# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2006

**2a** Plan sponsor's name (employer, if for a single-employer plan)
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)
DIPTYQUE DISTRIBUTION LLC

240 W 35TH ST 14TH FLOOR
NEW YORK, NY 10001

**2b** Employer Identification Number (EIN)
98-0475457

**2c** Plan Sponsor's telephone number
646-560-1806

**2d** Business code (see instructions)
453990

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2019 | TORRI A JONES |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** | EIN |
| | | **4d** | PN |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 148 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 143 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 144 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 158 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 158 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 48 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DIPTYQUE DISTRIBUTION LLC

**D** Employer Identification Number (EIN)
98-0475457

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN BEACON ADVISORS
4151 AMON CARTER BLVD.
FORT WORTH, TX 76155

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INVESTMENTS, INC.

23-2784752

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

COLUMBIA
ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIMENSIONAL FUND ADVISORS

6300 BEE CAVE ROAD
BUILDING ONE
AUSTIN, TX 78746

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRED ALGER & COMPANY, INCORPORATED

13-2510833

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO

1555 PEACHTREE STREET NW
1800
ATLANTA, GA 30309

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MBSC SECURITIES CORPORATION, DISTRI

ONE BOSTON PLACE
24TH FLOOR
BOSTON, MA 02108

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS FUND DISTRIBUTORS, INC.

04-2747644

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS INC.

13-2527171

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT

13-2700161

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

ADP, LLC

13-3036745

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 50 15 64 | RECORD KEEPER | 305 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
DIPTYQUE DISTRIBUTION LLC

**D** Employer Identification Number (EIN)
98-0475457

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE ASSET - ADPZ

**b** Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-3884161-001 | C | 27498 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DIPTYQUE DISTRIBUTION LLC

**D** Employer Identification Number (EIN)
98-0475457

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 943 | 12824 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 34964 | 27498 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 544835 | 716402 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 580742 | 756724 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 580742 | 756724 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 64283 | |
| | **(B)** Participants | 2a(1)(B) | 153656 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 24472 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 242411 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 542 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 542 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 28997 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 28997 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 656 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -95808 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 176798 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 511 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 511 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 305 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 305 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 816 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 175982 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: CONSTANTIN ASSOCIATES **(2)** EIN: 26-1305270

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 59000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**A** Name of plan
DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
DIPTYQUE DISTRIBUTION LLC

**D** Employer Identification Number (EIN)
98-0475457

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CONSTANTIN

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018

*Constantin Associates, LLP*
*575 Madison Avenue, 25th Floor - New York, NY 10022*
*Tel: 212-755-5551 - Fax: 212-755-6385*
*www.constantin.com*

CONSTANTIN

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

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FOR THE YEAR ENDED DECEMBER 31, 2018


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# INDEPENDENT AUDITOR'S REPORT

To the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust and Participants:

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018, and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets Held for Investment Purposes as of or for the year ended December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Constantin Associates, LLP

Constantin Associates, LLP

New York, New York
October 7, 2019

CONSTANTIN

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018

ASSETS

| | | |
|---|---|---|
| Investments, at fair value (Notes 2, 3, 7 and 8) | | |
| Investment in registered investment companies | $ | 743,900 |
| Notes receivable from participants (Note 1) | | 12,824 |
| Total investments at fair value | | 756,724 |
| Receivable | | |
| Employer's contributions (Note 1) | | 115,285 |
| Total assets | | 872,009 |

LIABILITIES

| | | |
|---|---|---|
| Total liabilities | | - |
| Net assets available for benefits (Note 9) | $ | 872,009 |

The accompanying notes are an integral part of these financial statements.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income (Notes 2 and 3) | | |
| Net depreciation | | |
| in fair value of investments | $ | (95,152) |
| Dividend income | | 29,539 |
| Total investment loss | | (65,613) |
| Contributions | | |
| Employer's contributions (Notes 1 and 9) | | 179,568 |
| Participants' contributions (Note 1) | | 153,656 |
| Participants' rollovers (Note 1) | | 24,472 |
| Total contributions | | 357,696 |
| TOTAL ADDITIONS | | 292,083 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants and others (Note 1) | | 511 |
| Administrative and plan expenses (Notes 2 and 6) | | 305 |
| TOTAL DEDUCTIONS | | 816 |
| NET INCREASE | | 291,267 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | | 580,742 |
| End of year | $ | 872,009 |

The accompanying notes are an integral part of these financial statements.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018

## Note 1 Description of Plan

The following brief description of the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust provides general information regarding the Plan. Participants should refer to the Plan agreement for a complete description of specific plan provisions.

### General

Diptyque Distribution, LLC (The Company) established the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust effective January 1, 2006. The Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust (the "Plan") is a a deferred compensation plan covering all employees of Diptyque Distribution LLC and any participating affiliates.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan complies with the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 "EGTRRA". The Plan is in compliance with the various amendments to the Internal Revenue Code Provision for retirement plan known as "GUST".

As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 "EGTRRA", the Plan reduced the automatic cash-out threshold for distributions from $5,000 to $1,000. Due to this change, the trustee will deduct, on a per capita basis, the per participant fee from the accounts of participants who are no longer actively employed by the employer.

