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
- [X] 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
ZWILLING J.A. HENCKELS, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)
ZWILLING J.A. HENCKELS, LLC

270 MARBLE AVENUE
PLEASANTVILLE, NY 10570

2b Employer Identification Number (EIN)
13-5553245

2c Plan Sponsor's telephone number
914-747-0300

2d Business code (see instructions)
332210

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.	10/15/2019	KAJ JOHNSON
	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**	133
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)**	115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	149
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	172
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	172
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
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 2R 2T 3D

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)	[ ]	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)	[ ]	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)	[ ]	**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)	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
ZWILLING J.A. HENCKELS, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ZWILLING J.A. HENCKELS, LLC

D Employer Identification Number (EIN)
13-5553245

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 60 64 65	RECORDKEEPER	1294	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ARTISAN INTL - DST ASSET MANAGER S PO BOX 219432 KANSAS CITY, MO 64121	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GLENMEDE SMCP EQ ADV - STATE STREE 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS EQUITY & INC A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS EUROPEAN GRTH Y - INVESCO CAN 5140 YONGE STREET, SUITE 900 TORONTO, ON M2N 6 CA	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
J H ENTERPRISE T - JANUS SERVICES 43-1804048	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPM US EQUITY I - DST ASSET MANAGE PO BOX 219432 KANSAS CITY, MO 64121	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS STRAT INC Y - DST ASSET MAN PO BOX 219432 KANSAS CITY, MO 64121	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS GOVT SEC R4 - MFS SERVICE CENT 04-2865649	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NORTHERN SM CAP VAL - NORTHERN TRU 36-2723087	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - DST ASSET M PO BOX 219432 KANSAS CITY, MO 64121	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIRE BAL - T. ROWE PRICE SER 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2015 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2020 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2025 - T. ROWE PRIC 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2030 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2035 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2040 - T. ROWE PRIC 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2045 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2050 - T. ROWE PRIC 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP RETIREMENT 2055 - T. ROWE PRIC 52-2269240	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY S ESTB VAL A - FIS INVESTO 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.50%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VT INTL SM CAP A - FIS INVESTOR SE 4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.60%

(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
ZWILLING J.A. HENCKELS, LLC 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
ZWILLING J.A. HENCKELS, LLC

D Employer Identification Number (EIN)
13-5553245

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: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT 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)
04-3022712-024	C	7628

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
ZWILLING J.A. HENCKELS, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ZWILLING J.A. HENCKELS, LLC

D Employer Identification Number (EIN)
13-5553245

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8046	1144
(2) Participant contributions	1b(2)	20455	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	560193	403038
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	3260	2704
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	79495	113441
(9) Value of interest in common/collective trusts	1c(9)	410	7628
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8127795	8309808
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8799654	8837763
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	8799654	8837763

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)	355114	
	(B) Participants	2a(1)(B)	705572	
	(C) Others (including rollovers)	2a(1)(C)	36248	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1096934
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5475	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	3389	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8864
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	572673	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		572673
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	-1247	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1247

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		69
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1011884
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		665409
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	627931	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		627931
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		-3738
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	121	
(4) Other	2i(4)	2986	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3107
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		627300
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38109
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: PRICEWATERHOUSE COOPERS, LLP **(2)** EIN: 13-5565207

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		278262
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
ZWILLING J.A. HENCKELS, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ZWILLING J.A. HENCKELS, LLC

D Employer Identification Number (EIN)
13-5553245

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**

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): 04-6568107

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):

Zwilling J.A. Henckels, LLC 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2018 and 2017

Zwilling J.A. Henckels, LLC 401(k) Plan
Index
December 31, 2018 and 2017

Page(s)

Report of Independent Auditors 1–2

Financial Statements

Statements of Net Assets Available for Benefits at December 31, 2018 and 2017 3

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018 4

Notes to Financial Statements 5–10

Supplemental Schedules*

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2018 11

Schedule H, Line 4i - Assets (Held at End of Year) As of December 31, 2018 12

* 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
Zwilling J.A. Henckels, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Zwilling J.A. Henckels, LLC 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 Fidelity Management 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 2017 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 the financial statements.

Other Matter

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2018, and of assets (held at end of year) as of December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, 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.

PricewaterhouseCoopers LLP

Melville, New York
October 15, 2019

Zwilling J.A. Henckels, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value	$ 8,723,178	$ 8,691,659
Receivables		
Notes receivable from participants	113,441	79,495
Contributions receivable from participants	-	20,455
Contributions receivable from employer	1,144	8,046
Net assets available for benefits	$ 8,837,763	$ 8,799,655

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

Zwilling J.A. Henckels, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions	
Investment loss	
Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537
Total investment loss	(431,526)
Contributions	
Participant contributions	705,572
Employer contributions	355,114
Rollover contributions	36,248
Total contributions	1,096,934
Total additions	665,408
Deductions	
Benefits paid to participants	624,193
Administrative expenses	3,107
Total deductions	627,300
Net increase in net assets	38,108
Net assets available for benefits	
Beginning of year	8,799,655
End of year	$ 8,837,763

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

1. Description of Plan

The following description of Zwilling J.A. Henckels, LLC 401(k) Plan (the "Plan") provides only general information. 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 established on January 1, 1991, available to all full time employees of Zwilling J.A. Henckels, LLC (the "Company" or "Plan Sponsor"). The Plan is a voluntary defined contribution plan, qualified under section 401(k) of the Internal Revenue Code ("IRC") and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was established to provide deferred compensation to employees of the Company. The Plan year ends on December 31 of each year. The Plan is administered by the Company. Fidelity Management Trust Company ("Trustee") serves as the trustee to the Plan.

