) 0 d(2) Total number of active participants at the end of the plan year 5d(2) 0 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. 08/15/2019 LANE BRETTSCHNEIDER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						5c	0		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. 08/15/2019 LANE BRETTSCHNEIDER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator		,				5d(1)	0		
than 100% vested Jee or 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. 08/15/2019 LANE BRETTSCHNEIDER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	• •					5d(2)	0		
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. 08/15/2019 LANE BRETTSCHNEIDER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						5e	0		
SB or Schedule MB completed and signed by an enrolled actuary, 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. 08/15/2019 LANE BRETTSCHNEIDER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	Caution: A	penalty for the late o	r incomplete filing of this return	n/report will be assessed	l unless reasonable caus				
SIGN HERE Filed with authorized/valid electronic signature. 08/15/2019 LANE BRETTSCHNEIDER Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Image: Signature of plan administrator	SB or Sche	edule MB completed and	d signed by an enrolled actuary, a						
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Constraint of the second secon				08/15/2019	LANE BRETTSCHNEI	DER			
SIGN HERE			°	Date	Enter name of individua	al signing a	as plan administrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN					<u> </u>	· ·		
	HERE	Signature of employ	er/plan sponsor	Date	Enter name of individua	al signing a	as employe <u>r or plan</u> sponsor		

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

Form 5500-SF (2018) v.171027

	Were all of the plan's assets during the plan year invested in eligib		,					X Yes No	
b	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				· ·	'		X Yes 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan cann		,						
с	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
•	If "Yes" is checked, enter the My PAA confirmation number from th							See instructions.)	
		o. 200 p		ian yea					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of	Year	
а	Total plan assets	7a	(62129				0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	(62129				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Tota	al	
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		5430					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5430	
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	(66609	_				
e	Certain deemed and/or corrective distributions (see instructions)	8e			-				
f	Administrative service providers (salaries, fees, commissions)	8f		950	-				
g	Other expenses	8g			_				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					67559		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-62129	
	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2J $$ 2K $$ 3D	feature co	des from the List of Pla	an Chai	acteris	stic Co	des in the instruc	tions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	es in the instructi	ons:	
_									
Par									
10	During the plan year:	(1	a de a d'as a serie d		Yes	No	Am	ount	
d	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х			
c	Was the plan covered by a fidelity bond?			10c	Х			50000	
c		fidelity bo	nd, that was caused	10d		Х		00000	
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.).	ner person ne or all of	s by an insurance the benefits under	10e		X			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			

 2520.101-3.)
 10h
 ^

 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 complete rm 5500) and line 11a below)			SB			Y	es	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 Code or se SA?			of			Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions nting the waiver			rth ay			letter ear	rulinę	g
lf	you o	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 left of a ative amount)		12d						
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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)	
	lf "۱	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?					X Ye	es	No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	an(s)) to						
1	3c(1) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor		This form is required to be file	d under sections 104 and	4065 of the Employee R	etirement	2018
Employee i	Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the	Internal	This Form is Open to
Pension E	Benefit Guaranty Corporation	Complete all entries in a		•	500.95	Public Inspection
Part I	Annual Report	Identification Information		audulis to the Point St	JUU-SF.	
For calend	dar plan year 2018 or fi	scal plan year beginning	01/01/2019	and ending	02/2	8/2019
A This re	etum/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) (nployer information in ac	Filers check cordance wi	ing this box must attach a the form instructions.)
B This ref	turn/report is	a one-participant plan	a foreign plan			
		the first return/report	X the final return/report			
		an amended return/report	🗙 a short plan year retu	m/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descr				
Part II	Basic Plan Info	rmationenter all requested inf	omation			
1a Name					1b Three	-digit
LAN	E'S FLOOR COVE	RINGS, INC. PROFIT S	HARING PLAN		•	number
					(PN)	
	·····					ive date of plan 30/1982
Mailin	ig address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	Box)			over Identification Number
City o	r town, state or provinc	e, country, and ZIP or foreign posts INGS & INTERIORS INC	al code (if foreign, see inst	tructions)		13-3710582
DEMI	23 FLOOR COVER	INGS & INTERIORS INC	•		212·	sor's telephone number -532-5200
171	MADISON AVENU	E			2d Busin	ess code (see instructions)
NEW	YORK	NY 1001	6			
3a Plan a	administrator's name ar	nd address X Same as Plan Spon	-		4422	
					SD Admir	histrator's EIN
					3c Admir	istrator's telephone number
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	s changed since the last r	return/report filed for	4b EIN	
a Spons	sian, enter the plan spor sor's name	nsor's name, EIN, the plan name a	nd the plan number from t	he last return/report.	4d PN	
C Plan N	Name				4d PN	
5a Total	number of participants	at the beginning of the plan year				
b Total	number of participante	at the end of the plan year			5a	1
C Numb	per of participants with a	at the end of the plan year account balances as of the end of t	he plan vear (only defined	contribution plans	5b	0
comp	lete this item)			•	5c	0
d(2) +	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	0
e Numi	tal number of active par	ticipants at the end of the plan yea	۲		5d(2)	0
than	100% vested	terminated employment during the			5e	0
Gaudon, P	v penality for the late c	of incomplete tiling of this return	renort will be seeseed	unione resservable cou	ise is estab	IT-I
SB or Sche	allies of periury and otr	ter penalties set forth in the instruc	tione. I declare that I have	overnined this return land	and in almostly	
SIGN	ARK	JA ter	8/15/19	LANE BRETTSCHN	IEIDER	
HERE	Signature of plan ad	dministrator	Date	Enter name of individu	al signing a	s plan administrator
SIGN HERE						
	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ual signing a	s employer or plan sponsor
rvi raperw	VIA REQUCTION ACT NOTICE	, see the instructions for Form 5500	·SF.			Form 5500-SF (2018)

v.171027

Form 5500-SF (2018)

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condi	ndent qualified public accountant (li	
	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from th Int III Financial Information	nsurance d	program (see ERISA section 4021)2	
7	Plan Assets and Liabilities			
a			(a) Beginning of Year	(b) End of Year
	Total plan assets	7 a	62,129	0
	Total plan liabilities		0	0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	62,129	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		[9] 10(1)
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)		5,430	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	57450	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	66,609	5,430
e	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	950	
g	Other expenses	8g		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
1	Net income (loss) (subtract line 8h from line 8c)	81		67,559
j	Transfers to (from) the plan (see instructions)	8i		-62,129

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D

8j

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

Part V **Compliance Questions**

10	During the plan year:		Yes	No	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	162	x	Amount
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x	
C	Was the plan covered by a fidelity bond?	10c	x		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			x	
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.).			x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g 10h		x	
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				

Form 5500-SF (2018)

Page	3-	
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Part \	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c (Form 5500) and line 11a below)	complete Sche	dule SI	3		Yes [] No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a	. <u> </u>			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or sectior	1 302 of			Yes X] No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	tructions and	ontor t	he date	1 of the let	ter rulin	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	Nonth	Day		Yea		-
If v	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount on in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	N	/A
Part						_	
	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				
þ	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ught under the			X Yes	No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s) to				
	I3c(1) Name of plan(s):	13c(2) EIN(s		13	c(3) PN	(s)
					ļ		