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

1 Cholon	benone duaranty dorporation				11110	Inspection	ibilo
Part I	Annual Report Ide	ntification Information					
For calend	dar plan year 2018 or fiscal	plan year beginning 01/01/2018		and ending 12/31/20)18		
A This re	turn/report is for:		ust attach a list of th the form instruction	ns.)			
		X a single-employer plan	a DFE (specify))			
B This return/report is: ☐ the first return/report ☐ the final return/report							
an amended return/report a short plan year return/report (less than 12 months)							
C If the p	lan is a collectively-bargain	ed plan, check here				• [
D Check	box if filing under:	Form 5558	automatic exten	sion	the	e DFVC program	
		special extension (enter description)					
Part II	Basic Plan Informa	ation—enter all requested informatio	n				
1a Name	e of plan RVICE 401(K) PLAN				1b	Three-digit plan number (PN) ▶	003
					1c	Effective date of plants 12/01/1986	an
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)					2b Employer Identification Number (EIN) 26-0543608		
C&A SER\	/ICE INC.				2c	Plan Sponsor's tele number 516-354-1200	ephone
65 S TYSO FLORAL P	ON AVE PARK, NY 11001-1821	65 S TYSO FLORAL PA	N AVE ARK, NY 11001-182	1	2d	Business code (see instructions) 311900	e
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	Filed with authorized/valid e	lectronic signature	05/28/2020	MICHAEL DUCA			

05/28/2020

05/28/2020

D<u>ate</u>

Date

Date

MICHAEL DUCA

MICHAEL DUCA

Enter name of individual signing as plan administrator

Enter name of individual signing as DFE

Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Filed with authorized/valid electronic signature.

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Signature of plan administrator

Signature of DFE

HERE

SIGN

HERE

SIGN **HERE**

> Form 5500 (2018) v. 171027

Page 2 Form 5500 (2018) **3a** Plan administrator's name and address

✓ Same as Plan Sponsor **3b** Administrator's EIN

					3c Adm num	inistrator's telephone ber
4	If the name and/or EIN of the plan sponsor or the plan name has changed sin enter the plan sponsor's name, EIN, the plan name and the plan number from				4b EIN	
a C	Sponsor's name Plan Name				4d PN	
5	Total number of participants at the beginning of the plan year				5	199
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2) , 6b , 6c , and 6d).	(welfare plan	s com	nplete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year				6a(1)	174
а(2) Total number of active participants at the end of the plan year				6a(2)	161
b	Retired or separated participants receiving benefits				6b	0
С	Other retired or separated participants entitled to future benefits				6c	30
d	Subtotal. Add lines 6a(2) , 6b , and 6c				6d	191
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	eive benefits.			6e	0
f	Total. Add lines 6d and 6e				6f	191
g	Number of participants with account balances as of the end of the plan year (6g	189
h	Number of participants who terminated employment during the plan year with					0
7	less than 100% vested				6h 7	0
	If the plan provides pension benefits, enter the applicable pension feature code		•	· , , , , , , , , , , , , , , , , , , ,	-	nstructions:
	2E 2F 2G 2J 2K 2S 2T 3D 3H					
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the Lis	st of F	Plan Characteristics Codes	in the ins	structions:
00	Disp funding arrangement (shock all that are his	Oh Dian i		owen goment (sheet, ell the	st applica	
эа	Plan funding arrangement (check all that apply) (1) Insurance	(1)		arrangement (check all tha Insurance	п арріу)	
	(2) Code section 412(e)(3) insurance contracts	(2)		Code section 412(e)(3) i	nsurance	contracts
	(3) Trust	(3)	X	Trust		
10	(4) General assets of the sponsor	(4)		General assets of the sp		ad (Caa inatrustiana)
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	tacned, and, v	wnere	indicated, enter the numb	er attache	ed. (See instructions)
а	Pension Schedules		_	nedules		
	(1) R (Retirement Plan Information)	(1)	X	H (Financial Inform	,	es all Diam)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)		I (Financial Inform		maii Pian)
	Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Inform		(a.a.)
	actuary	(4)	X	C (Service Provide		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) (6)	X	D (DFE/ParticipatingG (Financial Trans		
	, , , , , ,	(0)	Ш	- (anorar mano		

