#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/20	018	and ending 12	2/31/2018					
A This ret	turn/report is for:	a single-employer plan	_	an (not multiemployer) ( nployer information in ac						
R This ret	urn/report is	a one-participant plan	a foreign plan							
<b>D</b> This ice	um/report is	the first return/report	the final return/report							
_		an amended return/report	a short plan year retur	short plan year return/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program					
Dort II	Pasia Dian Infe	special extension (enter descri	· ,							
Part II		ormation—enter all requested info	ormation		1b There a district					
1a Name	of plan REL, INC. DEFINED B	ENEELT DI AN			<b>1b</b> Three-digit plan number					
DAN AFFAN	CLL, INC. DEFINED E	ENEFIT FLAN			(PN) ▶	001				
					1c Effective date	of plan				
					01/	01/2012				
Mailing	ponsor's name (emplo g address (include roc	2b Employer Ider (EIN) 20-	ntification Number 5018569							
BAK APPAR	town, state or proving EL, INC.	2c Sponsor's tele	ephone number 12-1500							
					2d Business code	e (see instructions)				
9 FOX HUNT	ΓLANE CK, NY 11020		448130							
OKLAT NEC	N, NT 11020									
3a Plan a	dministrator's name a	ınd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Administrator'	s EIN				
					3c Administrator	s telephone number				
		ne plan sponsor or the plan name had onsor's name, EIN, the plan name ar			4b EIN					
	or's name				4d PN					
C Plan N	lame									
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	2				
<b>b</b> Total	number of participants	s at the end of the plan year			5b	2				
		account balances as of the end of the			5c					
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	2				
		articipants at the end of the plan yea			5d(2)	2				
		terminated employment during the								
than	100% vested				5e	0				
		or incomplete filing of this return				licable a Cabadula				
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, as aplete.								
SIGN		d/valid electronic signature.	02/20/2019	BARRY KOTTLER						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan a	dministrator				
SIGN Filed with authorized/valid electronic signature. 02/20/2019 BARRY KOTTLER										

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2** 

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								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	and condit	ions.)			·····		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		= '						determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		41 <u>54</u>	<u>765</u> . (See ii	nstructions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) E	nd of Year	,
а	Total plan assets	7a	75	52091				7583	351
b	Total plan liabilities	7b		0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	75	52091				7583	351
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(1	b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	10	00000					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	-8	86957					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						130	)43
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		6783					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						67	783
i	Net income (loss) (subtract line 8h from line 8c)	8i						62	260
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $1A  3D$	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the	instructions	:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the ir	nstructions:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	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						Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i					

Form 5500-SF (2018)	Page <b>3</b> -	1

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		B 	X Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Ye	s 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 instructions, and granting the waiver			of the letter r _ Year	uling
lf y	you 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 of a negative 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?		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 brought under the 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 the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

Fo	r calendar plan year 2018 or fiscal plan year beginning 01/01/2018		and endin	g 12/3	31/2018			
•	Round off amounts to nearest dollar.							
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonal	ble caus	e is establishe	d.	<del>_</del>			
	Name of plan		B Three-digit					
	BAK APPAREL, INC. DEFINED BENEFIT PLAN	ļ	plan num	ber (PN	) <b>•</b>	001		
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer	Identific	ation Number (E	EIN)		
	BAK APPAREL, INC.			20-50	18569			
_								
E	Type of plan:   Single	size: X	100 or fewer	101-	500 More th	an 500		
F	Part I Basic Information							
1	Enter the valuation date: Month 01 Day 01 Year 201	8						
2	Assets:					740405		
	Market value  .			. 2a		748435		
	<b>b</b> Actuarial value	/4\ NI		. 2b	-1-15	748435		
3	Funding target/participant count breakdown	` '	umber of icipants		sted Funding Target	(3) Total Funding Target		
	a For retired participants and beneficiaries receiving payment		0		0	0		
	<b>b</b> For terminated vested participants		0		0	0		
	C For active participants		2		586198	586198		
	<b>d</b> Total		2		586198	586198		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions			4a				
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans at-risk status for fewer than five consecutive years and disregarding loading factor			4b				
5	Effective interest rate			5		5.65 %		
6	Target normal cost			6		86821		
Sta	tement by Enrolled Actuary							
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accourance combination, offer my best estimate of anticipated experience under the plan.							
	SIGN							
	HERE		·		09/04/201	9		
	Signature of actuary				Date			
	AARON VENOUZIOU				17-02291			
	Type or print name of actuary			Most	recent enrollme			
F	PENCERT LTD				630-789-07			
	735 N CASS AVENUE		Те	elephone	number (includ	ing area code)		
٧	VESTMONT, IL 60559-1100							
	Address of the firm							
	e actuary has not fully reflected any regulation or ruling promulgated under the statute in c	completin	ng this schedule	e, check	the box and see			

