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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
TWEEZERMAN INTERNATIONAL, LLC

2 TRI -HARBOR COURT
PORT WASHINGTON, NY 11050-4617

2b Employer Identification Number (EIN)
20-1872710

2c Plan Sponsor's telephone number
800-645-3330

2d Business code (see instructions)
332900

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.	10/11/2019	DONNA REUTTER
	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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	203
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)**	125
a(2) Total number of active participants at the end of the plan year	**6a(2)**	115
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	85
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	203
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	187
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
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 2S 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)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(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)	[X]	1	**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TWEEZERMAN INTERNATIONAL, LLC

D Employer Identification Number (EIN)
20-1872710

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
36-6071399	70688	600880	187	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
18325	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY INSURANCE SERVICES
1 NEW YOUR PLAZA 12TH FL
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18325			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1255922
5	Current value of plan's interest under this contract in separate accounts at year end	5	4317885

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	1684980
c	Additions: (1) Contributions deposited during the year	7c(1)	115059		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10063		
	(4) Transferred from separate account	7c(4)	3277		
	(5) Other (specify below)	7c(5)	62922		
	▶ FORFS, LOANS				
	(6) Total additions			7c(6)	191321
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1876301
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	148714		
	(2) Administration charge made by carrier	7e(2)	1612		
	(3) Transferred to separate account	7e(3)	324557		
	(4) Other (specify below)	7e(4)	145496		
	▶ FORFS, LOANS				
	(5) Total deductions			7e(5)	620379
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1255922

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TWEEZERMAN INTERNATIONAL, LLC

D Employer Identification Number (EIN)
20-1872710

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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)

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(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?
15 37 52 62 64 67	RECORDKEEPER	3080	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
22 23 53	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	65	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
MORGAN STANLEY INSURNCE SERVICES IN	22 23 53	18325

(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.
TRANSAMERICA LIFE INSURANCE COMPANY 39-0989781	FIXED COMMISSIONS

(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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TWEEZERMAN INTERNATIONAL, LLC

D Employer Identification Number (EIN)
20-1872710

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: AMER FUNDS EUROPACIFIC GROWTH RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-076	P	101067

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-255	P	44406

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-077	P	149910

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION RET ACC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-277	P	42285

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-365	P	101784

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PROTECTED SEC PORTFOLIO RE

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-526	P	111565

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.

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)
13-6071399-328	P	102221

a Name of MTIA, CCT, PSA, or 103-12 IE:	JANUS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-227	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65187
a Name of MTIA, CCT, PSA, or 103-12 IE:	LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-094	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	235947
a Name of MTIA, CCT, PSA, or 103-12 IE:	NUVEEN MID CAP GROWTH OPPORTUNITIES		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	121018
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIMCO LOW DURATION RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-472	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15023
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIONEER EQUITY INCOME		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-670	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	158662
a Name of MTIA, CCT, PSA, or 103-12 IE:	PIONEER FUNDAMENTAL GROWTH RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-595	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	345360
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRUDENTIAL JENN NATURAL RESOURCES R		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-268	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6346
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA EMERGING MARKETS INDEX RET ACC		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-169	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12730
a Name of MTIA, CCT, PSA, or 103-12 IE:	SSGA S&P MID CAP INDEX RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	182044
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2020 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27809

a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2025 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53552
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2030 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	259000
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2035 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49004
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2040 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	207773
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2045 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-295	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36648
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2050 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	135371
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2055 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57602
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX 2060 RE		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-607	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10192
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA BLACKROCK LIFEPATH INDEX RETIREM		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-417	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86751
a Name of MTIA, CCT, PSA, or 103-12 IE:	TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-350	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15902

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC - CONSERVA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94929
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC - GROWTH P		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7999
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOC - MODERATE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 618424
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-102	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17561
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMALLMID CAP VALUE RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-124	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279965
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30226
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP GROWTH INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-131	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42286
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS META		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63307
a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS. CO.		
c EIN-PN 13-6071399-309	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428029
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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TWEEZERMAN INTERNATIONAL, LLC

D Employer Identification Number (EIN)
20-1872710

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)	147196	220991
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4284014	4317885
(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)	1684980	1255922
(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	6116190	5794798
	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	6116190	5794798