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Form 5500 (2018)

Receipt Confirmation Code_

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Service Provider Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public

Pension Benefit Guaranty Corporation					inspection.		
For calendar plan year 2018 or fiscal plan year beginning 01/01/201	8		and ending 12/3	1/2018			
A Name of plan	-	В	Three-digit				
C&A SERVICE 401(K) PLAN			plan number (PN)	•	003		
			. , ,				
C Dian an analysis many as about a life of 5 and 5500		_	Frankrich Herrick - e	Nices Is	/FINI\		
C Plan sponsor's name as shown on line 2a of Form 5500 C&A SERVICE INC.	ļ.	D	Employer Identification	on Number	(EIN)		
CAA SERVICE INC.			26-0543608				
Part I Service Provider Information (see instruction	ons)						
You must complete this Part, in accordance with the instructions, to or more in total compensation (i.e., money or anything else of mone plan during the plan year. If a person received only eligible indirect answer line 1 but are not required to include that person when comp	tary value) in connection w compensation for which th	ith e p	services rendered to lan received the requ	the plan o	the person's position with the		
1 Information on Persons Receiving Only Eligible In	direct Compensation	n					
a Check "Yes" or "No" to indicate whether you are excluding a person	-		rt because they recei	ved only el	igible		
indirect compensation for which the plan received the required disclo	indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)						
b If you answered line 1a "Yes" enter the name and FIN or address	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 ent							
(b) Enter name and EIN or address of person	on who provided you disclo	su	res on eligible indirec	t compens	ation		
12TH	MARKET STREET I FLOOR FRANCISO, CA 94105						
(b) Enter name and EIN or address of person	on who provided you disclo	su	res on eligible indirec	t compens	ation		
	DEVON PARK DRIVE						
WAY	NE, PA 19087						
(b) Enter name and EIN or address of person	on who provided you disclo	su	res on eligible indirec	t compens	ation		
	EAST PRATT STREET IMORE, MD 21202						
(b) Enter name and EIN or address of person	on who provided vou disclo	su	res on eligible indirec	t compens	ation		
PRUDENTIAL INVESTMENTS LLC	. ,		3 2 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	P P P P P P P P P P P P P P P P P P P			

22-3468527

Schedule C (Form 5500) 2018	Page 2- 1							
(b) Enter name and EIN or address	(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation							
OPPENHEIMER FUNDS INC.								
13-2527171								
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation							
MORELY FINANCIAL SERVICES	1300 SW FIFTH AVE SUITE 3300 PORTLAND, OR 97201							
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation							
MFS FUND DISTRIBUTORS, INC .								
04-2747644								
(h) E (
MBSC SECURITIES CORPORATION, DISTRI	of person who provided you disclosures on eligible indirect compensation ONE BOSTON PLACE							
	24TH FLOOR BOSTON, MA 02108							
(1)								
(D) Enter name and EIN or address of FRANKLIN TEMPLETON DISTRIBUTORS INC	of person who provided you disclosures on eligible indirect compensation 100 FOUNTAIN PKWY							
TRANKLIN TEMPLETON DISTRIBUTORS INC	ST. PETERSBURG, FL 33716							
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation							
FIDELITY DISTRIBUTORS CORP.	500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917							
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation							
EAGLE FUND DISTRIBUTORS INC	or pareer, who provided you decised on engage maneer compensation							
59-2385219								
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation							
DELAWARE INVESTMENTS	2005 MARKET STEET PHILADELPHIA, PA 19103							

