Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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		Identification Information									
For calend	dar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 12	2/31/2018						
A This re	eturn/report is for:	a single-employer plan		olan (not multiemployer) (employer information in ac	_						
		a one-participant plan	a foreign plan								
B This ret	turn/report is	the first return/report	the final return/report	t							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	ss than 12 months)						
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	am					
		special extension (enter descr	' '								
Part II	Basic Plan Info	rmation—enter all requested inf	ormation								
1a Name BACH SALE	•	EFINED BENEFIT PENSION PLAI	N		1b Three-diplan num (PN) ▶	nber 001					
					1c Effective	date of plan 01/01/1986					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O) Pov)			r Identification Number					
City o	r town, state or provinc	structions)	(EIN) 2c Sponsor	11-2066608 's telephone number							
BACH SALE	ES CORPORATION		718-631-8100								
2500 SHAM	IES DRIVE				2d Business code (see instructions)						
WESTBURY	Y, NY 11590					454390					
3a Plan a	administrator's name ar		3b Administ	rator's EIN							
					3c Administ	rator's telephone number					
					7 Administ	rator o telephone namber					
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN						
	olan, enter the plan spo sor's name	nsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN						
C Plan i					40 110						
5a Total	number of participants	at the beginning of the plan year			5a	6					
	·	at the end of the plan year			5b	6					
		account balances as of the end of t			5c						
d(1) To	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)	2					
		rticipants at the end of the plan year			5d(2)	2					
		terminated employment during the			5e	0					
		or incomplete filing of this return									
SB or Sch		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN	Filed with authorized	/valid electronic signature.	10/06/2019	HARRY BROMER	MER						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as p	lan administrator					
SIGN	Filed with authorized	/valid electronic signature.	10/06/2019	HARRY BROMER							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as e	mployer or plan sponsor					

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							-	
_	Were all of the plan's assets during the plan year invested in eligib							Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						D	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	nsurance p	orogram (see ERISA se	ction 4	021)?	X	Yes No No	lot determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	remium filing for this pl	an yea	r		41 <u>15205</u> . (See	e instructions.)
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning o	of Voor			(b) End of Ye)ar
	Total plan assets	7a	· /	93854	1)2481
-	Total plan liabilities	7b			1			
	Net plan assets (subtract line 7b from line 7a)	7c	(93854		102481		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	1		(b) Total	
	Contributions received or receivable from:		(4) / 111104111				(8) 10181	
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		8627				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8627
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)							8627
	Transfers to (from) the plan (see instructions)	8j						0021
	t IV Plan Characteristics	oj .						
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Chai	racteri	stic Co	odes in the instruction	ins:
	1A							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	cteris	tic Cod	des in the instruction	is:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amou	ınt
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period		103	140	Amot	ını
-	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction					
<u> </u>	Program)			10a		Х		
D	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			20000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused					20000
	by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som							
	the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X				
h	If this is an individual account plan, was there a blackout period?	- 3						
	2520.101-3.)			10h				
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
	The state of the s	. •				<u> </u>		

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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 complete Sche (Form 5500) and line 11a below)	edule S	В	X	Yes	No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				0					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
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		he date	of the lette Year _							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year	12b									
С	Enter the amount contributed by the employer to the plan for this plan year	12c									
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				0					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A						
Part '	/II Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X N	lo						
	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	3c(1) Name of plan(s): 13c(2) I	EIN(s)		13c(3) PN(s)						

SCHEDULE SB (Form 5500)

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service Department of Labor

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).

