Form 5500-SF Short Form Annual Return/Report of Small Employee Department of the Treasury Benefit Plan					C	DMB Nos. 1210-0110 1210-0089		
	rnal Revenue Service	This form is required to be file				2018		
Employee B	epartment of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		Internal		orm is Open to ic Inspection	
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 5	500-SF.	Publ	ic inspection	
Part I		t Identification Information						
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2			2/31/2018	in a thin has	ward attack a	
A This ret	turn/report is for:	X a single-employer plan	list of participating e	blan (not multiemployer) (mployer information in ac				
B This rot	urn/report is	a one-participant plan	a foreign plan					
	univiepontis	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)			
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram		
		special extension (enter descr	iption)		_			
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name	•				1b Thre			
ITO EN US	GROUP RETIREMEN	IT PLAN			(PN)	number	002	
					. ,	tive date of	i plan /2002	
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Empl (EIN)	oyer Identif	ication Number	
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TO EN NORTH AMERICA INC.				2c Sponsor's telephone number 718-250-4000			
					2d Busir		see instructions)	
20 JAY STR BROOKLYN	EET, SUITE 530 I, NY 11201					3119	00	
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Admi	inistrator's [EIN	
					3C Admi	inistrator's t	elephone number	
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN	13-41	72006	
		ORTH AMERICA INC.		the last return/report.	4d PN		002	
C Plan N	Name ITO EN NORTH	AMERICA INC. 401(K) PROFIT SH	HARING PLAN AND TRU	ST				
5a Total	number of participants	s at the beginning of the plan year			5a		87	
		s at the end of the plan year			5b		560	
		account balances as of the end of			5c		363	
d(1) Tot	al number of active pa	articipants at the beginning of the pl	an year		5d(1)		80	
• •		articipants at the end of the plan yea			5d(2)	5d(2) 480		
than	100% vested	o terminated employment during the			5e		22	
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assessed	d unless reasonable ca				
SB or Sche		ther penalties set forth in the instruct and signed by an enrolled actuary, a nolete.						
SIGN		d/valid electronic signature.	09/24/2019	MASAHIDE ENOKI				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing	as plan adn	ninistrator	
SIGN								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing	<u>as emp</u> loye	r or plan sponsor	
For Paperw	ork Reduction Act Noti	ce, see the Instructions for Form 5500)-SF.			F	orm 5500-SF (2018) v.171027	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	res No
	res 🗌 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.	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	letermined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instantion of the presence of the presenc	structions.)
Part III Financial Information	

7 Plan Assets and Liabilities	(a) Beginning of				(b) End of Year					
a Total plan assets	7a	.,	32486		14132294					
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c	338	32486			14132294				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
a Contributions received or receivable from:	a (1)		07074							
(1) Employers	8a(1)		37071 92053							
(2) Participants	8a(2)		11449	-						
(3) Others (including rollovers)	8a(3)		18548	_						
b Other income (loss)		-0	10340	-		222025				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c					322025				
to provide benefits)	8d	59	95900							
e Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)	. 8f		14851							
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					610751				
i Net income (loss) (subtract line 8h from line 8c)	. 8i					-288726				
j Transfers to (from) the plan (see instructions)	8j	110	38534							
Part IV Plan Characteristics										
 9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare the applicable welfa										
Part V Compliance Questions										
10 During the plan year:		a that there is a dard		Yes	No	Amount				
a Was there a failure to transmit to the plan any participant contributed 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-interes reported on line 10a.)	•		10b		Х					
C Was the plan covered by a fidelity bond?			10c	X		500000				
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х					
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e	х		16438				
${f f}$ Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	Х		287913				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h	X						
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i	х						

Page **3-** 1

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)							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)