The Plan reflects the changes brought about by the Heroes Earnings Assistance and Relief Act of 2008 ("HEART Act"), The Worker, Retiree and Employment Recovery Act of 2008 and The Emergency Economic Stabilization Act of 2008.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

The Plan allows for loans. The minimum loan is $500 and each participant can have up to two active loans at a time. Loans are limited to 50% of your vested account balance to a maximum of $50,000. Loans must be fully paid within 5 years unless used for primary residence, which may be repaid within a period not to exceed 30 years. The interest rate will be prime plus two percentage points stated on the 14th day of each month prior to receipt of loan proceeds. The prior year loans outstanding are carryforward from the merger with Pro Service Forwarding Co., Inc. As of December 31, 2018 participant loan balance totaled $12,824.

Interest In Trust

The plan investments are held by a trust that was established for the investments of the assets of Diptyque Distribtion, LLC 401(K) Profit Sharing Plan and Trust. The assets of the trust are held by Reliance Trust Company as trustee. At December 31, 2018, the Plan's interest in the net assets of the trust was 100%. For the year ended December 31, 2018, income (loss) from the trust investments has been allocated to the Plan and the investments are presented at the fair value.

Amendments

The Plan had no amendment during the year 2018.

Eligibility

An individual who is an employee and at least 21 years old and have completed three months of service is elibible to participate. Enrollment date will be on the day the age and eligibility service requirements are satisfied.

Participant Accounts

Each participant's account is credited with the participant's contributions, applicable Company matching contributions, and plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance and share of net earnings of their respective elected investment options. Allocations are determined in accordance with the provisions of the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Employer's Contributions

For the year ended December 31, 2018, the Company made contributions to the plan equal to 100%, respectively on the first 4% of eligible earnings that you defer as an Elective Deferral plus 50% of the Elective Deferrals that you make between 4% and 6% of your eligible earnings that you defer as an Elective Deferral. The employer contribution totaled $179,568, net of forfeitures of $10,146 for the years ended December 31, 2018. The employer contribution receivable at year end December 31, 2018 amounting to $115,285. For the year ended December 31, 2018, the receivable balance was paid on March 20, 2019.

Participant Elective Deferral Contributions

The Plan allows participants to make pretax deferrals, after-tax Roth 401(k) deferrals or a combination of both of their elibigible, limited to the lesser of 1% to 90% of their base salary or up to $18,500 as of December 31, 2018, the maximum dollar amount established by the Internal Revenue Service, plus the age 50 catch-up contribution. The participant's deferred compensation is treated as a participant elective contribution and allocated to that participant's elective account. As of December 31, 2018, total participant contributions amounted to $153,656.

The "Age 50 Catch-up contribution", is applied when the participant reaches age 50 or older before the close of the plan year, she/he can make additional contributions up to the limit specified by law $6,000 for the year 2018. The catch-up contribution is applicable for all participants. The employer matching contribution will not be applicable to catch-up contribution.

Participant contributions are invested by the Trustee in specific investments funds as designated by each participant. Participants may also contribute rollover to the Plan all or a portion from another plan qualified under Section 401(a) of the Internal Revenue code.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Rollovers

Participants may contribute rollover to the Plan all or a portion of their vested balance from another qualified plan under Section 401(a) of the Internal Revenue code. These contributions will be kept in a separate Rollover Contribution Account established on the participants behalf. The participant will have at all times a 100% vested interest in this account. Rollovers for the plan year 2018 totaled $24,472.

Vesting

Participants will immediately be 100% vested in their contributions and actual earnings thereon, and will vest in employer contributions and actual earnings in accordance with the following schedule:

| | |
|---|---|
| Less than 2 years of service | 0% |
| 2 year | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

Forfeitures

Forfeiture of the Company contributions occurs when an employee leaves the Plan before they are fully vested in employer contributions. Forfeitures are applied to the payment of the plan's administration fees and/or future employer's match contributions. For the year ended December 31, 2018, forfeitures amounting to $10,146 were applied to the year end employer contribution.

Payment of Benefits

Distributions are allowed upon retirement, hardship, attainment of age 59 $^{1/2}$, disability, death of the participant or upon termination of service, a participant may elect to receive distribution of benefits in a lump sum.

Participants withdrawals and distributions are considered pre-approved, all request should be made via the automated channels, they shall be processed any business day during any month, the Plan administrator needs to review and approve any distribution that is subject to spousal consent, hardship and protected benefits forms that are only available to a specified class of participants.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Payment of Benefits (Continued)

The suspension tracking service for participants who take hardship withdrawals is available. A six month suspension is automatic and mandatory with hardship distributions.

As of December 31, 2018, total participant distributions amounted to $511.

Benefits Due to Terminated Employees

Fund balances for employees that have terminated but have yet to be paid out have been included in the net assets available for plan benefits. These payments will be reflected in the statement of changes in net assets available for plan benefits when actually paid.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Accounting policies that relate to the recording of assets and liabilities conform to the Department of Labor guidelines and are presented at their fair value. The current value of investments held by the Plan is the fair market value of assets at December 31, 2018.

Employee contributions are recorded on the accrual basis in the Plan year to which the contribution is applied. Distributions to beneficiaries are recorded when distributed by the Plan.

Use of Estimates

The preparation of the plan's financial statements in conformity with generally accepted accounting principles in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosure. Accordingly, actual results may differ from these estimates.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 2 Summary of Significant Accounting Policies (Continued)

Administrative Expenses

As provided in the Plan agreement, administrative expenses such as legal, accounting, trustee and recordkeeping services as required. of the Plan may be either paid by the Plan or by the Company. These expenses have been paid directly by the Company and are not reflected in the financial statements. Other fees such as loan initiation fees and distribution fees when taking a loan or distribution are paid by the participant. For the year ended December 31, 2018, these fees amounted to $305.