Eligibility

Effective October 2, 2017, employees who have attained the age of 20 are eligible to participate in the Plan. Prior to this, employees that have satisfied the age requirement were also required to have completed at least one year of service, as defined in the Plan document, to be eligible to participate in the Plan.

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 2018 maximum individual contribution limit set by the Internal Revenue Service of $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 provides contributions which match 100% of the first 3% of the eligible participant's compensation contributed to the Plan and 50% of the next 2% of the eligible participant's compensation contributed to the Plan. Employees are eligible to obtain the Company's matching contributions after having completed at least one year of service, as defined by the Plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested 100% in their contributions, the Company's matching contributions and their allocated share of Plan earnings.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of a) $50,000 or b) 50% of the participant's vested account balance. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with market rates for similar loans. At December 31, 2018 and 2017, the interest rate on outstanding loans ranged from 3.25% to 5.25%. Principal and interest are paid ratably through payroll deductions over a period of five years or less, unless withdrawal was for the purchase of a primary residence, in which the period would then be extended to 10 years or less. A participant cannot have more than three loans outstanding at any time.

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

Payment of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the participant's vested interest in his or her account, or in installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Hardship withdrawals are permitted if certain criteria are met. Additionally, if a participant has a vested account balance of $5,000 or less, then any amount in excess of $1,000 will be distributed to an individual retirement account. If a participant has a vested account balance of $1,000 or less, then the amount will be distributed to the participant in the form of a lump sum payment without the consent of the participant.

Forfeitures
At December 31, 2018 and 2017, forfeited non-vested accounts totaled $50,210 and $3,366, respectively. These accounts represent employer contributions from prior years which stipulated a three year vesting period or overpayments made by the Plan Sponsor. These accounts can be used to reduce future employer contributions or Plan expenses. During the year ended December 31, 2018, the Plan Sponsor did not use any of the available forfeitures to reduce employer matching contributions or to reduce plan expenses.

2. Summary of Significant Accounting Policies

The accompanying financial statements of the Plan were 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.

Notes Receivable from Participants
Notes receivable from participants are recorded at their unpaid principal 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.

Plan Investments and Income Recognition
The Plan's investments consist of (1) mutual funds, valued at the fair value of shares held by the Plan at year end, as quoted by such funds at year end, (2) money market fund, stated at fair value, and (3) common collective trust, valued at the net asset value (the "NAV"), as reported by the investment managers. The NAV is used as a practical expedient to estimate fair value. Participants can also invest their retirement savings through a self-directed account. Through the self-directed account, participants can actively manage the purchase and sale of common stock or money market funds, which are valued at fair value. Participants may elect to reallocate their account balances among the funds at any time during the year.

The Plan presents the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and unrealized appreciation or depreciation of those investments, in the Statement of Changes in Net Assets Available for Benefits.

Purchases and sales of investments are recorded as of the trade date. Interest income is accrued when earned, and dividend income is recorded as of the ex-dividend date. Investment earnings are automatically reinvested into the fund from which they were derived.

Payment of Benefits
Benefits payments to participants are recorded upon distribution.

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.

Risks and Uncertainties
The Plan provides for various investment options. The investments are exposed to various risks, such as currency fluctuations, interest rate, market, political and economic changes and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Contributions Receivable
Employer contributions receivable represents amounts due to the Plan resulting from a formal commitment, legal or contractual obligation for the Plan Sponsor to make a contribution.

3. Information Certified by the Plan Trustee

In accordance with 29 CFR 2520.103–5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Trustee 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
Mutual funds	$ 8,309,808	$ 8,127,795
Money market fund	403,038	559,513
Participant directed brokerage accounts	2,704	3,940
Common collective trust fund	7,628	411
Total investments	8,723,178	8,691,659
Notes receivable from participants	113,441	79,495
Total certified assets	$ 8,836,619	$ 8,771,154

Investment information certified by the Trustee for the year ended December 31, 2018 is as follows:

Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, "Fair Value Measurement" ("ASC 820"), which defines fair value, establishes the framework and gives guidance regarding the methods used 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 ASC 820 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.

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 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

	December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,309,808	$ -	$ -	$ 8,309,808
Money market fund	403,038	-	-	403,038
Self-direct accounts	2,704	-	-	2,704
Total assets in the fair value hierarchy	$ 8,715,550	$ -	$ -	8,715,550
Investments measured at NAV				
Common collective trust				7,628
Total investments, at fair value				$ 8,723,178

	December 31, 2017			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,127,795	$ -	$ -	$ 8,127,795
Money market fund	559,513	-	-	559,513
Self-direct accounts	3,940	-	-	3,940
Total assets in the fair value hierarchy	$ 8,691,248	$ -	$ -	8,691,248
Investments measured at NAV				
Common collective trust				411
Total investments, at fair value				$ 8,691,659

During the years ended December 31, 2018 and 2017 there were no transfers between levels of the fair value measurement hierarchy.