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)	110069	
	(B) Participants	2a(1)(B)	471594	
	(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)		581663
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)	8411	
	(F) Other	2b(1)(F)	10063	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18474
	(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)		-306453
(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		293684
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	611996	
(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)		611996
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)	3080	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		615076
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-321392
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: PRICE WATERHOUSE COOPER, LLC **(2)** EIN: 13-4008324

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		500000
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		X	

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
TWEEZERMAN INTERNATIONAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TWEEZERMAN INTERNATIONAL, LLC

D Employer Identification Number (EIN)
20-1872710

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): 13-3689044

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):

Tweezerman International 401(k) Plan

Financial Statements and Supplemental Schedule
December 31, 2018 and 2017

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* Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of
Tweezerman International 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Tweezerman International 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017 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 the 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 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 3, which was certified by Transamerica Financial Life Insurance Company, the insurance company 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 insurance company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the insurance company as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the insurance company 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 the financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2018 is required by the Department of Labor's 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 insurance company, 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.

PricewaterhouseCoopers LLP

Melville, New York
October 10, 2019

Tweezerman International 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value	$ 4,317,885	$ 4,284,014
Investments, at contract value	1,255,922	1,684,979
Total investments	5,573,807	5,968,993
Receivables		
Notes receivable from participants	220,991	147,197
Net assets available for benefits	$ 5,794,798	$ 6,116,190

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

Tweezerman International 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions	
Investment income	
Interest Income	$ 18,474
Total investment income	18,474
Contributions	
Participant contributions	471,594
Employer contributions	110,069
Total contributions	581,663
Total additions	600,137
Deductions	
Investment loss	
Net depreciation in fair value of investments	306,453
Total investment loss	306,453
Benefits paid to participants	611,996
Administrative fees	3,080
Total deductions	921,529
Net decrease in net assets	(321,392)
Net assets available for benefits	
Beginning	6,116,190
Ending	$ 5,794,798

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

1. Description of Plan

The following brief description of the Tweezerman International 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Tweezerman International, LLC and its affiliates (collectively, the "Company") that is available to all Company employees that have met the eligibility conditions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility Requirements

All employees, as defined in the Plan, who are at least 21 years of age and have completed three months of service are eligible to participate in the Plan. Union employees, nonresident aliens who have no earned US wages, leased employees, part-time, temporary, or seasonable employees whom are regularly scheduled to work less than 1,000 hours per year are not eligible (however, if a part-time, temporary or seasonal employee completes one year of service in any year of employment, they become eligible).

Contributions

Each year, participants may contribute up to 50% of their pretax annual compensation to the Plan, providing that such contributions do not exceed the maximum individual contribution limit set by the Internal Revenue Service, which for 2018 is $18,500. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch up contributions of $6,000. Participants may also elect to deposit certain rollover contributions directly into the Plan.

The Company may make matching contributions equal to a discretionary percentage or dollar amount of participant contributions excluding catch-up contributions, as determined by the Company, not to exceed $1,000 per participant for any Plan year.

The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a deferral rate set at 3% of eligible compensation unless they affirmatively elect not to participate in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching contribution, plus a proportionate interest in the investment earnings or losses of the funds in which the contributions are invested and forfeitures. Upon enrollment in the Plan, a participant may direct their contributions into a variety of investment options offered by the Plan. Allocations are based on participant earnings and account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Administrative Expenses

Administrative expenses charged by the record keeper are paid by the Company, with the exception of certain fees related to specific participant transactions which are charged directly to corresponding participant balances.

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contribution is based upon the following schedule:

Years of Vesting Service	Nonforfeitable Percentage
Less than 2	0 %
2 years	20 %
3 years	40 %
4 years	60 %
5 years	80 %
6 or more years	100 %

Participants will become 100% vested in the Company's matching contributions upon death or disability.

Payment of Benefits
Benefits payments to participants are recorded upon distribution. Upon termination of service, a participant may elect to receive the value of their vested account balance in a lump sum, substantially equal periodic installments, or partial withdrawals, as described in the Plan document. Balances less than $5,000 will be disbursed without consent, and in-service distributions may be made if a participant reaches age 59½. In addition, the Plan provides for participant withdrawals in the event of hardships, as defined in the Plan document.

Notes Receivable from Participants
Participants may borrow from their account, subject to the Sponsor's authorization. The maximum amount that may be borrowed is the lesser of $50,000 or 50% of the participant's vested account balance. The minimum amount that may be borrowed is $1,000. Participants may only have one outstanding loan at any time. Loans must be repaid over a period not to exceed five years from the date of the loan, unless the loan was used to purchase a primary residence, in which case it must be repaid over a period not to exceed 30 years. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through bi-weekly payroll deductions.