Risks and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Valuation of Investments and Income Recognition

The Plan investments are held by Reliance Trust Company. Investments are valued at fair value using quoted market prices. See Note 7 for discussion of fair value measurements. Investment transactions are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 3 Investments

The following is a summarization of the fair values as determined (see Note 7) at December 31, 2018:

| | 2018 |
|---|---|
| Common/collective trusts (NAV) | $ 27,498 |
| Registered investments | 716,402 |
| Loans to participants | 12,824 |
| Total investments at fair market value | $ 756,724 |

During the year 2018, the Plan's investment income was as follows:

| | 2018 |
|---|---|
| Dividend income | $ 29,539 |
| Net investment gain from common/collective trusts | 656 |
| Net investment loss from registered investment companies | (95,808) |
| Total investment loss | $ (65,613) |

Note 4 Plan Termination

Although the Company has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of Plan termination, net assets will be distributed to the participants according to the participant's account balance.

Note 5 Income Tax Status

The Plan qualifies under Section 401 (a) of the Internal Revenue Code and is therefore, not subject to tax under present income tax laws. The plan obtained a determination letter on July 8, 2014, in which the IRS rules that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 5 Income Tax Status (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or (asset) if the Plan has taken an uncertain positionthat more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has conclued as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recongition of a liability (or asset) or disclosure in the financial statements.

Note 6 Party-In- Interest Transactions

Certain plan investments are managed by the Reliance Trust Company. Reliance Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These amounts are included with administrative and plan expenses in the financial statements. Fees pertaining to the Plan audit are paid by the Company.

In addition, for the year ended December 31, 2018, the plan had aggregate loan outstanding in the amount of 12,824, with interest rates ranging from 6.5% to 7%.

The Plan did not have any non-exempt transactions during the year ended December 31, 2018.

Note 7 Fair Value Measurements

Financial Accounting Standards Board, ASC 820-10-35, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB, ASC 820-10-35 are described below:

*Level 1*:
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 7 Fair Value Measurements (Continued)

*Level 2*:
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3*:
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018.

*Common Stocks*:
Valued at closing price reported on the active market on which the individual securities are traded. These investments are classified within Level 1 in the fair value hierarchy table below.

*Corporate Bonds*:
Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. These investments are classified within Level 1 in the fair value hierarchy table below.

*Mutual Funds*:
Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value and transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These investments are classified within Level 1 in the fair value hierarchy table below.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 7 Fair Value Measurements (Continued)

*Common/Collective Trusts*:
The common/collective trusts are valued based on the value of net assets held in the collective trust divided by the number of trust units outstanding, or net asset value per share. At December 31, 2018, this fund is valued at the net asset value (NAV) per share practical expedient, utilizing the net asset valuation provided by the underlying private investment companies or administrators.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018.

| | Assets at Fair Value | |
|---|---|---|
| | Level 1 | Total |
| Registered Investment Companies | $ 716,402 | $ 716,402 |
| Common Collective Trusts (NAV) | - | 27,498 |
| Total Assets at Fair Value | $ 716,402 | $ 743,900 |

Note 8 Information Certified by the Trustee (Unaudited)

The Plan's investments are held by the Reliance Trust Company, trustee of the Plan. The detail of the investments that are included in these financial statements are based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 and 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The investments are presented at fair values as determined by quoted fair market prices of the investments.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 9 Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of employer's contributions per the financial statements to the Form 5500 as of December 31, 2018.

| | 2018 |
|---|---|
| Employer's contributions per the financial statements | $ 179,568 |
| Employer's contributions paid March 2019 | (115,285) |
| Employer's contributions per the Form 5500 | $ 64,283 |

The following is a reconciliation of net assets available for benefit per the financial statements to form 5500 as of December 31, 2018.

| | 2018 |
|---|---|
| Net assets available for benefit per financial statements | $ 872,009 |
| Accrued employer's contribution paid March 2019 | (115,285) |
| Net Assets per the Form 5500 | $ 756,724 |

Note 10 Subsequent Events

The Company has evaluated events and transactions occurring after December 31, 2018 through October 7, 2019, and determined that no subsequent activity required disclosure.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 SCHEDULE H PART IV QUESTION (i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2018