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Schedule SB (Form 5500) 2018	Page <b>2 -</b> [

P	art II	Begin	ning of Year	Carryov	er and Prefunding B	alanc	es						
								(a) Carryover balance (b) Prefunding balance					
7		•	0 , ,		able adjustments (line 13 fro					0			0
8			•	•	nding requirement (line 35 f	•				0			0
9	Amount	remaining	g (line 7 minus line	8)						0	0		
10	Interest of	on line 9 i	using prior year's a	actual retu	rn of <u>11.30_</u> %					0			0
11	Prior yea	r's exces	s contributions to	be added t	to prefunding balance:								
	<b>a</b> Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								76116
	<b>b(1)</b> Into Sch	erest on t nedule SE	he excess, if any, 3, using prior year	of line 38a 's effective	over line 38b from prior ye interest rate of	ar %							4407
	` '		•	•	edule SB, using prior year's								0
					ar to add to prefunding balanc								80523
<b>d</b> Portion of (c) to be added to prefunding balance								0					
12					or deemed elections					0			0
					line 10 + line 11d – line 12).					0			0
					ille 10 + ille 11d – ille 12).					0			0
	art III		ding Percenta	<u> </u>								14	107.670/
												15	127.67%
					of determining whether carry								127.67%
10												16	114.53%
17	If the cur	rent value	e of the assets of t	the plan is	less than 70 percent of the	funding	g target,	enter suc	h percentage			17	%
	art IV		tributions and	•	_ •								
18					ar by employer(s) and empl	oyees:	(-) D-1		(I-) A 1	a a fall la co	1 4-	<b>.</b>	to delice
(1	(a) Date MM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	(M	(a) Date M-DD-Y		(b) Amount employe		(6	emplo	nt paid by yees
C	5/09/2019	)		30000	0								
C	9/03/2019	)		35000	0								
C	7/11/2019	)		35000	0								
						Total	le <b>b</b>	18(b)		10000	00 18(c)	1	0
19	Discount	ed emplo	wer contributions	see instri	uctions for small plan with a				heginning of the		10(0)		0
13			•		num required contributions					19a			0
	_				usted to valuation date		-			19b			0
				•	red contribution for current ye					19c			91971
20			tions and liquidity		rea contribution for carrent ye	ar auju	sica to ve	aluation de	ato	100			91971
	-				e prior year?					L			Yes X No
	<b>b</b> If line	20a is "Y	es," were required	quarterly i	installments for the current	year ma	ade in a	timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table as	applica	able:						
		<i>(1)</i>			Liquidity shortfall as of en	d of qu	arter of t					(4)	
		(1) 1s	t T		(2) 2nd			(3)	3rd			(4) 4th	