If a participant fails to make a payment when a loan is due under the terms of the loan, that participant will be in default. In the event of default, the loan shall become due and payable immediately, and interest will continue to accrue until the entire loan balance is repaid. The Plan will take all reasonable actions to collect the balance owed on the loan. Under certain circumstances, the loan in default could be considered a distribution from the Plan and could be considered income to the participant. In any event, failure to repay a loan will reduce the benefit to which a participant would otherwise be entitled from the Plan.

Forfeited Accounts
Forfeitures of non-vested account balances are used to reduce the Company's matching contribution. At December 31, 2018 and 2017, forfeited non-vested accounts totaled $11,520 and $6,453, respectively.

2. Summary of Significant Accounting Policies

The financial statements have been prepared on the accrual basis of accounting. The following is a summary of significant accounting policies.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases and decreases in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The investments at fair value are held in pooled separate accounts and are valued at the net asset value (the "NAV") per unit, as determined by the insurance company at year end. The NAV is used as the practical expedient to estimate fair value and is based on the fair value of the underlying investment held by the fund less its liabilities. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The practical expedient is not used when it is determined to be probable that fund will sell the investment at an amount different than the reported NAV. Investments that are measured at NAV are not required to be classified in the fair value hierarchy.

The investment at contract value is invested in a fully benefit-responsive contract backed by the general account of the Transamerica Financial Life Insurance Company ("TFLIC"). The general account of TFLIC is valued at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Investments that are measured at contract value are not required to be classified in the fair value hierarchy.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

Certain management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, these management fees and operating expenses are reflected in the net depreciation in the fair value of such investments.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Risks and Uncertainties
The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

3. Information Certified by TFLIC

In accordance with 29 CFR 2520.103–5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the insurance company has certified that the investment information included in the financial statements as of December 31, 2018 and 2017 and for the year ended December 31, 2018 and the related schedule of assets held as of December 31, 2018 are complete and accurate.

	2018	2017
Pooled separate accounts ("PSA")	$ 4,317,885	$ 4,284,014
Stable value account	1,255,922	1,684,979
Total certified assets	$ 5,573,807	$ 5,968,993
Notes receivable from participants	$ 220,991	$ 147,197
Net depreciation in fair value of investments	$ (306,453)	
Interest income	$ 18,474	

4. Net Asset Value Per Share

The following tables provide information with respect to the Plan's investments with a reported NAV per share at December 31, 2018 and 2017:

	2018				
	Fair Value Estimated Using Net Asset Value per Share				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts					
International	$ 410,334	$ -	Daily	None	None
Balanced	65,187	-	Daily	None	None
Bond	380,974	-	Daily	None	None
Large cap	567,329	-	Daily	None	None
Mid cap	333,289	-	Daily	None	None
Small cap	409,002	-	Daily	None	None
Asset allocation	1,314,820	-	Daily	None	None
Target date	836,950	-	Daily	None	None
	$ 4,317,885	$ -			

	2017				
	Fair Value Estimated Using Net Asset Value per Share				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts					
International	$ 462,291	$ -	Daily	None	None
Balanced	69,142	-	Daily	None	None
Bond	173,002	-	Daily	None	None
Large cap	915,670	-	Daily	None	None
Mid cap	354,252	-	Daily	None	None
Small cap	413,681	-	Daily	None	None
Asset allocation	1,051,828	-	Daily	None	None
Target date	844,148	-	Daily	None	None
	$ 4,284,014	$ -			

5. Stable Value Account

Participants may invest in a fully benefit-responsive contract backed by the general account of TFLIC (the "Stable Value Account"). Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Stable Value Account. The contract value of the guaranteed investment contract is $1,255,922 and $1,684,979 as of December 31, 2018 and 2017, respectively.

Prior to each January 1st and July 1st, the effective annual rate of interest is established for the corresponding six-month period. Interest is credited, based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate applicable at the time. There is no stated minimum or maximum interest rate.

The terms of the contract require all participant-initiated transactions to occur at contract value with no conditions, limits or restrictions. Permitted participant-initiated transactions include withdrawals for benefits, loans or transfers to other investment choices within the Plan. Since the Stable Value Account is an obligation of TFLIC, the occurrence of an event that limits the ability of the investment to transact at contract value is not probable. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The average yield was 0.75% and 0.70% during 2018 and 2017, respectively.