5. Federal Income Tax Status

Effective December 1, 2013, the Plan adopted the Fidelity Volume Submitter Profit Sharing Plan with a deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the written form of the underlying volume submitter plan document is qualified under section 401(k) of the IRC. The Plan has not requested its own determination letter from the IRS. The Plan has been amended since receiving the determination letter. In addition, the Company believes that the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2014.

6. Related Party and Party-in-Interest Transactions

As of December 31, 2018, certain Plan investments are shares of funds which are managed by the Trustee, or affiliates thereof, and therefore, these transactions qualify as party-in-interest transactions. In addition, the Company pays certain administrative costs on behalf of the Plan.

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. Prohibited Transactions

During 2018, the Company failed to remit participant contributions in a timely manner. The Company identified twelve instances for a total of $278,262 in which participant contributions were remitted to the plan in violation of Department of Labor (DOL) regulations. The Company has corrected these delinquent amounts outside of the DOL Voluntary Fiduciary Correction Program.

9. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were issued, and has determined there are no additional items that require disclosure.

Supplemental Schedules

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Zwilling J.A. Henckels, LLC 401(k) Plan
13-5553245
Plan Number: 001
Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2018

Participant contributions transferred late to the Plan			Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			Total fully corrected under voluntary fiduciary correction program and PTE 2002-51
Amount Withheld	Date Withheld	Date remitted		Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program	Contributions pending correction in voluntary fiduciary correction program	
$ 26,021	3/23/2018	4/12/2018	✔	$ -	$ 26,021	$ -	$ -
$ 25,247	4/20/2018	5/10/2018	✔	$ -	$ 25,247	$ -	$ -
$ 23,814	5/4/2018	10/31/2018	✔	$ -	$ 23,814	$ -	$ -
$ 26,287	6/1/2018	6/18/2018	✔	$ -	$ 26,287	$ -	$ -
$ 26,400	6/29/2018	8/16/2018	✔	$ -	$ 26,400	$ -	$ -
$ 32,913	7/13/2018	8/16/2018	✔	$ -	$ 32,913	$ -	$ -
$ 24,649	7/27/2018	8/16/2018	✔	$ -	$ 24,649	$ -	$ -
$ 22,970	8/24/2018	9/7/2018	✔	$ -	$ 22,970	$ -	$ -
$ 23,607	9/7/2018	9/21/2018	✔	$ -	$ 23,607	$ -	$ -
$ 23,215	9/21/2018	10/10/2018	✔	$ -	$ 23,215	$ -	$ -
$ 23,019	10/5/2018	10/24/2018	✔	$ -	$ 23,019	$ -	$ -
$ 120	9/28/2018	1/3/2019	✔	$ -	$ 120	$ -	$ -

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of 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
*	Fidelity Managed Income Portfolio I	Common Collective Trust	**	$ 7,628
	Janus Enterprise T	Mutual Fund	**	1,661,626
	Invesco Diversified Dividend R5	Mutual Fund	**	740,796
*	Fidelity Government Money Market	Money Market Fund	**	403,038
	PIMCO Total Return Fund Administrative Class	Mutual Fund	**	499,782
*	Fidelity 500 Index Fund	Mutual Fund	**	530,443
*	Fidelity Select Health Care Portfolio	Mutual Fund	**	492,434
	Victory Sycamore Established Value Fund Class A	Mutual Fund	**	389,758
	Invesco Equity and Income A	Mutual Fund	**	328,941
*	Fidelity Extended Market Index Fund	Mutual Fund	**	370,970
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	347,912
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	349,368
	JPMorgan US Equity Sel	Mutual Fund	**	274,771
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	436,131
	Artisan International Investor Fund	Mutual Fund	**	259,842
*	Fidelity Small Cap Growth Fund	Mutual Fund	**	143,119
	Loomis Sayles Strategic Income Fund Class Y	Mutual Fund	**	101,290
	Invesco European Growth Y	Mutual Fund	**	88,815
	Northern Small Cap Value Fund	Mutual Fund	**	88,818
	T. Rowe Prive Retirement 2040 Fund	Mutual Fund	**	177,619
	T. Rowe Prive Retirement 2045 Fund	Mutual Fund	**	189,609
	T. Rowe Prive Retirement 2015 Fund	Mutual Fund	**	86,476
	Glenmede Small Cap Equity Adv	Mutual Fund	**	17,014
	MFS Government Securities R4	Mutual Fund	**	40,487
	T. Rowe Prive Retirement 2055 Fund	Mutual Fund	**	63,769
	T. Rowe Prive Retirement 2035 Fund	Mutual Fund	**	92,943
	T. Rowe Prive Retirement 2050 Fund	Mutual Fund	**	77,763
	T. Rowe Price Retirement Balanced Fund	Mutual Fund	**	7,744
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	266,698
	Victory Trivalent International Small-Cap Fund	Mutual Fund	**	184,870
	Participant directed brokerage accounts - Common Stock	Self-Direct Accounts	**	2,013
	Participant directed brokerage accounts - Money Market Funds	Self-Direct Accounts	**	691
*	Notes receivable from participants	Loans, interest rates range from 3.25% to 5.25%, range of maturity: 2019 through 2023, collateralized by participant account balances		113,441
				$ 8,836,619