	art V	Assumpti	one Head to	Dotormino	Funding Tar	got and Tar	not Norms	al Cost		
21	Discount		ons osea to	Determine	r ununing rai	geranu ran	Jet Norma	ai COSt		
21		ent rates:	1st seg	ment:	2nd se	gment:	3r	d segment:		
	<b>a</b> cogm	ioni ratos.		3.92%		5.52%		6.29 %		N/A, full yield curve used
	<b>b</b> Applic	able month (er	nter code)						21b	0
22	Weighted	d average retir	ement age						22	68
23	Mortality	table(s) (see	instructions) F	Prior regulation	n: Pr	escribed - comb	ined	Prescribed	d - separat	te Substitute
			(	Current regulat	ion: X Pr	escribed - comb	ined	Prescribed	d - separat	te Substitute
Pa	art VI	Miscellane	ous Items							
24	Has a ch	nange been ma	ade in the non-pre	escribed actua	rial assumptions	for the current p	lan year? If	"Yes," see ir	nstruction	s regarding required
	attachme	ent								Yes X No
25	Has a mo	ethod change l	been made for th	e current plan	year? If "Yes," s	ee instructions r	egarding req	uired attach	ment	Yes X No
26	Is the pla	an required to p	orovide a Schedu	le of Active Pa	articipants? If "Ye	es," see instructi	ons regardin	g required a	ttachmen	tX Yes No
27		•	alternative fundir	-	applicable code a	and see instructi	ons regardin	g	27	
P	art VII	Reconcili	ation of Unp	aid Minimu	m Required (	Contribution	s For Pri	or Years		
28	Unpaid n	ninimum requii	red contributions	for all prior yea	ars				28	0
29					npaid minimum re	•		-	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)								30	0
Pa	art VIII	Minimum	Required Co	ntribution	For Current	Year				
31	Target n	ormal cost and	d excess assets (	see instruction	ns):					
	<b>a</b> Target	normal cost (li	ne 6)						31a	86821
	<b>b</b> Excess	s assets, if app	olicable, but not g	reater than line	e 31a				31b	86821
32	Amortiza	ation installmen	nts:				Outsta	anding Bala	nce	Installment
	a Net sh	ortfall amortiza	ation installment						0	0
									0	0
33					the date of the ru) and the wai				33	
34	Total fun	ding requireme	ent before reflect	ing carryover/p	orefunding balance	es (lines 31a - 3	31b + 32a + 3	32b - 33)	34	0
					Carryover	balance	Prefu	ınding balan	ice	Total balance
35			se to offset fundir	-		0			0	0
36	Additiona	al cash require	ment (line 34 mir	nus line 35)					36	0
37				•	ribution for currer	, ,		`	37	91971
38	Present	value of exces	s contributions fo	or current year	(see instructions)					
	a Total (	excess, if any,	of line 37 over lin	ne 36)					38a	91971
	<b>b</b> Portion	n included in lir	ne 38a attributab	le to use of pre	funding and fund	ing standard ca	ryover balar	ices	38b	0
39	Unpaid n	ninimum requii	red contribution f	or current year	(excess, if any, o	of line 36 over lir	ne 37)		39	0
40	Unpaid n	ninimum requii	red contributions	for all years					40	0
Pa	rt IX	Pension	Funding Reli	ief Under P	ension Relief	f Act of 2010	(See Ins	tructions	)	
41	If an elec	ction was made	to use PRA 201	0 funding relie	f for this plan:					
	<b>a</b> Sched	ule elected								2 plus 7 years 15 years
	<b>b</b> Eligible	e plan year(s) f	for which the elec	ction in line 41a	a was made				20	08

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department 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 section 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

Part I Annual Report Identification Information	on						
For calendar plan year 2018 or fiscal plan year beginning	01/01/2018	and ending	12/31/20	018			
A This return/report is for:	a list of participating		er) (Filers checking this box must attach in accordance with the form instructions.)				
a one-participant plan	a foreign plan	•					
B This return/report is: the first return/report	the final return/repor						
an amended return/report	a short plan year ret	urn/report (less than 12	months)				
C Check box if filling under: x Form 5558	automatic extension		□ DFVC	program			
special extension (enter des				F1-51-111			
Part II Basic Plan Information enter all requeste	ed information		45 71 11	<u>, T</u>			
1a Name of plan			1b Three-dig				
BAK APPAREL, INC. Defined Benefit Plan			(PN) ►	001			
	1c Effective 01/01/						
Plan sponsor's name (employer, if for a single-employer plan Mailing Address (include room, apt., suite no. and street, or F City or town, state or province, country, and ZIP or foreign por		Identification Number 0-5018569					
BAK APPAREL, INC.	iotal codo (il toroign) coo inc			s telephone number			
				912-1500			
O For West Lone			2d Business 448130	code (see instructions)			
9 Fox Hunt Lane	9 Fox Hunt Lane						
US Great Neck NY 11020							
3a Plan administrator's name and address X Same as Plan S	Sponsor		3b Administr	ator's EIN			
			3c Administr	ator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name this plan, enter the plan sponsor's name, EIN, the plan name			4b EIN				
a Sponsor's name	and the plan number from t	io iddi rotamiroport.	4d PN				
c Plan Name			144 111				
5a Total number of participants at the beginning of the plan year			. 5a	2			
b Total number of participants at the end of the plan year				2			
Number of participants with account balances as of the end o complete this item)			5c				
d(1) Total number of active participants at the beginning of the p			5d(1)	2			
d(2) Total number of active participants at the end of the plan ye	ear		5d(2)	2			
e Number of participants who terminated employment during the less than 100% vested	e plan year with accrued be		5e	0			
Caution: A penalty for the late or incomplete filing of this retu	urn/report will be assessed	unless reasonable ca	use is establishe	ed.			
Under penalties of perjury and other penalties set forth in the instr SB or Schedyle MB completed and signed by an enrolled actuary belief, it is frue, correct, and complete.	ructions, I declare that I have	e examined this return/re	eport, including, if	applicable, a Schedule			
Danie III	2/20/19	Barry Kottler					
SIGN / /				adadalahatar			
HERE Signature of plan administrator	Date	Enter name of individu	iai signing as plan	auministrator			
SIGN MM CCC	2/20/19	Barry Kottler					
HERE Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor			