Single-Employer Defined Benefit Plan

Actuarial Information

2018

OMB No. 1210-0110

This Form is Open to Public Inspection

					File as a	n attac	hment to Form	1 5500 or	5500-SF.			
Fo	r calendar p	lan year 2018	or fiscal plar	ı year beginni	ing 01/0	01/2018	8		and ending	g 12/3	31/2018	
Þ	Round off	amounts to i	nearest dolla	ır.								
•	Caution: A	penalty of \$1	,000 will be a	ssessed for I	ate filing of th	his repo	ort unless reaso	nable cau	se is established	ł		
	Name of pla		TION BEEN	ued device.	T DENIGLON	DI 441			B Three-dig	jit		
	BACH SALE	ES CORPORA	ATION, DEFI	NED BENEFI	I PENSION	PLAN			plan num	ber (PN) •	001
C I	Plan sponso	r's name as s	shown on line	2a of Form 5	5500 or 5500	-SF			D Employer	Identific	ation Number (E	EIN)
	•	S CORPORA								11-206		,
Ξ 1	Type of plan:	X Single	Multiple-A	Multiple	e-B		F Prior year pl	an size:	100 or fewer	101-	500 More th	ıan 500
Р	art I	Basic Infor	mation									
1	Enter the	valuation date	e:	Month12	2 Day	y <u>31</u>	Year <u>2</u>	018				
2	Assets:											
	a Market	value								2a		102481
	b Actuari	al value								2b		102481
3	Funding t	arget/participa	ant count brea	akdown				` '	Number of rticipants		sted Funding Target	(3) Total Funding Target
	a For reti	red participan	ts and benefi	ciaries receiv	ing payment	í 			0		0	0
	b For ten	minated veste	ed participants	3					4		65173	65173
	C For acti	ve participant	s						2		35884	35884
	d Total								6		101057	101057
4							nd (b)					
								L	┘ 	4a		
							sition rule for pla		ave been in	4b		
5										5		5.46 %
6	Target no	rmal cost								6		0
Sta	tement by I	Enrolled Actu	uary								•	
	accordance wit		nd regulations. In	my opinion, each	other assumption							d assumption was applied in d such other assumptions, in
į	SIGN											
ŀ	HERE										10/06/201	9
			Sig	gnature of act	uary						Date	
Е	D STEINME	TZ									17-04803	3
			Type or	r print name o	of actuary					Most i	ecent enrollme	nt number
											845-425-85	32
1	HILLTOP L	ΔNE		Firm name					Te	lephone	number (includ	ing area code)
N	MONSEY, N	Y 10952										

instructions

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

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Schedule SB (Form 5500) 2018

Pá	art II	Begin	ning of Year	Carryov	er and Prefunding B	alances						
			_				(a) C	arryover balance		(b) P	refundir	ng 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 เ	using prior year's	actual retu	rn of%			0				0
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:							
	a Preser	nt value o	f excess contribut	ions (line 3	38a from prior year)							0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of%											0	
	b(2) Int	erest on I	ine 38b from prior	year Sche								
					or to add to profunding balance						0	
C Total available at beginning of current plan year to add to prefunding balance												0
	d Portion	n of (c) to	be added to prefu	unding bala	ance							0
12	2 Other reductions in balances due to elections or deemed elections											0
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)											0
Р	Part III Funding Percentages											
14	Funding target attainment percentage											
15	5 Adjusted funding target attainment percentage											
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls							
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and empl	oyees:						
(1)	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Date (b) Amount pair (MM-DD-YYYY) employer(s			(c)	Amour emplo	nt paid by
(1)	VIIVI-DD-1	111)	employen	(3)	employees	(IVIIVI-DD-	1111)	employer(s	<i>'</i>		empic	lyces
						Totals ▶	18(b)			18(c)		
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation date	e after the	beginning of the ye	ar:			
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions	from prior yea	rs	1	9a			0
	b Contril	outions m	ade to avoid restr	ictions adj	usted to valuation date			19	9b			0
	C Contrib	outions all	ocated toward min	imum requi	red contribution for current ye	ear adjusted to	valuation d	ate 1	9с			0
20	Quarterly	contribu	tions and liquidity	shortfalls:								
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?							Yes X No
	b If line	20a is "Y	es," were required	quarterly	installments for the current	year made in a	a timely ma	anner?				Yes No
	C If line	20a is "Y	es," see instructio	ns and cor	nplete the following table as	applicable:						
		(4)			Liquidity shortfall as of en	d of quarter of					4) 411	
		(1) 1s	[(2) 2nd		(3)	3rd		(-	4) 4th	