Schedule C (Form 5500) 2018	Page 2-	2	
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
BLACKROCK INVESTMENTS			
00.0704750			
23-2784752			
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
	1290 BROADWAY		
	SUITE 1100		
	DENVER, CO 80203		
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
AMERICAN CENTURY INVESTMENT SERVICE	. poroon who provided you disclosul	55 OH 6	mg.o.o manoot compensation
AMERICAN CENTURY INVESTMENT SERVICE			
44-0640487			
/h> =			
(b) Enter name and EIN or address o	r person wno provided you disclosur	es on e	ligible indirect compensation
41) -			
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
(b) Enter name and EIN or address o	f person who provided you disclosur	es on e	ligible indirect compensation
(a) Enter hame and Ent of address of	. posson into provided you disclosed	55 511 6	g.z.canoct compensation

	Schedule C (Form 550	00) 2018		Page 3 - 1		
answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ADP BROI	KER-DEALER					
22-331998	4					
(b) Service Code(s)	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?	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.
60 59	RECORD KEEPER	C	Yes 🛛 No 🗌	Yes No 🗓	0	Yes X No
		(a) Enter name and EIN or	address (see instructions)		
SENTINEL	PENSION ADVISOR	S				
04-342284	8					
(b) Service Code(s)	Relationship to employer, employer 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	(h) Did the service provider give you a formula instead of an amount or estimated amount

Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/FINA NCIAL ADVI	15313	Yes No 🛚	Yes No 🗵	0	Yes No X

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

ADP, LLC

13-3036745

(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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	formula instead of an amount or
37 50 15 64	RECORD KEEPER	19904	Yes X No	Yes 🛛 No 🗌	0	Yes No X

answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation the person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
(1.6., 111011	ey or arrything else or	·		r address (see instructions)	plan during the plan year. (Si	ee manuchons).
(b) Service Code(s)	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?	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 No	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	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)	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

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Schedule C (Form 5500) 2018

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
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
WELLS FARGO FUNDS DISTRIBUTOR, LLC 525 MARKET STREET 12TH FLOOR SAN FRANCISO, CA 94105	ANNUAL RATE 0.00150 OF	AVERAGE DAILY ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
MBSC SECURITIES CORPORATION, DISTRI ONE BOSTON PLACE 24TH FLOOR BOSTON, MA 02108	ANNUAL RATE 0.00400 OF	AVERAGE DAILY ASSETS
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
ADP BROKER-DEALER	(see instructions) 60 59	compensation 0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE 03N SMITHFIELD, RI 02917	ANNUAL RATE 0.00250 OF	AVERAGE DAILY ASSETS

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		
DP BROKER-DEALER	60 59	0		
(d) Enter name and EIN (address) of source of indirect compensation		ompensation, including any he service provider's eligibility le indirect compensation.		
MERICAN CENTURY INVESTMENT ERVICE	ANNUAL RATE 0.00050 OF A	·		
4-0640487				
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.			
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation		
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.			

D	art II Service Providers Who Fail or Refuse to	Drovido Inform	mation
4			
4	this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
	(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

Page	6	-
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Pa	art III	Termination Information on Accountants and Enrolled Act	uaries (see instructions)
_	Nome	(complete as many entries as needed)	b EIN:
<u>a</u>	Name:		D EIN:
d	Position Address		e Telephone:
u	Addres	55.	e reiepriorie.
Ex	planation	າ:	
а	Name:		b EIN:
С	Positio		
d	Addres		e Telephone:
			·
Ex	planation	n:	
а	Name:		b EIN:
С	Positio		
d	Addres	SS:	e Telephone:
	planation	2.	
LX	φιαιταιτοι	i.	
а	Name:		b EIN:
C	Positio		U LIIV.
d	Addres		e Telephone:
-	, idai o		• receptions.
Ex	planation	n:	
а	Name:		b EIN:
С	Positio	n:	
d	Addres	SS:	e Telephone:
Ex	planation	n:	