* A party-in-interest as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

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

Zwilling J.A. Henckels, LLC 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2018 and 2017

Zwilling J.A. Henckels, LLC 401(k) Plan
Index
December 31, 2018 and 2017

Page(s)

Report of Independent Auditors 1–2

Financial Statements

Statements of Net Assets Available for Benefits at December 31, 2018 and 2017 3

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018 4

Notes to Financial Statements 5–10

Supplemental Schedules*

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2018 11

Schedule H, Line 4i - Assets (Held at End of Year) As of December 31, 2018 12

* 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
Zwilling J.A. Henckels, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Zwilling J.A. Henckels, LLC 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 Fidelity Management 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 2017 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 the financial statements.

Other Matter

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2018, and of assets (held at end of year) as of December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, 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.

PricewaterhouseCoopers LLP

Melville, New York
October 15, 2019

Zwilling J.A. Henckels, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value	$ 8,723,178	$ 8,691,659
Receivables		
Notes receivable from participants	113,441	79,495
Contributions receivable from participants	-	20,455
Contributions receivable from employer	1,144	8,046
Net assets available for benefits	$ 8,837,763	$ 8,799,655

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

Zwilling J.A. Henckels, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions	
Investment loss	
Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537
Total investment loss	(431,526)
Contributions	
Participant contributions	705,572
Employer contributions	355,114
Rollover contributions	36,248
Total contributions	1,096,934
Total additions	665,408
Deductions	
Benefits paid to participants	624,193
Administrative expenses	3,107
Total deductions	627,300
Net increase in net assets	38,108
Net assets available for benefits	
Beginning of year	8,799,655
End of year	$ 8,837,763

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

1. Description of Plan

The following description of Zwilling J.A. Henckels, LLC 401(k) Plan (the "Plan") provides only general information. 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 established on January 1, 1991, available to all full time employees of Zwilling J.A. Henckels, LLC (the "Company" or "Plan Sponsor"). The Plan is a voluntary defined contribution plan, qualified under section 401(k) of the Internal Revenue Code ("IRC") and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was established to provide deferred compensation to employees of the Company. The Plan year ends on December 31 of each year. The Plan is administered by the Company. Fidelity Management Trust Company ("Trustee") serves as the trustee to the Plan.

Eligibility

Effective October 2, 2017, employees who have attained the age of 20 are eligible to participate in the Plan. Prior to this, employees that have satisfied the age requirement were also required to have completed at least one year of service, as defined in the Plan document, to be eligible to participate in the Plan.

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 2018 maximum individual contribution limit set by the Internal Revenue Service of $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 provides contributions which match 100% of the first 3% of the eligible participant's compensation contributed to the Plan and 50% of the next 2% of the eligible participant's compensation contributed to the Plan. Employees are eligible to obtain the Company's matching contributions after having completed at least one year of service, as defined by the Plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested 100% in their contributions, the Company's matching contributions and their allocated share of Plan earnings.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of a) $50,000 or b) 50% of the participant's vested account balance. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with market rates for similar loans. At December 31, 2018 and 2017, the interest rate on outstanding loans ranged from 3.25% to 5.25%. Principal and interest are paid ratably through payroll deductions over a period of five years or less, unless withdrawal was for the purchase of a primary residence, in which the period would then be extended to 10 years or less. A participant cannot have more than three loans outstanding at any time.

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

Payment of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the participant's vested interest in his or her account, or in installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Hardship withdrawals are permitted if certain criteria are met. Additionally, if a participant has a vested account balance of $5,000 or less, then any amount in excess of $1,000 will be distributed to an individual retirement account. If a participant has a vested account balance of $1,000 or less, then the amount will be distributed to the participant in the form of a lump sum payment without the consent of the participant.

Forfeitures
At December 31, 2018 and 2017, forfeited non-vested accounts totaled $50,210 and $3,366, respectively. These accounts represent employer contributions from prior years which stipulated a three year vesting period or overpayments made by the Plan Sponsor. These accounts can be used to reduce future employer contributions or Plan expenses. During the year ended December 31, 2018, the Plan Sponsor did not use any of the available forfeitures to reduce employer matching contributions or to reduce plan expenses.

2. Summary of Significant Accounting Policies

The accompanying financial statements of the Plan were 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.

Notes Receivable from Participants
Notes receivable from participants are recorded at their unpaid principal 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.

Plan Investments and Income Recognition
The Plan's investments consist of (1) mutual funds, valued at the fair value of shares held by the Plan at year end, as quoted by such funds at year end, (2) money market fund, stated at fair value, and (3) common collective trust, valued at the net asset value (the "NAV"), as reported by the investment managers. The NAV is used as a practical expedient to estimate fair value. Participants can also invest their retirement savings through a self-directed account. Through the self-directed account, participants can actively manage the purchase and sale of common stock or money market funds, which are valued at fair value. Participants may elect to reallocate their account balances among the funds at any time during the year.