| Column A | Column B | Column C | Column E |
|---|---|---|---|
| Party in Interest | Fund Name | Description of Investment | Current Market Value |
| Diptyque Distribution, LLC | Invesco STable Asset - ADPZ | Common Collective Trust | $ 27,498 |
| | Oppenheimer International GR | Registered Investment Company | 281 |
| | Van Targ Retire 2060 - Inv | Registered Investment Company | 3,225 |
| | American Century Ultra -R6 | Registered Investment Company | 47,145 |
| | JPMorgan US Small Company R6 | Registered Investment Company | 6,396 |
| | Vanguard Real Estate Index AD | Registered Investment Company | 127 |
| | JPMorgan Core Plus Bond R6 | Registered Investment Company | 4,453 |
| | AMB Bridgeway LG Cap Val Inst | Registered Investment Company | 616 |
| | Van Target Retire 2045 - Inv | Registered Investment Company | 227,468 |
| | DFA Inflation Prot Sec Inst | Registered Investment Company | 668 |
| | Van Target Retire Inc - Inv | Registered Investment Company | 23,680 |
| | Columbia Contrarian Core - I3 | Registered Investment Company | 42,885 |
| | Columbia Balanced Fund - I3 | Registered Investment Company | 4,137 |
| | Ivy Intl Core Eq N | Registered Investment Company | 33,891 |
| | Van Target Retre 2020 - Inv | Registered Investment Company | 3,379 |
| | DFA US Core Equity 1 Port Ins | Registered Investment Company | 6,385 |
| | American Beacon Intl Eqty Ins | Registered Investment Company | 2,868 |
| | MFS Mid Cap Value Fund - R6 | Registered Investment Company | 23,475 |
| | Victory Integrity Smcap Val R | Registered Investment Company | 2,395 |
| | Vanguard Div GRTH - Inv | Registered Investment Company | 4,285 |
| | DFA US SM Cap Portoflio Inst | Registered Investment Company | 2,538 |
| | Ivy Emerging Markets Equity N | Registered Investment Company | 48,377 |
| | Van Target Retire 2055 | Registered Investment Company | 24,186 |
| | Van Target Retire 2030 - Inv | Registered Investment Company | 6,453 |
| | Dry/The Bos Co Sm/Md Cp Gr Y | Registered Investment Company | 436 |
| | Van Target Retire 2050 - Inv | Registered Investment Company | 68,604 |
| | Vanguard Sm Cap Val Index Adm | Registered Investment Company | 26,979 |
| | Blackrock High Yield Bond K | Registered Investment Company | 667 |
| | Alger Spectra Fund Z | Registered Investment Company | 445 |
| | Van Target Retire 2040 - Inv | Registered Investment Company | 7,974 |
| | Vanguard Intermediate Term BO | Registered Investment Company | 1,035 |
| | Van Target Retire 2035 - Inv | Registered Investment Company | 173 |
| | Janus Henderson Venture Fund | Registered Investment Company | 4,712 |
| | Blackrock Total Return K | Registered Investment Company | 34,413 |

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 SCHEDULE H PART IV QUESTION (i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

| Column A | Column B | Column C | Column E |
|---|---|---|---|
| Party in Interest | Fund Name | Description of Investment | Current Market Value |
| Diptyque Distribution, LLC | AB Mid Cap Value - Inst | Registered Investment Company | $ 2,664 |
| | Van Target Retire 2015 - Inv | Registered Investment Company | 28,849 |
| | Columbia Emerging Mkts - I3 | Registered Investment Company | 9,616 |
| | Van Target Retire 2025 - Inv | Registered Investment Company | 10,522 |
| | Total Investments | | 743,900 |
| | *Participants Loans | | 12,824 |
| | Total Assets Held for Investment Purposes | | $ 756,724 |

Note: Column (D) cost, has been omitted as all investments are participant-directed
* Represents a party-in-interest

Schedule C, Line 2(h) Formula Description

*For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":*

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

CONSTANTIN

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018

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*www.constantin.com*

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DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

INDEX TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018


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# INDEPENDENT AUDITOR'S REPORT

To the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust and Participants:

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018, and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets Held for Investment Purposes as of or for the year ended December 31, 2018 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Constantin Associates, LLP

Constantin Associates, LLP

New York, New York
October 7, 2019

CONSTANTIN

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2018

ASSETS

| | | |
|---|---|---|
| Investments, at fair value (Notes 2, 3, 7 and 8) | | |
| Investment in registered investment companies | $ | 743,900 |
| Notes receivable from participants (Note 1) | | 12,824 |
| Total investments at fair value | | 756,724 |
| Receivable | | |
| Employer's contributions (Note 1) | | 115,285 |
| Total assets | | 872,009 |

LIABILITIES

| | | |
|---|---|---|
| Total liabilities | | - |
| Net assets available for benefits (Note 9) | $ | 872,009 |

The accompanying notes are an integral part of these financial statements.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018

| | | |
|---|---|---|
| Additions to net assets attributed to: | | |
| Investment income (Notes 2 and 3) | | |
| Net depreciation | | |
| in fair value of investments | $ | (95,152) |
| Dividend income | | 29,539 |
| Total investment loss | | (65,613) |
| Contributions | | |
| Employer's contributions (Notes 1 and 9) | | 179,568 |
| Participants' contributions (Note 1) | | 153,656 |
| Participants' rollovers (Note 1) | | 24,472 |
| Total contributions | | 357,696 |
| TOTAL ADDITIONS | | 292,083 |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants and others (Note 1) | | 511 |
| Administrative and plan expenses (Notes 2 and 6) | | 305 |
| TOTAL DEDUCTIONS | | 816 |
| NET INCREASE | | 291,267 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | | 580,742 |
| End of year | $ | 872,009 |

The accompanying notes are an integral part of these financial statements.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018

## Note 1 Description of Plan

The following brief description of the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust provides general information regarding the Plan. Participants should refer to the Plan agreement for a complete description of specific plan provisions.

### General

Diptyque Distribution, LLC (The Company) established the Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust effective January 1, 2006. The Diptyque Distribution, LLC 401(k) Profit Sharing Plan and Trust (the "Plan") is a a deferred compensation plan covering all employees of Diptyque Distribution LLC and any participating affiliates.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan complies with the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 "EGTRRA". The Plan is in compliance with the various amendments to the Internal Revenue Code Provision for retirement plan known as "GUST".