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 calend	ar plan year 2018 or fiscal p	olan year beginning	01/01/2018 and	ending 12/31/2018
A Name of				B Three-digit
C&A SERV	ICE 401(K) PLAN			plan number (PN) 003
				B
	DFE sponsor's name as sho	own on line 2a of Fo	orm 5500	D Employer Identification Number (EIN)
C&A SERV	TICE INC.			26-0543608
Part I	Information on inter	ests in MTIAs C	L CCTs, PSAs, and 103-12 IEs (to be con	nnleted by plans and DEEs)
raiti			ed to report all interests in DFEs)	ipicted by picins and bi Ls)
a Name o	of MTIA, CCT, PSA, or 103-			
		PRINCIPAL	_ GLOBAL INV TRUST	
b Name of	of sponsor of entity listed in	(a):		
C EINI DNI	93-6274329-001	d Entity	e Dollar value of interest in MTIA, CCT, PS	SA, or 942570
C EIN-FIN	93-0274329-001	code	103-12 IE at end of year (see instruction	as) 942570
a Name o	of MTIA, CCT, PSA, or 103-	12 IE: BLACKROO	CK RUSSELL 2000 IDX R	
		, WILMINGTO	ON TRUST	
b Name of	of sponsor of entity listed in	(a):		
C EINI DNI	20-3802587-004	d Entity C	e Dollar value of interest in MTIA, CCT, PS	SA, or 7091
C EIN-FIN	20-3002307-004	code	103-12 IE at end of year (see instruction	s)
a Name o	of MTIA, CCT, PSA, or 103-	12 IE: BLACKROO	CK EAFE EQ IDX R	
		WILMINGTO	ON TRUST	
b Name o	of sponsor of entity listed in	(a):		
c FIN-PN	20-3802495-007	d Entity C	e Dollar value of interest in MTIA, CCT, PS	SA, or 4077
	20 0002400 001	code	103-12 IE at end of year (see instruction	s)
a Name o	of MTIA, CCT, PSA, or 103-	12 IE: BLACKROO	CK US DEBT IDX R	
b v		, , WILMINGTO	ON TRUST	
D Name o	of sponsor of entity listed in	(a):		
c FIN-PN	20-3802445-010	d Entity C	e Dollar value of interest in MTIA, CCT, PS	
	20 0002 1 10 0 10	code	103-12 IE at end of year (see instruction	s)
a Name o	of MTIA, CCT, PSA, or 103-	12 IE: BLACKROO	CK MID CAP EQ IDX R	
b Name a	for an analysis and the line and in	(a). WILMINGTO	ON TRUST	
D Name C	of sponsor of entity listed in	(a):		
C FIN-PN	20-3802327-003	d Entity C	e Dollar value of interest in MTIA, CCT, PS	
		code	103-12 IE at end of year (see instruction	s)
a Name o	of MTIA, CCT, PSA, or 103-	12 IE: BLACKROO	CK EQ INDEX R	
b Name a	for an analysis and the line of in-	(a). WILMINGTO	ON TRUST	
D Name C	of sponsor of entity listed in	(a):		
C EIN-PN	20-3802168-001	d Entity C	e Dollar value of interest in MTIA, CCT, PS	
		code	103-12 IE at end of year (see instruction	S)
a Name o	of MTIA, CCT, PSA, or 103-	12 IE:		
h Nama a	of enoncor of antity listed in	(a):		
D Name C	of sponsor of entity listed in	(a).		
C EIN-PN		d Entity	e Dollar value of interest in MTIA, CCT, PS	
= =		code	103-12 IE at end of year (see instruction	S)

Schedule D (Form	5500) 2018	Page 2 - 1	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		_
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		
C EIN-PN	d Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA	A, or 103-12 IE:		
b Name of sponsor of entity	/ listed in (a):		

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:

C EIN-PN

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)

d Entity

code

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	е	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
	Plan nar	ne e	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of plan spo	nsor	C EIN-PN
а	Plan nar	ne	
b	Name of	nsor	C EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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

Pension Benefit Guaranty Corporation	Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018	and ending 12/31/2018
A Name of plan C&A SERVICE 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 C&A SERVICE INC.	D Employer Identification Number (EIN) 26-0543608

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	79661	108405
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	550658	539408
(9) Value of interest in common/collective trusts	1c(9)	1577790	1554789
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10547058	10205545
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12755167	12408147
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	12755167	12408147