F	art V	Assumpti	ons Used	to Determine	Funding	Target and Tar	get Norm	al Cost			
21	Discount	rate:									
	a Segm	ent rates:	1st s	segment: 3.92%	2n	d segment: 5.52%	3	rd segment: 6.29 %		N/A, full yi	eld curve used
	b Applic	able month (er	nter code)						21b		0
22	Weighted	d average retir	ement age						22		73
23	Mortality	table(s) (see	instructions)	Prior regulation	n: X	Prescribed - com	bined	Prescribed	d - separat	te Subs	stitute
				Current regulat	tion:	Prescribed - com	bined	Prescribed	d - separat	— te □ Subs	stitute
Pa	art VI	Miscellane	ous Items		Ц]		Ц тт	
24	Has a ch	ange been ma	ade in the non-	-prescribed actua	rial assumpti	ons for the current	olan year? If	"Yes," see ir	nstruction	s regarding requi	red
	attachme	ent									Yes X No
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
26	Is the pla	n required to p	provide a Sch	edule of Active Pa	articipants? I	f "Yes," see instruct	ions regardin	g required a	ttachmen	t	X Yes No
27				nding rules, enter		ode and see instruc	tions regardir	ng	27		
P	art VII	Reconcili	ation of Ur	npaid Minimu	m Requir	ed Contribution	ns For Pri	or Years			
28	Unpaid n	ninimum requii	red contributio	ns for all prior ye	ars				28		0
29									29		0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)										0
Pa	Part VIII Minimum Required Contribution For Current Year										
31											
	a Target normal cost (line 6)										
	b Excess	s assets, if app	olicable, but no	ot greater than lin	e 31a				31b		
32	Amortiza	tion installmen	nts:				Outst	anding Bala	nce	Insta	allment
	a Net sh	ortfall amortiza	ation installme	nt					0		0
	b Waive	r amortization	installment						0		0
33						he ruling letter gran e waived amount			33		
34	Total fun	ding requireme	ent before refl	ecting carryover/	orefunding ba	alances (lines 31a -	31b + 32a +	32b - 33)	34		0
					Carry	over balance	Prefu	unding balan	ice	Total	balance
35		s elected for us		-							
36	Additiona	al cash require	ment (line 34	minus line 35)					36		0
37	Contribu	tions allocated	toward minim	num required con	tribution for c	urrent year adjusted	to valuation	date (line	37		0
38	Present	value of exces	s contributions	s for current year	(see instructi	ions)					
				· · · · · · · · · · · · · · · · · · ·		•			38a		0
	a Total (excess, if any, of line 37 over line 36)b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances								38b		0
39									39		0
40	Unpaid n	ninimum requii	red contributio	ons for all years					40		0
Pa	rt IX	Pension	Funding R	elief Under P	ension Re	elief Act of 201	0 (See Ins	tructions)		
41	If an elec	tion was made	to use PRA 2	2010 funding relie	of for this plan	1:					
					-				Г	2 plus 7 years	15 years
											-

Form 5500-SF

CHERRY MET IT THE TOWNS ! orana Revenue Sanca

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 2018

1 1 1 1 1

This Form is Open to Public

COLOR BONDA SECURI ASTAR SEC	沙 参手	riternal Revenue Code (the Code:		175 5 2 < 5 (5 (5) 7)				
Person Servi Chemin's Consultation	➤ Complete all entries in a	cordance with the ins	tructions to the Form 5500	SF.	e de la companya del la companya de				
Annual Report Id	entification information	a. Note what devices the Control of the State of the Stat	taka 1870 mangan sangga katik da karah watak 1860 km da da da katik katik sanga kadibih mengangka 187 mg						
r calendar plan year 2018 or fisca	i plan year beginning	01/01/2018	and ending	12/31/	2018				
This return/report is for This return/report is	a one-participant plan a foreign plan								
Check box if filing under		D automatic extensio		1000	/C program				
Rasic Plan Inform	vation enter all requested	ajou acc	and the second s						
i Name of plan	ON, DEFINED BENEFIT P				umber				
Plan aponsors name (amploye) Making Address (include room Calling Address (include room)	r if for a single-employer plan- apt , suite no land street, or P (country, and ZIP or foreign post	O Box;	ASTURY ORS:	2b Emplo	yer Identification Number 11-2066608				
BACH SALES CORPORATIO	With the state of		or's telephone humber 631-8100						
2500 SHAMES DRIVE			**************************************	2d Busine 45439	as code (see mstructions) V				
us vesteurt by 11590 Plan administrators name and 1	and the second s	والمراسية	and an arrangement of the contract of the cont	e sellen and a selection of the selectio	sirator's Ein				
				and the state of the	etatora teleprone numbo				
If the name and/or EIN of the planting plant, enter the plant sponsor				4b EW	perfection and applications problems and the Africa of Conference of the Conference				
Sponsor's name Plan Nama			· · · · · · · · · · · · · · · · · · ·	¥d PK					
Total number of participants at it	ie peginning of the plan year	and a second control of the second control o	en manga ay ikka an ka ka a at an an anga a at an	Sa	6				
Total number of participants at It	ie and of the plan year	and the group can represent these dynamics with part of the section of the sectio	Shika an one was cause association of the second of the se	5b	6				
Number of participants with acco			d controllor place	5c					
1) Total number of active participations	ants at the beginning of the plan	TES association minimum is a calculus	To the relative to the contract of the contrac	d(1)	Ž				
2) Total number of active participa	ants at the end of the plan year	with the time to the second complete the complete to the compl	en in management and productive contracts in the contract which was a second	d(2)					
Number of participants who terminess than 100% vested	nated employment during the p	ian year win accived by	enetics that were executed about	5e					
ution: A penalty for the late or in	complete filling of this return	report will be assesse	d unless reasonable cause	is establis	hed.				
der penalties of perjury and other; for Schedule MB completed and si lief, it is true, correct and complete	gned by an enrolled actuary as								
		140 619	HATLERY 13	2014	* (
Signature of bian administ	rator	thate	Enter name of individual sk	ining as pla	n administrator				
XXXX	and the state of t	X10 6 5	in the same of the	w118-12	Manager and a service of the contract of the c				
Signature of employenplar	sponsor	Cate	Errername of novidual sig	nang as #**	ployer or plant spoked:				