As a result of the Economic Growth and Tax Relief Reconciliation Act of 2001 "EGTRRA", the Plan reduced the automatic cash-out threshold for distributions from $5,000 to $1,000. Due to this change, the trustee will deduct, on a per capita basis, the per participant fee from the accounts of participants who are no longer actively employed by the employer.

The Plan reflects the changes brought about by the Heroes Earnings Assistance and Relief Act of 2008 ("HEART Act"), The Worker, Retiree and Employment Recovery Act of 2008 and The Emergency Economic Stabilization Act of 2008.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

The Plan allows for loans. The minimum loan is $500 and each participant can have up to two active loans at a time. Loans are limited to 50% of your vested account balance to a maximum of $50,000. Loans must be fully paid within 5 years unless used for primary residence, which may be repaid within a period not to exceed 30 years. The interest rate will be prime plus two percentage points stated on the 14th day of each month prior to receipt of loan proceeds. The prior year loans outstanding are carryforward from the merger with Pro Service Forwarding Co., Inc. As of December 31, 2018 participant loan balance totaled $12,824.

Interest In Trust

The plan investments are held by a trust that was established for the investments of the assets of Diptyque Distribtion, LLC 401(K) Profit Sharing Plan and Trust. The assets of the trust are held by Reliance Trust Company as trustee. At December 31, 2018, the Plan's interest in the net assets of the trust was 100%. For the year ended December 31, 2018, income (loss) from the trust investments has been allocated to the Plan and the investments are presented at the fair value.

Amendments

The Plan had no amendment during the year 2018.

Eligibility

An individual who is an employee and at least 21 years old and have completed three months of service is elibible to participate. Enrollment date will be on the day the age and eligibility service requirements are satisfied.

Participant Accounts

Each participant's account is credited with the participant's contributions, applicable Company matching contributions, and plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated to each participant's account based on the ratio of the participant's account balance and share of net earnings of their respective elected investment options. Allocations are determined in accordance with the provisions of the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Employer's Contributions

For the year ended December 31, 2018, the Company made contributions to the plan equal to 100%, respectively on the first 4% of eligible earnings that you defer as an Elective Deferral plus 50% of the Elective Deferrals that you make between 4% and 6% of your eligible earnings that you defer as an Elective Deferral. The employer contribution totaled $179,568, net of forfeitures of $10,146 for the years ended December 31, 2018. The employer contribution receivable at year end December 31, 2018 amounting to $115,285. For the year ended December 31, 2018, the receivable balance was paid on March 20, 2019.

Participant Elective Deferral Contributions

The Plan allows participants to make pretax deferrals, after-tax Roth 401(k) deferrals or a combination of both of their elibigible, limited to the lesser of 1% to 90% of their base salary or up to $18,500 as of December 31, 2018, the maximum dollar amount established by the Internal Revenue Service, plus the age 50 catch-up contribution. The participant's deferred compensation is treated as a participant elective contribution and allocated to that participant's elective account. As of December 31, 2018, total participant contributions amounted to $153,656.

The "Age 50 Catch-up contribution", is applied when the participant reaches age 50 or older before the close of the plan year, she/he can make additional contributions up to the limit specified by law $6,000 for the year 2018. The catch-up contribution is applicable for all participants. The employer matching contribution will not be applicable to catch-up contribution.

Participant contributions are invested by the Trustee in specific investments funds as designated by each participant. Participants may also contribute rollover to the Plan all or a portion from another plan qualified under Section 401(a) of the Internal Revenue code.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Rollovers

Participants may contribute rollover to the Plan all or a portion of their vested balance from another qualified plan under Section 401(a) of the Internal Revenue code. These contributions will be kept in a separate Rollover Contribution Account established on the participants behalf. The participant will have at all times a 100% vested interest in this account. Rollovers for the plan year 2018 totaled $24,472.

Vesting

Participants will immediately be 100% vested in their contributions and actual earnings thereon, and will vest in employer contributions and actual earnings in accordance with the following schedule:

| | |
|---|---|
| Less than 2 years of service | 0% |
| 2 year | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 or more years | 100% |

Forfeitures

Forfeiture of the Company contributions occurs when an employee leaves the Plan before they are fully vested in employer contributions. Forfeitures are applied to the payment of the plan's administration fees and/or future employer's match contributions. For the year ended December 31, 2018, forfeitures amounting to $10,146 were applied to the year end employer contribution.

Payment of Benefits

Distributions are allowed upon retirement, hardship, attainment of age 59 $^{1/2}$, disability, death of the participant or upon termination of service, a participant may elect to receive distribution of benefits in a lump sum.

Participants withdrawals and distributions are considered pre-approved, all request should be made via the automated channels, they shall be processed any business day during any month, the Plan administrator needs to review and approve any distribution that is subject to spousal consent, hardship and protected benefits forms that are only available to a specified class of participants.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 1 Description of Plan (Continued)

Payment of Benefits (Continued)

The suspension tracking service for participants who take hardship withdrawals is available. A six month suspension is automatic and mandatory with hardship distributions.

As of December 31, 2018, total participant distributions amounted to $511.

Benefits Due to Terminated Employees

Fund balances for employees that have terminated but have yet to be paid out have been included in the net assets available for plan benefits. These payments will be reflected in the statement of changes in net assets available for plan benefits when actually paid.