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No	
b	Are you claiming a waiver of the annual examination and report of ar	•			`	,				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility an		,					<u>X</u> Yes <u> </u> N	10	
•	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins							No Not determ	ainad	
C	If "Yes" is checked, enter the My PAA confirmation number from the		= :			······ <u>L</u>	A 1es			
	The second continuation number from the	PBGC pre	emium ming for this year					(See instructions	5.)	
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of Year		
a	Total plan assets	7a	75	52,0	91			758,351		
b	Total plan liabilities	7b			0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	7:	52,0	91	1		758,351		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) Total	_	
а	Contributions received or receivable from: (1) Employers	8a(1)	10	0,0	00					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b	(86	5,95	7)					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13,043		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		6,7	83					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6,783		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						6,260		
j	Transfers to (from) the plan (see instructions)	8j			0					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instructions:		
	1A 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (	Codes	in the	instructions:		
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	1 71 1		•							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction			.,				
b	Program)			10a		Х				
L.	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
				10c		х				
C	, , , , , , , , , , , , , , , , , , , ,	fidelity bor	nd, that was caused							
	by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	•	,							
	the plan? (See instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan	ı?	••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h						
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

Form 5500-SF 2018	
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Page <b>3</b> -		

Part	VI	Pension Funding Compliance								
11	1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500 and line 11a below)									
11a	Enter th	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	•••••	11a					0	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									No	
а 	<b>a</b> 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 letter ruling granting the waiver Day Year									
If y	ou com	pleted 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										
C Enter the amount contributed by the employer to the plan for the plan year										
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	e left 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 r	esolution to terminate the plan been adopted in any plan year?	•••••		Yes	Х	No			
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year	••••••	13a						
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bround the PBGC?	J		Y	'es	x N	lo		
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider ssets or liabilities were transferred. (See instructions.)	ntify the plan(s	s) to						
13	3 <b>c(1)</b> Na	me of plan(s):	13c(2) El	N(s)		13	c(3) PI	ا(s)		

### SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2018

This Form is Open to Public

Inspection

OMB No. 1210-0110

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File as an attachment to Form 5500 or 5500-SE