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (S	ee instructions)					XYes No
b	Are you claiming a waiver of the annual examination and report of a		,				••••••	EF1.03 [_]140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use Form	5500-SF and must i	instea	d use	Form	5500.	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA sed	ction 4	021)?	*******	·X Yes	☐ No ☐ Not determin
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC prer	nium filing for this ye	ar <u>41</u>]	1520	5		(See instructions.)
P:	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T	(1	o) End of Year
a	Total plan assets	. 7a	(-/ 3 3	93,		-		102,481
b	Total plan liabilities	7b		757	037			102,461
C	Net plan assets (subtract line 7b from line 7a)	7c		93,8	951	-		102,481
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		0.34	_		(b) Total
a	Contributions received or receivable from:		(4)/////					(b) Total
	(1) Employers	8a(1)		***************************************				
	(2) Participants	8a(2)				100		
	(3) Others (including rollovers)	8a(3)		*******				
	Other income (loss)	8b		8,6	527			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						8,627
d	Benefits paid (including direct rollovers and insurance premiums	0.4						
e	to provide benefits)	8d			***************************************	- 186		
_	Certain deemed and/or corrective distributions (see instructions)	8e						
***************************************	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u> _	Other expenses	8g			1017	ha		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)	8i						8,627
95 A4278	Transfers to (from) the plan (see instructions)	8j				0008		
	Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 1A	eature codes	from the List of Plan	Chara	cterist	tic Cod	des in the i	instructions;
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes fr	om the List of Plan C	haract	eristic	: Code	s in the in	structions:
Pa	rt V Compliance Questions		Miles and the second se		· · · · · · · · · · · · · · · · · · ·	***************************************		
10	During the plan year:				Yes	No	N/A	Amount
a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol							
	Program)			10a		X	EGE	The transfer of the second
g	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	Oo not incl	ude transactions	10b		х		
C	Was the plan covered by a fidelity bond?	**************	10c	x			20,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	10d		x		eren ar en alle en all		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons by	y an insurance	1.00	***************************************			
	the plan? (See instructions.)	*************	************************	10e		х		
Ţ 	Has the plan failed to provide any benefit when due under the plan			10f		х		
g h	Did the plan have any participant loans? (If "Yes," enter amount as	······································	***************************************	10g		X		· · · · · · · · · · · · · · · · · · ·
h	If this is an individual account plan, was there a blackout period? (\$ 2520 101-3.)			10h				

10í

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	-	

Par	t VI Pension Funding Compliance			***************************************			the transfer of the same that				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500 and line 11a below)	SB	X Y	es [] N	0					
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 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				☐ Y	es [[] N	0			
a											
	granting the waiver				Year		unneg				
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					Andrew Continues	***************************************	***************************************			
b	Enter the minimum required contribution for this plan year	********	12b								
С	Enter the amount contributed by the employer to the plan for the plan year		12c								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		12d					44.000.00			
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					
on book and a second	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 u control of the PBGC?		1	Y	es 🗓	No		2-331-32			
С	If. during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s	s) to								
13	lc(1) Name of plan(s):	3c(2) EII	N(s)		13c(3) PN(s)				
······································											

Schedule SB, line 26 -Schedule of Active Participant Data Bach Sales Corp. Defined Benefit Pension Plan

11-2066608/001

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

Years of Credited Service

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

Actuarial Assumptions

The following were the actuarial assumptions used in determining the Plan costs for the December 31, 2018 valuation of the Plan:

- 1. The 2018 Funding Target -Combined-Mortality Table.
- 2. Interest IRC 430(h) HATFA Funding Segment Rates:

Rate 1 - 0-5 years 3.92% Rate 2 - 6-20 years 5.52% Rate 3 - over 20 years 6.29%

- Salaries were assumed to remain constant until Normal Retirement Date.
- 4. The liabilities were not discounted in advance for anticipated employee turnover.
- 5. Normal Retirement is Age 65 and completion of 5 years of plan participation.
- 6. A Unit Credit Cost Method as prescribed in IRC Section 430.