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Accounting policies that relate to the recording of assets and liabilities conform to the Department of Labor guidelines and are presented at their fair value. The current value of investments held by the Plan is the fair market value of assets at December 31, 2018.

Employee contributions are recorded on the accrual basis in the Plan year to which the contribution is applied. Distributions to beneficiaries are recorded when distributed by the Plan.

Use of Estimates

The preparation of the plan's financial statements in conformity with generally accepted accounting principles in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosure. Accordingly, actual results may differ from these estimates.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 2 Summary of Significant Accounting Policies (Continued)

Administrative Expenses

As provided in the Plan agreement, administrative expenses such as legal, accounting, trustee and recordkeeping services as required. of the Plan may be either paid by the Plan or by the Company. These expenses have been paid directly by the Company and are not reflected in the financial statements. Other fees such as loan initiation fees and distribution fees when taking a loan or distribution are paid by the participant. For the year ended December 31, 2018, these fees amounted to $305.

Risks and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Valuation of Investments and Income Recognition

The Plan investments are held by Reliance Trust Company. Investments are valued at fair value using quoted market prices. See Note 7 for discussion of fair value measurements. Investment transactions are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 3 Investments

The following is a summarization of the fair values as determined (see Note 7) at December 31, 2018:

| | 2018 |
|---|---|
| Common/collective trusts (NAV) | $ 27,498 |
| Registered investments | 716,402 |
| Loans to participants | 12,824 |
| Total investments at fair market value | $ 756,724 |

During the year 2018, the Plan's investment income was as follows:

| | 2018 |
|---|---|
| Dividend income | $ 29,539 |
| Net investment gain from common/collective trusts | 656 |
| Net investment loss from registered investment companies | (95,808) |
| Total investment loss | $ (65,613) |

Note 4 Plan Termination

Although the Company has not expressed intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of Plan termination, net assets will be distributed to the participants according to the participant's account balance.

Note 5 Income Tax Status

The Plan qualifies under Section 401 (a) of the Internal Revenue Code and is therefore, not subject to tax under present income tax laws. The plan obtained a determination letter on July 8, 2014, in which the IRS rules that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 5 Income Tax Status (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or (asset) if the Plan has taken an uncertain positionthat more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has conclued as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recongition of a liability (or asset) or disclosure in the financial statements.

Note 6 Party-In- Interest Transactions

Certain plan investments are managed by the Reliance Trust Company. Reliance Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. These amounts are included with administrative and plan expenses in the financial statements. Fees pertaining to the Plan audit are paid by the Company.

In addition, for the year ended December 31, 2018, the plan had aggregate loan outstanding in the amount of 12,824, with interest rates ranging from 6.5% to 7%.

The Plan did not have any non-exempt transactions during the year ended December 31, 2018.

Note 7 Fair Value Measurements

Financial Accounting Standards Board, ASC 820-10-35, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB, ASC 820-10-35 are described below:

*Level 1*:
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 7 Fair Value Measurements (Continued)

*Level 2*:
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3*:
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018.

*Common Stocks*:
Valued at closing price reported on the active market on which the individual securities are traded. These investments are classified within Level 1 in the fair value hierarchy table below.

*Corporate Bonds*:
Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. These investments are classified within Level 1 in the fair value hierarchy table below.

*Mutual Funds*:
Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value and transact at that price. The mutual funds held by the Plan are deemed to be actively traded. These investments are classified within Level 1 in the fair value hierarchy table below.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 7 Fair Value Measurements (Continued)

*Common/Collective Trusts*:
The common/collective trusts are valued based on the value of net assets held in the collective trust divided by the number of trust units outstanding, or net asset value per share. At December 31, 2018, this fund is valued at the net asset value (NAV) per share practical expedient, utilizing the net asset valuation provided by the underlying private investment companies or administrators.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018.

| | Assets at Fair Value | |
|---|---|---|
| | Level 1 | Total |
| Registered Investment Companies | $ 716,402 | $ 716,402 |
| Common Collective Trusts (NAV) | - | 27,498 |
| Total Assets at Fair Value | $ 716,402 | $ 743,900 |

Note 8 Information Certified by the Trustee (Unaudited)

The Plan's investments are held by the Reliance Trust Company, trustee of the Plan. The detail of the investments that are included in these financial statements are based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 and 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The investments are presented at fair values as determined by quoted fair market prices of the investments.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

Note 9 Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of employer's contributions per the financial statements to the Form 5500 as of December 31, 2018.

| | 2018 |
|---|---|
| Employer's contributions per the financial statements | $ 179,568 |
| Employer's contributions paid March 2019 | (115,285) |
| Employer's contributions per the Form 5500 | $ 64,283 |

The following is a reconciliation of net assets available for benefit per the financial statements to form 5500 as of December 31, 2018.

| | 2018 |
|---|---|
| Net assets available for benefit per financial statements | $ 872,009 |
| Accrued employer's contribution paid March 2019 | (115,285) |
| Net Assets per the Form 5500 | $ 756,724 |

Note 10 Subsequent Events

The Company has evaluated events and transactions occurring after December 31, 2018 through October 7, 2019, and determined that no subsequent activity required disclosure.