The Plan presents the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and unrealized appreciation or depreciation of those investments, in the Statement of Changes in Net Assets Available for Benefits.

Purchases and sales of investments are recorded as of the trade date. Interest income is accrued when earned, and dividend income is recorded as of the ex-dividend date. Investment earnings are automatically reinvested into the fund from which they were derived.

Payment of Benefits
Benefits payments to participants are recorded upon distribution.

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.

Risks and Uncertainties
The Plan provides for various investment options. The investments are exposed to various risks, such as currency fluctuations, interest rate, market, political and economic changes and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Contributions Receivable
Employer contributions receivable represents amounts due to the Plan resulting from a formal commitment, legal or contractual obligation for the Plan Sponsor to make a contribution.

3. Information Certified by the Plan Trustee

In accordance with 29 CFR 2520.103–5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Trustee 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
Mutual funds	$ 8,309,808	$ 8,127,795
Money market fund	403,038	559,513
Participant directed brokerage accounts	2,704	3,940
Common collective trust fund	7,628	411
Total investments	8,723,178	8,691,659
Notes receivable from participants	113,441	79,495
Total certified assets	$ 8,836,619	$ 8,771,154

Investment information certified by the Trustee for the year ended December 31, 2018 is as follows:

Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, "Fair Value Measurement" ("ASC 820"), which defines fair value, establishes the framework and gives guidance regarding the methods used 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 ASC 820 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.

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 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

	December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,309,808	$ -	$ -	$ 8,309,808
Money market fund	403,038	-	-	403,038
Self-direct accounts	2,704	-	-	2,704
Total assets in the fair value hierarchy	$ 8,715,550	$ -	$ -	8,715,550
Investments measured at NAV				
Common collective trust				7,628
Total investments, at fair value				$ 8,723,178

	December 31, 2017			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,127,795	$ -	$ -	$ 8,127,795
Money market fund	559,513	-	-	559,513
Self-direct accounts	3,940	-	-	3,940
Total assets in the fair value hierarchy	$ 8,691,248	$ -	$ -	8,691,248
Investments measured at NAV				
Common collective trust				411
Total investments, at fair value				$ 8,691,659

During the years ended December 31, 2018 and 2017 there were no transfers between levels of the fair value measurement hierarchy.

5. Federal Income Tax Status

Effective December 1, 2013, the Plan adopted the Fidelity Volume Submitter Profit Sharing Plan with a deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the written form of the underlying volume submitter plan document is qualified under section 401(k) of the IRC. The Plan has not requested its own determination letter from the IRS. The Plan has been amended since receiving the determination letter. In addition, the Company believes that the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2014.

6. Related Party and Party-in-Interest Transactions

As of December 31, 2018, certain Plan investments are shares of funds which are managed by the Trustee, or affiliates thereof, and therefore, these transactions qualify as party-in-interest transactions. In addition, the Company pays certain administrative costs on behalf of the Plan.

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. Prohibited Transactions

During 2018, the Company failed to remit participant contributions in a timely manner. The Company identified twelve instances for a total of $278,262 in which participant contributions were remitted to the plan in violation of Department of Labor (DOL) regulations. The Company has corrected these delinquent amounts outside of the DOL Voluntary Fiduciary Correction Program.

9. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were issued, and has determined there are no additional items that require disclosure.

Supplemental Schedules

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Zwilling J.A. Henckels, LLC 401(k) Plan
13-5553245
Plan Number: 001
Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2018

Participant contributions transferred late to the Plan			Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			Total fully corrected under voluntary fiduciary correction program and PTE 2002-51
Amount Withheld	Date Withheld	Date remitted		Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program	Contributions pending correction in voluntary fiduciary correction program	
$ 26,021	3/23/2018	4/12/2018	✔	$ -	$ 26,021	$ -	$ -
$ 25,247	4/20/2018	5/10/2018	✔	$ -	$ 25,247	$ -	$ -
$ 23,814	5/4/2018	10/31/2018	✔	$ -	$ 23,814	$ -	$ -
$ 26,287	6/1/2018	6/18/2018	✔	$ -	$ 26,287	$ -	$ -
$ 26,400	6/29/2018	8/16/2018	✔	$ -	$ 26,400	$ -	$ -
$ 32,913	7/13/2018	8/16/2018	✔	$ -	$ 32,913	$ -	$ -
$ 24,649	7/27/2018	8/16/2018	✔	$ -	$ 24,649	$ -	$ -
$ 22,970	8/24/2018	9/7/2018	✔	$ -	$ 22,970	$ -	$ -
$ 23,607	9/7/2018	9/21/2018	✔	$ -	$ 23,607	$ -	$ -
$ 23,215	9/21/2018	10/10/2018	✔	$ -	$ 23,215	$ -	$ -
$ 23,019	10/5/2018	10/24/2018	✔	$ -	$ 23,019	$ -	$ -
$ 120	9/28/2018	1/3/2019	✔	$ -	$ 120	$ -	$ -