Plan Provisions

Eligibility An employee becomes a member of the Plan

Upon attainment of age 21 and completion of 12

months of service.

Benefit 2% of Average Compensation for each Year of

Participation. Maximum 25 years.

Death Benefit The present value of the member's accrued benefits.

Schedule SB attachment, line 22

The weighted average retirement age was determined by calculating the arithmetic average of all the participants' estimated retirement age.

Actuarial Assumptions

The following were the actuarial assumptions used in determining the Plan costs for the December 31, 2018 valuation of the Plan:

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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

OMB No. 1210-0110

This Form is Open to Public Inspection

		, , , , ,			► File as	an attac	hme	nt to Form	5500 or	5500	-SF.				
For	calendar	plan year 2018 o	r fiscal pl	lan year begi	nning	01,	/01/	2018			and endin	g 12 ,	/31/20	018	
▶ Round off amounts to nearest dollar.															
▶c	aution:	A penalty of \$1,0	00 will be	assessed fo	r late filing	of this re	port i	unless reas	onable ca	ause	is establishe	d.			
A Na	ame of p	lan								В	Three-dig	it			
BACE	BACH SALES CORPORATION, DEFINED BENEFIT PENSION PLAN								plan numb	oer (PN)	•		001		
C PI	an snon	sor's name as sh	own on lir	ne 2a of Forn	n 5500 or 5	5500-SE				D	Employer Id	entificat	ion Nun	nher (FIN)
				110 24 011 0111	11 3300 01 0)500-Oi					. ,			ibci (i	LIIV)
BACE	SALE	S CORPORATI	ON								1	1-206	800		
E Ty	pe of pla	an: X Single	Multiple	e-A Mult	tiple-B		F	Prior year p	an size:[x 10	0 or fewer	101-5	00 🔲	More	than 500
Pa	rt I E	Basic Informa	ation												
1	Enter th	e valuation date:		Month_	12	Day	31	Year	2018						
2	Assets:									_					
	a Marke	et value			• • • • • • • • • •	•••••		•••••				2a			102,481
	b Actua	rial value	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •				2b			102,481
3	Funding	target/participar	it count b	reakdown:				(1) Numl partici			(2) Vested Tar		g		(3) Total Funding Target
	a For re	etired participants	and bene	eficiaries rece	aivina navn	nent			0	,			0		(
	_				0. ,				4			65	,173		65,173
		rminated vested							2	:	35,884			35,884	
		ctive participants							6	;			,057	101,0	
4		an is in at-risk sta						(h)		_					
	•	ng target disrega			•	, ,		` '				4a			
	-	ng target reflectir									hoon in				
		risk status for fev	•	•		, ,				····	••••••	4b			
5	Effective	e interest rate	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••••	••••	•••••	•••••	••••		5			5.46 %
6	Target r	normal cost			• • • • • • • • • •		••••					6			(
To thacco	e best of m		mation supp gulations. In	my opinion, each	n other assum										d assumption was applied in and such other assumptions, in
_	IGN ERE	5	<u>S</u> 2	elns	reZ	5				_	10/6	/201	9		
			S	ignature of a	ctuary								С	Date	
		ED STEINME	ETZ							_			17-04	1803	
			Type o	or print name	of actuary								ecent er		ent number 532
				Firm nam	ne					-	Te	lephone	numbe	r (incl	uding area code)
		1 HILLTOP	LANE												
	US	MONSEY		N	Y 1095	2				_					
				Address of th	ne firm										
	actuary I	has not fully refle	cted any	regulation or	ruling pron	nulgated	unde	r the statute	in comp	leting	this schedu	lle, chec	k the bo	ox and	l see