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 SCHEDULE H PART IV QUESTION (i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2018

| Column A | Column B | Column C | Column E |
|---|---|---|---|
| Party in Interest | Fund Name | Description of Investment | Current Market Value |
| Diptyque Distribution, LLC | Invesco STable Asset - ADPZ | Common Collective Trust | $ 27,498 |
| | Oppenheimer International GR | Registered Investment Company | 281 |
| | Van Targ Retire 2060 - Inv | Registered Investment Company | 3,225 |
| | American Century Ultra -R6 | Registered Investment Company | 47,145 |
| | JPMorgan US Small Company R6 | Registered Investment Company | 6,396 |
| | Vanguard Real Estate Index AD | Registered Investment Company | 127 |
| | JPMorgan Core Plus Bond R6 | Registered Investment Company | 4,453 |
| | AMB Bridgeway LG Cap Val Inst | Registered Investment Company | 616 |
| | Van Target Retire 2045 - Inv | Registered Investment Company | 227,468 |
| | DFA Inflation Prot Sec Inst | Registered Investment Company | 668 |
| | Van Target Retire Inc - Inv | Registered Investment Company | 23,680 |
| | Columbia Contrarian Core - I3 | Registered Investment Company | 42,885 |
| | Columbia Balanced Fund - I3 | Registered Investment Company | 4,137 |
| | Ivy Intl Core Eq N | Registered Investment Company | 33,891 |
| | Van Target Retre 2020 - Inv | Registered Investment Company | 3,379 |
| | DFA US Core Equity 1 Port Ins | Registered Investment Company | 6,385 |
| | American Beacon Intl Eqty Ins | Registered Investment Company | 2,868 |
| | MFS Mid Cap Value Fund - R6 | Registered Investment Company | 23,475 |
| | Victory Integrity Smcap Val R | Registered Investment Company | 2,395 |
| | Vanguard Div GRTH - Inv | Registered Investment Company | 4,285 |
| | DFA US SM Cap Portoflio Inst | Registered Investment Company | 2,538 |
| | Ivy Emerging Markets Equity N | Registered Investment Company | 48,377 |
| | Van Target Retire 2055 | Registered Investment Company | 24,186 |
| | Van Target Retire 2030 - Inv | Registered Investment Company | 6,453 |
| | Dry/The Bos Co Sm/Md Cp Gr Y | Registered Investment Company | 436 |
| | Van Target Retire 2050 - Inv | Registered Investment Company | 68,604 |
| | Vanguard Sm Cap Val Index Adm | Registered Investment Company | 26,979 |
| | Blackrock High Yield Bond K | Registered Investment Company | 667 |
| | Alger Spectra Fund Z | Registered Investment Company | 445 |
| | Van Target Retire 2040 - Inv | Registered Investment Company | 7,974 |
| | Vanguard Intermediate Term BO | Registered Investment Company | 1,035 |
| | Van Target Retire 2035 - Inv | Registered Investment Company | 173 |
| | Janus Henderson Venture Fund | Registered Investment Company | 4,712 |
| | Blackrock Total Return K | Registered Investment Company | 34,413 |

DIPTYQUE DISTRIBUTION, LLC
401(K) PROFIT SHARING PLAN AND TRUST

FORM 5500 SCHEDULE H PART IV QUESTION (i)
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
FOR THE YEAR ENDED DECEMBER 31, 2018
(Continued)

| Column A | Column B | Column C | Column E |
|---|---|---|---|
| Party in Interest | Fund Name | Description of Investment | Current Market Value |
| Diptyque Distribution, LLC | AB Mid Cap Value - Inst | Registered Investment Company | $ 2,664 |
| | Van Target Retire 2015 - Inv | Registered Investment Company | 28,849 |
| | Columbia Emerging Mkts - I3 | Registered Investment Company | 9,616 |
| | Van Target Retire 2025 - Inv | Registered Investment Company | 10,522 |
| | Total Investments | | 743,900 |
| | *Participants Loans | | 12,824 |
| | Total Assets Held for Investment Purposes | | $ 756,724 |

Note: Column (D) cost, has been omitted as all investments are participant-directed
* Represents a party-in-interest

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning and ending

| | |
|---|---|
| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | **1d(1)** | | |
| | **(2)** Employer real property | **1d(2)** | | |
| **e** | Buildings and other property used in plan operation | **1e** | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | **1f** | | |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | **1g** | | |
| **h** | Operating payables | **1h** | | |
| **i** | Acquisition indebtedness | **1i** | | |
| **j** | Other liabilities | **1j** | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | **1k** | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | **1l** | | |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | **Income** | | **(a)** Amount | **(b)** Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | **2a(1)(A)** | | |
| | **(B)** Participants | **2a(1)(B)** | | |
| | **(C)** Others (including rollovers) | **2a(1)(C)** | | |
| | **(2)** Noncash contributions | **2a(2)** | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | **2a(3)** | | |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | **2b(1)(A)** | | |
| | **(B)** U.S. Government securities | **2b(1)(B)** | | |
| | **(C)** Corporate debt instruments | **2b(1)(C)** | | |
| | **(D)** Loans (other than to participants) | **2b(1)(D)** | | |
| | **(E)** Participant loans | **2b(1)(E)** | | |
| | **(F)** Other | **2b(1)(F)** | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | **2b(1)(G)** | | |
| | **(2)** Dividends: **(A)** Preferred stock | **2b(2)(A)** | | |
| | **(B)** Common stock | **2b(2)(B)** | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | **2b(2)(C)** | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | |
| | **(3)** Rents | **2b(3)** | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | **2b(4)(A)** | | |
| | **(B)** Aggregate carrying amount (see instructions) | **2b(4)(B)** | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | **2b(4)(C)** | | |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | | |
| | **(B)** Other | **2b(5)(B)** | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: **(2)** EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | | |
| **e** | Was this plan covered by a fidelity bond? | 4e | | | |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PARTICIPANT LOANS | INTEREST RATES ( 5.50% TO 7.00%) | | 12,824 |
| | OPPENHEIMER INTERNATIONAL GR I | REGISTERED INVESTMENT COMPANY | | 281 |
| | VAN TARG RETIRE 2060 - INV | REGISTERED INVESTMENT COMPANY | | 3,225 |
| | AMERICAN CENTURY ULTRA - R6 | REGISTERED INVESTMENT COMPANY | | 47,145 |
| | JPMORGAN US SMALL COMPANY R6 | REGISTERED INVESTMENT COMPANY | | 6,396 |
| | VANGUARD REAL ESTATE INDEX ADM | REGISTERED INVESTMENT COMPANY | | 127 |
| | JPMORGAN CORE PLUS BOND R6 | REGISTERED INVESTMENT COMPANY | | 4,453 |