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of 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
*	Fidelity Managed Income Portfolio I	Common Collective Trust	**	$ 7,628
	Janus Enterprise T	Mutual Fund	**	1,661,626
	Invesco Diversified Dividend R5	Mutual Fund	**	740,796
*	Fidelity Government Money Market	Money Market Fund	**	403,038
	PIMCO Total Return Fund Administrative Class	Mutual Fund	**	499,782
*	Fidelity 500 Index Fund	Mutual Fund	**	530,443
*	Fidelity Select Health Care Portfolio	Mutual Fund	**	492,434
	Victory Sycamore Established Value Fund Class A	Mutual Fund	**	389,758
	Invesco Equity and Income A	Mutual Fund	**	328,941
*	Fidelity Extended Market Index Fund	Mutual Fund	**	370,970
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	347,912
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	349,368
	JPMorgan US Equity Sel	Mutual Fund	**	274,771
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	436,131
	Artisan International Investor Fund	Mutual Fund	**	259,842
*	Fidelity Small Cap Growth Fund	Mutual Fund	**	143,119
	Loomis Sayles Strategic Income Fund Class Y	Mutual Fund	**	101,290
	Invesco European Growth Y	Mutual Fund	**	88,815
	Northern Small Cap Value Fund	Mutual Fund	**	88,818
	T. Rowe Prive Retirement 2040 Fund	Mutual Fund	**	177,619
	T. Rowe Prive Retirement 2045 Fund	Mutual Fund	**	189,609
	T. Rowe Prive Retirement 2015 Fund	Mutual Fund	**	86,476
	Glenmede Small Cap Equity Adv	Mutual Fund	**	17,014
	MFS Government Securities R4	Mutual Fund	**	40,487
	T. Rowe Prive Retirement 2055 Fund	Mutual Fund	**	63,769
	T. Rowe Prive Retirement 2035 Fund	Mutual Fund	**	92,943
	T. Rowe Prive Retirement 2050 Fund	Mutual Fund	**	77,763
	T. Rowe Price Retirement Balanced Fund	Mutual Fund	**	7,744
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	266,698
	Victory Trivalent International Small-Cap Fund	Mutual Fund	**	184,870
	Participant directed brokerage accounts - Common Stock	Self-Direct Accounts	**	2,013
	Participant directed brokerage accounts - Money Market Funds	Self-Direct Accounts	**	691
*	Notes receivable from participants	Loans, interest rates range from 3.25% to 5.25%, range of maturity: 2019 through 2023, collateralized by participant account balances		113,441
				$ 8,836,619

* A party-in-interest as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

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

Zwilling J.A. Henckels, LLC 401(k) Plan

Financial Statements and Supplemental Schedules
December 31, 2018 and 2017

Zwilling J.A. Henckels, LLC 401(k) Plan
Index
December 31, 2018 and 2017

Page(s)

Report of Independent Auditors 1–2

Financial Statements

Statements of Net Assets Available for Benefits at December 31, 2018 and 2017 3

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2018 4

Notes to Financial Statements 5–10

Supplemental Schedules*

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions Year Ended December 31, 2018 11

Schedule H, Line 4i - Assets (Held at End of Year) As of December 31, 2018 12

* 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
Zwilling J.A. Henckels, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Zwilling J.A. Henckels, LLC 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 Fidelity Management 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 2017 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 the financial statements.

Other Matter

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2018, and of assets (held at end of year) as of December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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 schedules, 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.

PricewaterhouseCoopers LLP

Melville, New York
October 15, 2019

Zwilling J.A. Henckels, LLC 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	2018	2017
Assets		
Investments, at fair value	$ 8,723,178	$ 8,691,659
Receivables		
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Contributions receivable from employer	1,144	8,046
Net assets available for benefits	$ 8,837,763	$ 8,799,655

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

Zwilling J.A. Henckels, LLC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

Additions	
Investment loss	
Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537
Total investment loss	(431,526)
Contributions	
Participant contributions	705,572
Employer contributions	355,114
Rollover contributions	36,248
Total contributions	1,096,934
Total additions	665,408
Deductions	
Benefits paid to participants	624,193
Administrative expenses	3,107
Total deductions	627,300
Net increase in net assets	38,108
Net assets available for benefits	
Beginning of year	8,799,655
End of year	$ 8,837,763

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

1. Description of Plan

The following description of Zwilling J.A. Henckels, LLC 401(k) Plan (the "Plan") provides only general information. 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 established on January 1, 1991, available to all full time employees of Zwilling J.A. Henckels, LLC (the "Company" or "Plan Sponsor"). The Plan is a voluntary defined contribution plan, qualified under section 401(k) of the Internal Revenue Code ("IRC") and subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was established to provide deferred compensation to employees of the Company. The Plan year ends on December 31 of each year. The Plan is administered by the Company. Fidelity Management Trust Company ("Trustee") serves as the trustee to the Plan.

Eligibility

Effective October 2, 2017, employees who have attained the age of 20 are eligible to participate in the Plan. Prior to this, employees that have satisfied the age requirement were also required to have completed at least one year of service, as defined in the Plan document, to be eligible to participate in the Plan.