	7 The as an audum	ent to conn 2200 or	3300-3F.		
	calendar plan year 2018 or fiscal plan year beginning 01/01	/2018	and endir	ng 12/31/2	018
	Round off amounts to nearest dollar.				
	Caution: A penalty of \$1,000 will be assessed for late filing of this report	uniess reasonable ca	ause is establishe	ed.	
	lame of plan		B Three-dig	it	
BAK	APPAREL, INC. Defined Benefit Plan		plan num	ber (PN)	001
C =	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D =		
			<b>D</b> Employer lo	tentification Nu	mber (EIN)
BAK	APPAREL, INC.		2	0-5018569	
Ет	ype of plan: X Single Multiple-A Multiple-B	Prior year plan size:	x 100 or fewer [	]101-500 [	More than 500
Pa	art I Basic Information				
1	Enter the valuation date: Month 01 Day 01	Year 2018			
2	Assets:				
	a Market value	********		2a	748,43
	<b>b</b> Actuarial value		•••••	2b	748,43
3	Funding target/participant count breakdown:	(1) Number of	(2) Vested	<u> </u>	(3) Total Funding
-	g angerpanapan count broadcom.	participants	(2) Vester	- 1	Target
	a For retired participants and beneficiaries receiving payment	0		0	(
	<b>b</b> For terminated vested participants	0		0	(
	C For active participants	2		586,198	586,198
	d Total	2		586,198	586,198
4	If the plan is in at-risk status, check the box and complete lines (a) and	(b)			
	a Funding target disregarding prescribed at-risk assumptions		**************	4a	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transit at-risk status for fewer than five consecutive years and disregarding	ion rule for plans that	have been in	4b	
5	Effective interest rate			5	5.65 %
6	Target normal cost			6	
State	ement by Enrolled Actuary				86,821
acco	ne best of my knowledge, the information supplied in this schedule and accompanying schedules ordance with applicable law and regulations. In my opinion, each other assumption is reasonable bination, offer my best estimate of anticipated experience under the plan.	s, statements and attachment (taking into account the expe	ts, if any, is complete a erience of the plan and	and accurate. Each p d reasonable expects	presribed assumption was applied in ations) and such other assumptions, in
S	IGN \				
H	ERE \			09/04	/2019
	Signature of actuary				)ate
	Aaron Venouziou			17-02	
	Type or print name of actuary		<del></del>	Most recent er	rollment number
	Pencert LTD			(630) 78	
	Firm name		Tel		r (including area code)
	735 N Cass Avenue		101	opnone namber	(morading area code)
	US Westmont IL 60559-1100				
	Address of the firm				
f the	actuary has not fully reflected any regulation or ruling promulgated under ctions	the statute in comple	eting this schedul	e, check the bo	x and see

•	Schedule SB (Form 5500) 2018	Page 2	

Pa	rtll Beg	inning of Year	Carryov	er and Prefunding Bal	ances							
						(a)	Carryover balanc	9	(b)	Prefund	ing balance	
				licable adjustments (line 13 fro				0				(
8				funding requirement (line 35 f				0				c
9	Amount rema	ining (line 7 minus l	line 8)	• • • • • • • • • • • • • • • • • • • •				0				C
_10	Interest on lin	e 9 using prior year	's actual re	turn of <u>11.30</u> %				0				C
11	Prior year's ex	cess contributions	to be adde	d to prefunding balance:								
	a Present va	lue of excess contri	ibutions (lir	ne 38a from prior year)							76,1	.16
	Schedu	le SB, using prior ye	ear's effect	88a over line 38b from prior ye ive interest rate of5.79	9 %					· · · · · · · · · · · · · · · · · · ·	4,4	107
				hedule SB, using prior year's								C
	C Total availa	able at beginning of	current pla	an year to add to prefunding b	alance .						80,5	23
	<b>d</b> Portion of (	(c) to be added to p	refunding b	palance								С
12	Other reduction	ons in balances due	to election	s or deemed elections				0				C
13	Balance at be	ginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .	•••••			0				O
Pa	irt III 🔝 Fu	nding Percent	ages			·						
14	Funding targe	t attainment percen	itage	***************************************						14	127.67	%
15	Adjusted fund	ing target attainmer	nt percenta	ge						15	127.67	%
16				s of determining whether carry						16	114.53	%
17	If the current v	alue of the assets	of the plan	is less than 70 percent of the	funding to	arget, enter	such percentage	••••		17		%
Pa	int IV Co	ontributions an	d Liquid	lity Shortfalls								
18	Contributions	made to the plan fo	r the plan y	ear by employer(s) and empl	oyees:							
	(a) Date M-DD-YYYY)	(b) Amount p employer(	s)	(c) Amount paid by employees	(MM-D	) Date D-YYYY)	(b) Amoun employ	rer(s)			ount paid by loyees	
	09/2019		30,000		07/13	L/2019		35,0	)00			
09/	03/2019		35,000	<u> </u>								
												_
(9) <b>3</b>					Totals	► 18(b)		100,0	18(c)			0
19	Discounted en	nployer contribution	s see ins	structions for small plan with a	valuation	ı date after	the beginning of t	he year:				
	a Contribution	ns allocated toward	unpaid mir	nimum required contributions t	rom prior	years		19a				0
	<b>b</b> Contribution	ns made to avoid re	strictions a	djusted to valuation date		• • • • • • • • • • • • • • • • • • • •		19b				0
	<b>C</b> Contribution	ns allocated toward	minimum r	equired contribution for currer	nt year ad	justed to va	aluation date	19c			91,9	71
20	Quarterly cont	ributions and liquidi	ity shortfall:	5:								
	a Did the plan	i have a "funding sh	nortfall" for	the prior year?	• • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			···· [	Yes X No	
	<b>b</b> If line 20a is	s "Yes," were requir	ed quarterl	y installments for the current y	ear made	e in a timely	y manner?			<u></u> [	Yes No	
	C If line 20a is	s "Yes," see instruct	tions and c	omplete the following table as	applicab	le:				6 (2.16)		
				Liquidity shortfall as of end	of quarte							
	(1)	1st		(2) 2nd		(3)	3rd		(	(4) 4t	<u>n</u>	
										<del> </del>		