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | AMB BRIDGEWAY LG CAP VAL INST | REGISTERED INVESTMENT COMPANY | | 616 |
| | VAN TARGET RETIRE 2045 - INV | REGISTERED INVESTMENT COMPANY | | 227,468 |
| | DFA INFLATION PROT SEC INST | REGISTERED INVESTMENT COMPANY | | 668 |
| | VAN TARGET RETIRE INC - INV | REGISTERED INVESTMENT COMPANY | | 23,680 |
| | COLUMBIA CONTRARIAN CORE - I3 | REGISTERED INVESTMENT COMPANY | | 42,885 |
| | COLUMBIA BALANCED FUND - I3 | REGISTERED INVESTMENT COMPANY | | 4,137 |
| | IVY INTL CORE EQ N | REGISTERED INVESTMENT COMPANY | | 33,891 |

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VAN TARGET RETIRE 2020 - INV | REGISTERED INVESTMENT COMPANY | | 3,379 |
| | DFA US CORE EQUITY 1 PORT INST | REGISTERED INVESTMENT COMPANY | | 6,385 |
| | AMERICAN BEACON INTL EQTY INST | REGISTERED INVESTMENT COMPANY | | 2,868 |
| | MFS MID CAP VALUE FUND - R6 | REGISTERED INVESTMENT COMPANY | | 23,475 |
| | VICTORY INTEGRITY SMCAP VAL R6 | REGISTERED INVESTMENT COMPANY | | 2,395 |
| | VANGUARD DIV GRTH - INV | REGISTERED INVESTMENT COMPANY | | 4,285 |
| | DFA US SM CAP PORTFOLIO INST | REGISTERED INVESTMENT COMPANY | | 2,538 |

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | IVY EMERGING MARKETS EQUITY N | REGISTERED INVESTMENT COMPANY | | 48,377 |
| | VAN TARGET RETIRE 2055 | REGISTERED INVESTMENT COMPANY | | 24,186 |
| | VAN TARGET RETIRE 2030 - INV | REGISTERED INVESTMENT COMPANY | | 6,453 |
| | DRY/THE BOS CO SM/MD CP GR Y | REGISTERED INVESTMENT COMPANY | | 436 |
| | VAN TARGET RETIRE 2050 - INV | REGISTERED INVESTMENT COMPANY | | 68,604 |
| | VANGUARD SM CAP VAL INDEX ADM | REGISTERED INVESTMENT COMPANY | | 26,979 |
| | BLACKROCK HIGH YIELD BOND K | REGISTERED INVESTMENT COMPANY | | 667 |

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | ALGER SPECTRA FUND Z | REGISTERED INVESTMENT COMPANY | | 445 |
| | VAN TARGET RETIRE 2040 - INV | REGISTERED INVESTMENT COMPANY | | 7,974 |
| | VANGUARD INTERMEDIATE TERM BON | REGISTERED INVESTMENT COMPANY | | 1,035 |
| | VAN TARGET RETIRE 2035 - INV | REGISTERED INVESTMENT COMPANY | | 173 |
| | JANUS HENDERSON VENTURE FUND-N | REGISTERED INVESTMENT COMPANY | | 4,712 |
| | BLACKROCK TOTAL RETURN K | REGISTERED INVESTMENT COMPANY | | 34,413 |
| | AB MID CAP VALUE - INST | REGISTERED INVESTMENT COMPANY | | 2,664 |

## Attachment to 2018 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** DIPTYQUE DISTRIBUTION LLC 401(K) PROFIT SHARING PLAN AND T **EIN:** 98-0475457

**Plan Sponsor's Name** DIPTYQUE DISTRIBUTION LLC **PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VAN TARGET RETIRE 2015 - INV | REGISTERED INVESTMENT COMPANY | | 28,849 |
| | COLUMBIA EMERGING MKTS - I3 | REGISTERED INVESTMENT COMPANY | | 9,616 |
| | VAN TARGET RETIRE 2025 - INV | REGISTERED INVESTMENT COMPANY | | 10,522 |
| | INVESCO STABLE ASSET - ADPZ | COMMON/COLLECTIVE TRUST | | 27,498 |
| | | | | |
| | | | | |
| | | | | |