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 2018 maximum individual contribution limit set by the Internal Revenue Service of $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 provides contributions which match 100% of the first 3% of the eligible participant's compensation contributed to the Plan and 50% of the next 2% of the eligible participant's compensation contributed to the Plan. Employees are eligible to obtain the Company's matching contributions after having completed at least one year of service, as defined by the Plan document.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested 100% in their contributions, the Company's matching contributions and their allocated share of Plan earnings.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of a) $50,000 or b) 50% of the participant's vested account balance. The loans are collateralized by the balance in the participant's account and bear interest at a rate commensurate with market rates for similar loans. At December 31, 2018 and 2017, the interest rate on outstanding loans ranged from 3.25% to 5.25%. Principal and interest are paid ratably through payroll deductions over a period of five years or less, unless withdrawal was for the purchase of a primary residence, in which the period would then be extended to 10 years or less. A participant cannot have more than three loans outstanding at any time.

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

Payment of Benefits
Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum amount equal to the participant's vested interest in his or her account, or in installment payments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Hardship withdrawals are permitted if certain criteria are met. Additionally, if a participant has a vested account balance of $5,000 or less, then any amount in excess of $1,000 will be distributed to an individual retirement account. If a participant has a vested account balance of $1,000 or less, then the amount will be distributed to the participant in the form of a lump sum payment without the consent of the participant.

Forfeitures
At December 31, 2018 and 2017, forfeited non-vested accounts totaled $50,210 and $3,366, respectively. These accounts represent employer contributions from prior years which stipulated a three year vesting period or overpayments made by the Plan Sponsor. These accounts can be used to reduce future employer contributions or Plan expenses. During the year ended December 31, 2018, the Plan Sponsor did not use any of the available forfeitures to reduce employer matching contributions or to reduce plan expenses.

2. Summary of Significant Accounting Policies

The accompanying financial statements of the Plan were 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.

Notes Receivable from Participants
Notes receivable from participants are recorded at their unpaid principal 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.

Plan Investments and Income Recognition
The Plan's investments consist of (1) mutual funds, valued at the fair value of shares held by the Plan at year end, as quoted by such funds at year end, (2) money market fund, stated at fair value, and (3) common collective trust, valued at the net asset value (the "NAV"), as reported by the investment managers. The NAV is used as a practical expedient to estimate fair value. Participants can also invest their retirement savings through a self-directed account. Through the self-directed account, participants can actively manage the purchase and sale of common stock or money market funds, which are valued at fair value. Participants may elect to reallocate their account balances among the funds at any time during the year.

The Plan presents the net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and unrealized appreciation or depreciation of those investments, in the Statement of Changes in Net Assets Available for Benefits.

Purchases and sales of investments are recorded as of the trade date. Interest income is accrued when earned, and dividend income is recorded as of the ex-dividend date. Investment earnings are automatically reinvested into the fund from which they were derived.

Payment of Benefits
Benefits payments to participants are recorded upon distribution.

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.

Risks and Uncertainties
The Plan provides for various investment options. The investments are exposed to various risks, such as currency fluctuations, interest rate, market, political and economic changes and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in valuation in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Contributions Receivable
Employer contributions receivable represents amounts due to the Plan resulting from a formal commitment, legal or contractual obligation for the Plan Sponsor to make a contribution.

3. Information Certified by the Plan Trustee

In accordance with 29 CFR 2520.103–5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Trustee 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
Mutual funds	$ 8,309,808	$ 8,127,795
Money market fund	403,038	559,513
Participant directed brokerage accounts	2,704	3,940
Common collective trust fund	7,628	411
Total investments	8,723,178	8,691,659
Notes receivable from participants	113,441	79,495
Total certified assets	$ 8,836,619	$ 8,771,154

Investment information certified by the Trustee for the year ended December 31, 2018 is as follows:

Net depreciation in fair value of investments	$ (1,013,063)
Interest and dividends	581,537

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, "Fair Value Measurement" ("ASC 820"), which defines fair value, establishes the framework and gives guidance regarding the methods used 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 ASC 820 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.

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 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017.

	December 31, 2018			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,309,808	$ -	$ -	$ 8,309,808
Money market fund	403,038	-	-	403,038
Self-direct accounts	2,704	-	-	2,704
Total assets in the fair value hierarchy	$ 8,715,550	$ -	$ -	8,715,550
Investments measured at NAV				
Common collective trust				7,628
Total investments, at fair value				$ 8,723,178

	December 31, 2017			
Description	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 8,127,795	$ -	$ -	$ 8,127,795
Money market fund	559,513	-	-	559,513
Self-direct accounts	3,940	-	-	3,940
Total assets in the fair value hierarchy	$ 8,691,248	$ -	$ -	8,691,248
Investments measured at NAV				
Common collective trust				411
Total investments, at fair value				$ 8,691,659

During the years ended December 31, 2018 and 2017 there were no transfers between levels of the fair value measurement hierarchy.

5. Federal Income Tax Status

Effective December 1, 2013, the Plan adopted the Fidelity Volume Submitter Profit Sharing Plan with a deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the written form of the underlying volume submitter plan document is qualified under section 401(k) of the IRC. The Plan has not requested its own determination letter from the IRS. The Plan has been amended since receiving the determination letter. In addition, the Company believes that the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2014.

6. Related Party and Party-in-Interest Transactions

As of December 31, 2018, certain Plan investments are shares of funds which are managed by the Trustee, or affiliates thereof, and therefore, these transactions qualify as party-in-interest transactions. In addition, the Company pays certain administrative costs on behalf of the Plan.