6. Federal Income Tax Status

The Plan uses a prototype plan document sponsored by TFLIC. TFLIC received an opinion letter from the IRS, dated May 30, 2008, which states that the prototype document satisfied the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since TFLIC received its opinion letter from the IRS for the prototype plan adopted by the Plan, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States 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 position that 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 concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes the Plan is no longer subject to income tax examinations by taxing authorities for years prior to 2014.

7. Plan Amendment or Termination

While the Company has not expressed any intention to discontinue the Plan, it reserves the right to amend or terminate the Plan at any time subject to the terms of the Plan agreement. If the Plan is terminated, the interest of the participants in their account balances would continue to be fully vested and non-forfeitable.

8. Related Party and Party-in-Interest Transactions

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Additionally, certain administrative expenses are paid directly by the Company.

All Plan investments are managed by TFLIC, the custodian of the Plan; accordingly, these transactions qualify as party-in-interest transactions.

9. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2019, the date the financial statements were available to be issued, and has determined there are no additional items that require disclosure.

Supplemental Schedule

Tweezerman International 401(K) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2018

(a)	(b) Identity of Issuer, 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
*	Amer Funds EuroPacific Growth Ret Acct	PSA	**	$ 101,067
*	American Funds New Perspective Ret Acct	PSA	**	44,406
*	American Funds Small-Cap World Ret Acct	PSA	**	149,910
*	BlackRock Global Allocation Ret Acct	PSA	**	42,285
*	BlackRock Health Sciences Ops Ret Acct	PSA	**	101,784
*	DFA Infl-Protected Securities Portfolio Ret Acct	PSA	**	111,564
*	First Eagle Overseas Ret Acct	PSA	**	102,221
*	Janus Balanced Ret Acct	PSA	**	65,187
*	Loomis Sayles Investment Grade Bond Ret Acct	PSA	**	235,947
*	Nuveen Mid Cap Growth Opportunities	PSA	**	121,019
*	PIMCO Low Duration Ret Acct	PSA	**	15,024
*	Pioneer Equity Income	PSA	**	158,662
*	Pioneer Fundamental Growth Ret Acct	PSA	**	345,360
*	Prudential Jenn Natural Resources Ret Acct	PSA	**	6,346
*	SSgA Emerging Markets Index Ret Acct	PSA	**	12,730
*	SSgA S&P Mid Cap Index Ret Acct	PSA	**	182,044
*	TA BlackRock LifePath Index 2020 Ret Acct	PSA	**	27,809
*	TA BlackRock LifePath Index 2025 Ret Acct	PSA	**	53,552
*	TA BlackRock LifePath Index 2030 Ret Acct	PSA	**	259,000
*	TA BlackRock LifePath Index 2035 Ret Acct	PSA	**	49,004
*	TA BlackRock LifePath Index 2040 Ret Acct	PSA	**	207,772
*	TA BlackRock LifePath Index 2045 Ret Acct	PSA	**	36,648
*	TA BlackRock LifePath Index 2050 Ret Acct	PSA	**	135,371
*	TA BlackRock LifePath Index 2055 Ret Acct	PSA	**	57,602
*	TA BlackRock LifePath Index 2060 Ret Acct	PSA	**	10,192
*	TA BlackRock LifePath Index Retirement Ret Acct	PSA	**	86,751
*	Templeton Global Bond Ret Acct	PSA	**	15,902
*	Transamerica Asset Allocation - Conservative Portfolio	PSA	**	94,929
*	Transamerica Asset Allocation - Growth Portfolio	PSA	**	7,999
*	Transamerica Asset Allocation - Moderate Portfolio	PSA	**	618,424
*	Transamerica Partners High Yield Bond Ret Acct	PSA	**	17,561
*	Transamerica Small/Mid Cap Value Ret Acct	PSA	**	279,965
*	Transamerica Stable Value Core Account	Stable value	**	1,255,922
*	Vanguard REIT Index Ret Acct	PSA	**	30,226
*	Vanguard Small-Cap Growth Index Ret Acct	PSA	**	42,286
*	Wells Fargo Advantage Precious Metals Ret Acct	PSA	**	428,029
*	WMC Core Equity Ret Acct	PSA	**	63,307
*	Notes receivable from participants	Loans, interest rates range from 4.25% to 6.25%, range of maturity: 2019 through 2033, collateralized by participant account balances		220,991
				$ 5,794,798

* Denotes a party-in-interest to the Plan as defined by ERISA.
** Cost information has been omitted for participant-directed investments.