_ , _									
Part II Beg	ginning of Year Carryo	er and Prefunding Ba	lances	(a) C	arryover balanc	·o T	(b)	Drofundi	ing balance
7 Balance at b	eginning of prior year after app	olicable adjustments (line 13 f	rom prior	(a) C	arryover balanc	.c	(D)	reluliui	ing balance
	······					0			
	ed for use to offset prior year's								
• •						0			
	aining (line 7 minus line 8)					0			
	ne 9 using prior year's actual re excess contributions to be add					0			
. ,	alue of excess contributions (li	. •				_			
	st on the excess, if any, of line								
` ,	ule SB, using prior year's effec								
b(2) Interes	st on line 38b from prior year S	chedule SB_using prior year's	s actual						
. ,	••••••								
C Total avai	ilable at beginning of current p	an year to add to prefunding	balance .						
d Portion of	f (c) to be added to prefunding	balance							(
12 Other reduct	ions in balances due to electio	ns or deemed elections				0			
13 Balance at b	eginning of current year (line 9	+ line 10 + line 11d - line 12)	•••••			0			
Part III F	unding Percentages								
14 Funding targ	et attainment percentage	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		14	110.14 %
15 Adjusted fun	ding target attainment percent	age	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	15	110.14 %
				funding balances may be used to reduce					111.26 %
	t value of the assets of the plan						• • • • • • • •	17	9
	contributions and Liqui	· · · · · · · · · · · · · · · · · · ·	aag .ag	ι, σπισι τ	saon por comag				
	s made to the plan for the plan		olovees:						
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Da			nt paid by			ount paid by
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-Y	YYY)	emplo	yer(s)		emp	loyees
		•	Totals ▶	18(b)			18(c)	
19 Discounted 6	employer contributions see in	nstructions for small plan with	a valuation da	te after t	he beginning of	the year:	•	•	
a Contribution	ons allocated toward unpaid m	inimum required contributions	from prior year	ars	•••••	19a			
b Contribution	ons made to avoid restrictions	adjusted to valuation date	• • • • • • • • • • • • • • • • • • • •			19b			
C Contribution	ons allocated toward minimum	required contribution for curre	ent year adjust	ed to val	luation date	19c			(
20 Quarterly co	ntributions and liquidity shortfa	lls:							

Liquidity shortfall as of end of quarter of this plan year

3rd

(4)

4th

C If line 20a is "Yes," see instructions and complete the following table as applicable:

(2)

2nd

(1) 1st

Pa	art V Assumpti	ons Used To Determine	Funding Target and Targ	et Normal Cost									
21	Discount rate:												
	a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %		N/A, full yield curve used							
	b Applicable month	(enter code)	21b	0									
22	Weighted average r	22	73										
23	23 Mortality table(s) (see instructions) Prior regulation: X Prescribed - combined Current regulation: Prescribed - combined Prescribed - separate Substitute Substitute												
Pai	rt VI Miscellan	eous items											
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required												
	attachment												
25	Has a method chan	ge been made for the current p	lan year? If "Yes," see instructions	regarding required atta	chment .	Yes X No							
26	Is the plan required	to provide a Schedule of Active	e Participants? If "Yes," see instruc	ctions regarding required	attachme	ntX Yes No							
27	•	-	ter applicable code and see instru		27								
Day													
		•	um Required Contribution		- 00								
28 29	•	·	years		28								
29			d unpaid minimum required contrib		29								
30			ntributions (line 28 minus line 29)		30								
Pai	rt VIII Minimum	Required Contribution	For Current Year										
31	· · · · · · · · · · · · · · · · · · ·												
	a Target normal cos	st (line 6)			31a	C							
	b Excess assets, if a	applicable, but not greater than	line 31a		31b								
32	Amortization installn	nents:		Outstanding Bala	ance	Installment							
	a Net shortfall amor	tization installment											
	b Waiver amortization	on installment											
33	If a waiver has been (Month		nter the date of the ruling letter gra) and the waived amount .		33								
34	Total funding require		/prefunding balances (lines 31a - 3		34	C							
		<u> </u>	Carryover balance	Prefunding Bala	ance	Total balance							
35		r use to offset funding											
36	Additional cash requ	uirement (line 34 minus line 35)			36	C							
	Contributions alloca	ted toward minimum required of	contribution for current year adjuste	ed to valuation date	37	C							
38 Present value of excess contributions for current year (see instructions)													
	a Total (excess, if a	ny, of line 37 over line 36)			38a	C							
			prefunding and funding standard of		38b	C							
			rear (excess, if any, of line 36 over		39	C							
40	Unpaid minimum re	quired contributions for all year	s		40	C							
Par	rt IX Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions)								
41	If an election was ma	ade to use PRA 2010 funding re	elief for this plan:										
	a Schedule elected					2 plus 7 years 15 years							
		s) for which the election in line				08							