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. Prohibited Transactions

During 2018, the Company failed to remit participant contributions in a timely manner. The Company identified twelve instances for a total of $278,262 in which participant contributions were remitted to the plan in violation of Department of Labor (DOL) regulations. The Company has corrected these delinquent amounts outside of the DOL Voluntary Fiduciary Correction Program.

9. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2019, the date the financial statements were issued, and has determined there are no additional items that require disclosure.

Supplemental Schedules

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2018

Zwilling J.A. Henckels, LLC 401(k) Plan
13-5553245
Plan Number: 001
Schedule of Delinquent Participant Contributions for the Year Ended December 31, 2018

Participant contributions transferred late to the Plan			Check here if late participant loan repayments are included	Total that constitutes nonexempt prohibited transactions			Total fully corrected under voluntary fiduciary correction program and PTE 2002-51
Amount Withheld	Date Withheld	Date remitted		Contributions not corrected	Contributions corrected outside voluntary fiduciary correction program	Contributions pending correction in voluntary fiduciary correction program	
$ 26,021	3/23/2018	4/12/2018	✔	$ -	$ 26,021	$ -	$ -
$ 25,247	4/20/2018	5/10/2018	✔	$ -	$ 25,247	$ -	$ -
$ 23,814	5/4/2018	10/31/2018	✔	$ -	$ 23,814	$ -	$ -
$ 26,287	6/1/2018	6/18/2018	✔	$ -	$ 26,287	$ -	$ -
$ 26,400	6/29/2018	8/16/2018	✔	$ -	$ 26,400	$ -	$ -
$ 32,913	7/13/2018	8/16/2018	✔	$ -	$ 32,913	$ -	$ -
$ 24,649	7/27/2018	8/16/2018	✔	$ -	$ 24,649	$ -	$ -
$ 22,970	8/24/2018	9/7/2018	✔	$ -	$ 22,970	$ -	$ -
$ 23,607	9/7/2018	9/21/2018	✔	$ -	$ 23,607	$ -	$ -
$ 23,215	9/21/2018	10/10/2018	✔	$ -	$ 23,215	$ -	$ -
$ 23,019	10/5/2018	10/24/2018	✔	$ -	$ 23,019	$ -	$ -
$ 120	9/28/2018	1/3/2019	✔	$ -	$ 120	$ -	$ -

Zwilling J.A. Henckels, LLC 401(k) Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
As of 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
*	Fidelity Managed Income Portfolio I	Common Collective Trust	**	$ 7,628
	Janus Enterprise T	Mutual Fund	**	1,661,626
	Invesco Diversified Dividend R5	Mutual Fund	**	740,796
*	Fidelity Government Money Market	Money Market Fund	**	403,038
	PIMCO Total Return Fund Administrative Class	Mutual Fund	**	499,782
*	Fidelity 500 Index Fund	Mutual Fund	**	530,443
*	Fidelity Select Health Care Portfolio	Mutual Fund	**	492,434
	Victory Sycamore Established Value Fund Class A	Mutual Fund	**	389,758
	Invesco Equity and Income A	Mutual Fund	**	328,941
*	Fidelity Extended Market Index Fund	Mutual Fund	**	370,970
	T. Rowe Price Retirement 2030 Fund	Mutual Fund	**	347,912
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	349,368
	JPMorgan US Equity Sel	Mutual Fund	**	274,771
	T. Rowe Price Retirement 2020 Fund	Mutual Fund	**	436,131
	Artisan International Investor Fund	Mutual Fund	**	259,842
*	Fidelity Small Cap Growth Fund	Mutual Fund	**	143,119
	Loomis Sayles Strategic Income Fund Class Y	Mutual Fund	**	101,290
	Invesco European Growth Y	Mutual Fund	**	88,815
	Northern Small Cap Value Fund	Mutual Fund	**	88,818
	T. Rowe Prive Retirement 2040 Fund	Mutual Fund	**	177,619
	T. Rowe Prive Retirement 2045 Fund	Mutual Fund	**	189,609
	T. Rowe Prive Retirement 2015 Fund	Mutual Fund	**	86,476
	Glenmede Small Cap Equity Adv	Mutual Fund	**	17,014
	MFS Government Securities R4	Mutual Fund	**	40,487
	T. Rowe Prive Retirement 2055 Fund	Mutual Fund	**	63,769
	T. Rowe Prive Retirement 2035 Fund	Mutual Fund	**	92,943
	T. Rowe Prive Retirement 2050 Fund	Mutual Fund	**	77,763
	T. Rowe Price Retirement Balanced Fund	Mutual Fund	**	7,744
	T. Rowe Price Retirement 2025 Fund	Mutual Fund	**	266,698
	Victory Trivalent International Small-Cap Fund	Mutual Fund	**	184,870
	Participant directed brokerage accounts - Common Stock	Self-Direct Accounts	**	2,013
	Participant directed brokerage accounts - Money Market Funds	Self-Direct Accounts	**	691
*	Notes receivable from participants	Loans, interest rates range from 3.25% to 5.25%, range of maturity: 2019 through 2023, collateralized by participant account balances		113,441
				$ 8,836,619

* A party-in-interest as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

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