The information in this schedule has been certified as to its completeness and accuracy by the insurance company.

Tweezerman International 401k Plan
EIN No.: 20-1872710, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2018

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Transamerica Financial Life Ins. Co.	Insurance Company/General Account	**$ 1,255,922**
	Transamerica Financial Life Ins. Co.	American Funds EuroPacific Growth Ret Acct	$ 101,067
	Transamerica Financial Life Ins. Co.	American Funds New Perspective Ret Acct	$ 44,406
	Transamerica Financial Life Ins. Co.	American Funds SMALLCAP World Ret Acct	$ 149,910
	Transamerica Financial Life Ins. Co.	BlackRock Global Allocation Ret Acct	$ 42,285
	Transamerica Financial Life Ins. Co.	BlackRock Health Sciences Ops Ret Acct	$ 101,784
	Transamerica Financial Life Ins. Co.	DFA Inflation-Protected Securities Portfolio Ret Acct	$ 111,565
	Transamerica Financial Life Ins. Co.	First Eagle Overseas Ret Acct	$ 102,221
	Transamerica Financial Life Ins. Co.	Janus Henderson Balanced Ret Acct	$ 65,187
	Transamerica Financial Life Ins. Co.	Loomis Sayles Investment Grade Bond Ret Acct	$ 235,947
	Transamerica Financial Life Ins. Co.	Nuveen Mid Cap Growth Opportunities Ret Acct	$ 121,018
	Transamerica Financial Life Ins. Co.	PIMCO Low Duration Ret Acct	$ 15,023
	Transamerica Financial Life Ins. Co.	Pioneer Equity Income Ret Acct	$ 158,662
	Transamerica Financial Life Ins. Co.	Pioneer Fundamental Growth Ret Acct	$ 345,360
	Transamerica Financial Life Ins. Co.	Prudential Jennison Natural Resources Ret Acct	$ 6,346
	Transamerica Financial Life Ins. Co.	State Street Emerging Markets Index Ret Acct	$ 12,730
	Transamerica Financial Life Ins. Co.	State Street S&P Mid Cap Index Ret Acct	$ 182,044
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2020 Ret Acct	$ 27,809
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2025 Ret Acct	$ 53,552
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2030 Ret Acct	$ 259,000
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2035 Ret Acct	$ 49,004
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2040 Ret Acct	$ 207,773
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2045 Ret Acct	$ 36,648
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2050 Ret Acct	$ 135,371
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2055 Ret Acct	$ 57,602
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index 2060 Ret Acct	$ 10,192
	Transamerica Financial Life Ins. Co.	TA BlackRock Lifepath Index Retirement Ret Acct	$ 86,751
	Transamerica Financial Life Ins. Co.	Templeton Global Bond Ret Acct	$ 15,902
	Transamerica Financial Life Ins. Co.	Transamerica Asset Allocation - Conservative Portfolio Ret Acct	$ 94,929
	Transamerica Financial Life Ins. Co.	Transamerica Asset Allocation - Growth Portfolio Ret Acct	$ 7,999
	Transamerica Financial Life Ins. Co.	Transamerica Asset Allocation - Moderate Portfolio Ret Acct	$ 618,424
	Transamerica Financial Life Ins. Co.	Transamerica Partners High Yield Bond Ret Acct	$ 17,561
	Transamerica Financial Life Ins. Co.	Transamerica Small/Mid Cap Value Ret Acct	$ 279,965
	Transamerica Financial Life Ins. Co.	TA Vanguard REIT Index Ret Acct	$ 30,226
	Transamerica Financial Life Ins. Co.	TA Vanguard Small-Cap Growth Index Ret Acct	$ 42,286
	Transamerica Financial Life Ins. Co.	Wells Fargo Precious Metals Ret Acct	$ 63,307
	Transamerica Financial Life Ins. Co.	WMC Core Equity Ret Acct	$ 428,029
		SEPARATE ACCOUNTS TOTAL	**$ 4,317,885**
*	Participants	Notes Receivable with interest rates of 4.25% to 6.25%	**$ 220,991**
		TOTAL PLAN ASSETS	**$ 5,794,798**

* Indicates Party-In-Interest to the Plan