	orm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Dep Int	ernal Revenue Service	This form is required to be file		4065 of the Employee R	etirement	2018			
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60	57(b) and 6058(a) of the	Internal	This Form is Open to			
	Benefit Guaranty Corporation		Revenue Code (the Code	,	Public Inspec				
Part I		► Complete all entries in Identification Information		ructions to the Form 55	500-SF.				
	dar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/3	1/2018			
		X a single-employer plan				ing this box must attach a			
A. This re	eturn/report is for:	a one-participant plan	list of participating en	nployer information in ac	cordance wi	th the form instructions.)			
B This re	turn/report is	the first return/report	the final return/report						
		an amended return/report		n/report (less than 12 mo	ooths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pr				
	-	special extension (enter desc	L	I		ogram			
Part II	Basic Plan Info	rmation—enter all requested in							
1a Name		internet an requested in			1b Three	-diait			
		etirement Plan				number			
					(PN)				
						ive date of plan 01/2002			
2a Plans	sponsor's name (emplo	yer, if for a single-employer plan)	······································						
Mailin	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b Employer Identification Number (EIN) 13-4172006				
	Flown, state or provinc En North Amer		al code (if foreign, see insti	ructions)		sor's telephone number			
	an nor chi miler	ica inc.			718-250-4000				
20 3	Jay Street, Su	ite 530			2d Busin	ess code (see instructions)			
Broo	oklyn	NY 1120	01		3119	900			
3a Plan a	idministrator's name ar	d address 🛛 Same as Plan Spor	nsor.			istrator's EIN			
						······			
					3C Admir	istrator's telephone number			
4 If the	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN				
this p	lan, enter the plan spor	nsor's name, EIN, the plan name a	and the plan number from the	ne last return/report.	<u>⊥</u>	3-4172006			
C Plan N		North America Inc. North America Inc. 4	01(k) Profit Sha	ring Plan and	4d PN				
	Trust			-		02			
		at the beginning of the plan year			5a _				
b Total	number of participants	at the end of the plan year		********	5b	560			
C Numb compl	er of participants with a lete this item)	account balances as of the end of t	the plan year (only defined	contribution plans	5c	363			
		ticipants at the beginning of the pl			5d(1)	80			
		ticipants at the end of the plan yea			5d(2)	480			
e Numt	per of participants who	terminated employment during the	e plan vear with accrued be	nefits that were less	5e				
than Caution: A	penalty for the late of	r incomplete filing of this return	Vrenort will be seeseed	unless researchie sou		22			
SB or Sche	alties of perjury and oth	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions. I declare that I have	examined this return/rep	ort includin	d if applicable a Schedule			
SIGN			09/24/2019		Jacobs	le Enoki			
HERE	Signature of plan ac	느느	Date						
SIGN	gristere orquell di		Udie	Enter name of individu	ai signing a	s pian administrator			
HERE			0-4-						
For Paperwo	Signature of employ ork Reduction Act Notice	/er/plan sponsor , see the instructions for Form 5500	Date	I ⊨nter name of individu	al signing a	s employer or plan sponsor Form 5500-SF (2018)			
· · · ·						FORM 3390-3F (2018)			

	(40.10)
v.*	171027

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	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.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	_, (See instructions.)

Part III Financial Information	r		<u> </u>		
7 Plan Assets and Liabilities	<u>.</u>	(a) Beginning of Year		(i	b) End of Year
a Total plan assets	7a	3,382,4	86		14,132,29
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	3,382,4	86		14,132,29
B Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	337,0			
(2) Participants	8a(2)	592,0			
(3) Others (including rollovers)	. 8a(3)	11,4	49		
b Other income (loss)	. 8b	-618,5	48		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				322,03
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	595,9	000		
e Certain deemed and/or corrective distributions (see instructions)	. 8e				
f Administrative service providers (salaries, fees, commissions)	. 8f	14,8	351		
g Other expenses	. 8g				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h	the second s			610,7
i Net income (loss) (subtract line 8h from line 8c)	. 81				-288,7
j Transfers to (from) the plan (see instructions)	• 8j	11,038,5	534		
Part IV Plan Characteristics			ý		
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H	n feature c	odes from the List of Plan Char	acteris	tic Codes in	the instructions:
b If the plan provides welfare benefits, enter the applicable welfare	feature co	des from the List of Plan Chara	cterist	c Codes in t	he instructions:
Part V Compliance Questions					
10 During the plan year:			Yes	No	Arnount
a Was there a failure to transmit to the plan any participant contrib	utions with Voluntary	Fiduciary Correction		x	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)		100			and the second
	st? (Do по	t include transactions		x	
Program) b Were there any nonexempt transactions with any party-in-interest	st? (Do no	t include transactions 10b	x	x	500,0
 Program) b Were there any nonexempt transactions with any party-in-interes 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' 	st? (Do no st? fidelity b	t include transactions 10b 10c 10c	x	x x	500,0
Program)	st? (Do no s fidelity b ther perso	t include transactions 10b 10c ond, that was caused 10d ns by an insurance	x		500,0

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	x		16,438
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	x		287,913
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	10i	х		

Form 5500-SF (2018)

Page 3-

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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 co (Form 5500) and line 11a below)			B	Ye	s 🗌 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 Co ERISA?				Ye	L.J
	If a waiver of the minimum funding standard for a prior year Is being amortized in this plan year, see inst granting the waiver	onth	l enter t Day		of the letter r Year	uling
lfg	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
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 la negative amount)		12d			
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 broug control of the PBGC?				Yes X	No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred.	fy the plan(s) to			
1	I 3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)