P	art V Assumptio	ons Used To Determin	e Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 3 . 92 %	2nd segment: 5.52 %	3rd segment	: %	N/A, full yield curve used
	<b>b</b> Applicable month	(enter code)			21b	0
_22	Weighted average re	tirement age			22	68
23	Mortality table(s) (see	e instructions) Prior regu Current re	<u>=</u>		ibed - sepa ibed - sepa	
Pa	rt VI Miscellane	ous items				
	attachment		ctuarial assumptions for the curren			· · · · · · · · · · · · · · Yes 🕱 No
			plan year? If "Yes," see instructions			
	Is the plan required to	provide a Schedule of Activ	e Participants? If "Yes," see instruc	ctions regarding require	d attachme	ntX Yes No
27	attachment		nter applicable code and see instru	<u> </u>	27	
100000000000000000000000000000000000000			um Required Contribution			
	Unpaid minimum requ	uired contributions for all prior	years		28	0
29	(line 19a)		d unpaid minimum required contrib		29	0
A	Remaining amount of	unpaid minimum required co	ontributions (line 28 minus line 29)		30	0
Pa	rt VIII   Minimum	Required Contribution	For Current Year			
31	Target normal cost an	nd excess assets (see instruc	tions):			
	a Target normal cost	(line 6)			31a	86,821
	<b>b</b> Excess assets, if ap	plicable, but not greater than	line 31a		31b	86,821
32	Amortization installme	ents:		Outstanding Bal	ance	Installment
	a Net shortfall amortiz	ration installment			0	0
	<b>b</b> Waiver amortization	installment			0	0
33	If a waiver has been a (Month	pproved for this plan year, er	nter the date of the ruling letter grai	nting the approval	33	
34			/prefunding balances (lines 31a - 31		34	0
			Carryover balance	Prefunding Bala	nce	Total balance
35	Balances elected for u	se to offset funding	0	, , , , , , , , , , , , , , , , , , , ,	o	0
36	Additional cash require	ement (line 34 minus line 35)			36	0
37	Contributions allocated	d toward minimum required c	ontribution for current year adjuste	d to valuation date	37	91,971
38		ss contributions for current ye				
	a Total (excess, if any	, of line 37 over line 36)			38a	91,971
			prefunding and funding standard c		38b	0
39	Unpaid minimum requ	ired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	0
					40	0
Par			Pension Relief Act of 2010			
41		to use PRA 2010 funding re				
	Schedule elected					2 plus 7 years 15 years
	<b>b</b> Eligible plan year(s)	for which the election in line	11a was made		200	8200920102011

### Schedule SB, Part V Summary of Plan Provisions

#### BAK APPAREL, INC. Defined Benefit Plan 20-5018569 / 001

For the plan year 01/01/2018 through 12/31/2018

**Employer:** BAK APPAREL, INC.

Type of Entity - S Corporation

EIN: 20-5018569 TIN: 61-1700048 Plan #: 001 Plan Type: Defined Benefit

**Dates:** Effective - 01/01/2012 Year end - 12/31/2018 Valuation - 01/01/2018

Top Heavy Years - 2012, 2013, 2014, 2015, 2016, 2017, 2018

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - N/A

Hours Required for - Eligibility - 0 Benefit accrual - 500 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - Attainment of age 62 and completion of 5 years of participation

Early - Not provided

**Average Compensation:** Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below:

3.5% of average monthly compensation per year of service after 01/01/2011 beginning year 1

Accrued Benefit - Unit credit based on service. Service prior to 01/01/2011 is excluded

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Early Retirement - None

Death Benefit - Present Value of Accrued Benefit

Disability Benefit - None

**Top Heavy Minimum:** 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$220,000

Maximum 401(a)(17) compensation - \$275,000

PBGC: Plan is covered by Pension Benefit Guaranty Corporation

Normal Form: Life Annuity

**Optional Forms:** 

**Vesting Schedule:** 100% Vested immediately

Service is calculated using all years of service except years prior to plan effective date

# Schedule SB, Part V Summary of Plan Provisions

#### BAK APPAREL, INC. Defined Benefit Plan 20-5018569 / 001

For the plan year 01/01/2018 through 12/31/2018

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	2.33
Segment 2	6 - 20	3.55
Segment 3	> 20	4.11

Mortality Table - 18E - 2018 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest - 5.5%

Mortality Table - None

Post-Retirement - Interest - 5.5%

Mortality Table - G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

#### Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

#### **BAK APPAREL, INC. Defined Benefit Plan** 20-5018569 / 001

For the plan year 01/01/2018 through 12/31/2018

01/01/2018 Valuation Date:

**Funding Method:** As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 1.81 Segment 2 6 - 20 3.68 Segment 3 > 20 4.53

Segment rates for the Valuation Date as

Segment rates as of September 30, 2017 As permitted under IRC 430(h)(2)(C)(iv)(II) -. HATFA Segment # Year Rate % Segment 1 0 - 5 3.92 Segment 2 6 - 205.52 Segment 3 6.29 > 20

Pre-Retirement - Mortality Table -None

> Early Retirement Table - None Turnover Table -None Disability Table -None Salary Scale -None Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -18C - 2018 Combined

> Cost of Living -None

Lump Sum -G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) at 5.5%

18E - 2018 Applicable Mortality Table for 417(e) (unisex)

Fair market value of assets adjusted for contributions under IRC 430(g)(4) **Asset Valuation Method:** 

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

### Schedule SB, Part V Statement of Actuarial Assumptions/Methods

#### BAK APPAREL, INC. Defined Benefit Plan 20-5018569 / 001

For the plan year 01/01/2018 through 12/31/2018

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

#### 401(a)(26) Testing:

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, line 26 - Schedule of Active Participant Data

BAK APPAREL, INC. Defined Benefit Plan 20-5018569/001 For the plan year 01/01/2018 through 12/31/2018

#### **Years of Credited Service**

Attained	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.		Ī
Under												
25												
25 to												
29												
30 to												
34												
35 to		1										
39												
40 to 44												
45 to												
49												
50 to												
54												
55 to												
59							- 1					
60 to												
64												
65 to												
69			1									
70 &												
up												

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

BAK APPAREL, INC. Defined Benefit Plan 20-5018569 / 001 For the plan year 01/01/2018 through 12/31/2018

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 19 - Discounted Employer Contributions

#### BAK APPAREL, INC. Defined Benefit Plan 20-5018569 / 001

For the plan year 01/01/2018 through 12/31/2018 Valuation Date: 01/01/2018

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	05/09/2019	\$30,000					
Applied to Additional Contribution	01/01/2018	30,000	27,854	0	0	5.65	0.00
Deposited Contribution	07/11/2019	\$35,000					
Applied to Additional Contribution	01/01/2018	35,000	32,189	0	0	5.65	0.00
Deposited Contribution	09/03/2019	\$35,000					
Applied to Additional Contribution	01/01/2018	35,000	31,928	0	0	5.65	0.00
Totals for Deposited Contribution		\$100,000	\$91,971	\$0	\$0		