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	108405	
	(B) Participants	2a(1)(B)	774677	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		883082
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25162	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25162
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	576124	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		576124
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		_	(a	a) Am	ount		(b) Total	
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						-1012	23
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)							
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)							
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)							
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						-128356	3
С	Other income	- 2c							
d	Total income. Add all income amounts in column (b) and enter total	. 2d						19068	2
	Expenses								
е	Benefit payment and payments to provide benefits:								
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			48	8329			
	(2) To insurance carriers for the provision of benefits	2e(2)							
	(3) Other	2e(3)							
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						48832	9
f	Corrective distributions (see instructions)							398	
g		-						563	
	Interest expense	OI:						300	0
i	Administrative expenses: (1) Professional fees								
•	(2) Contract administrator fees	2i(2)							
		0:(0)					-		
	(3) Investment advisory and management fees	2i(4)				0704			
	(4) Other	2i(5)			3	9761		0070	
	(5) Total administrative expenses. Add lines 2i(1) through (4)							3976	
J	Total expenses. Add all expense amounts in column (b) and enter total Net Income and Reconciliation	. 2j						53770	12
l,		2k						0.4700	
N I	Net income (loss). Subtract line 2j from line 2d							-34702	0
•	Transfers of assets:	21(1)							^
	(1) To this plan	21(2)							0
	(2) From this plan	(_/							0
Pa	art III Accountant's Opinion								
3	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached to	o this	Form 5	500. Coi	mplete line 3d	if an opinion is	not
а	The attached opinion of an independent qualified public accountant for this pla	n is (see ins	structions):						
	(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse							
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 1	03-12(d)?				X Yes	No	
С	Enter the name and EIN of the accountant (or accounting firm) below:								
	(1) Name: NUSSBAUM BERG KLEIN & WOLPOW, CPAS		(2) EIN:	26-0	221653	}			
d	The opinion of an independent qualified public accountant is not attached bed (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		next Form 55	500 pı	ursuant	to 29 CF	FR 2520.104-	50.	
Pa	art IV Compliance Questions								
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f,	4g, 4h, 4	4k, 4m,	4n, or 5.		
	During the plan year:				Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributions withi								
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in defau								
	close of the plan year or classified during the year as uncollectible? Disrega secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Yes		4b		X			

Schedule H (Form 5500) 2018	Page 4- 1

			Yes	No	Amou	int
С	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		
е	Was this plan covered by a fidelity bond?	4e	Х			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		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year	s X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to w	hich assets or liabili	ties were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yet.			Y		ot determined instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration adula is required to be filed upday sections 104 and 4065 of th

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).

Retirement Plan Information

File as an attachment to Form 5500.

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

	Pension Ben	efit Guaranty Corporation				<u> </u>	
For	calendar	olan year 2018 or fiscal plan year beginning 01/01/2018 and er	nding	12/31/2	2018		
	Name of place of SERVICI	an E 401(K) PLAN	В	Three-digit plan numb (PN)	er •	003	
	Plan spons A SERVICI	or's name as shown on line 2a of Form 5500 E INC.	D	Employer Ic 26-0543608		ion Number (EIN	N)
F	Part I	Distributions					
All	reference	s to distributions relate only to payments of benefits during the plan year.					
1		ue of distributions paid in property other than in cash or the forms of property specified in the		1			0
2		EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri ho paid the greatest dollar amounts of benefits):	ing th	e year (if mo	re than t	wo, enter EINs	of the two
	EIN(s):	57-1198022					
	Profit-sh	paring 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					
F	Part II	Funding Information (If the plan is not subject to the minimum funding requirements ERISA section 302, skip this Part.)			the Inter	nal Revenue Co	ode or
4	Is the plai	n administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No	N/A
		nn is a defined benefit plan, go to line 8.		_		_	_
5		er of the minimum funding standard for a prior year is being amortized in this r, see instructions and enter the date of the ruling letter granting the waiver. Date: Month	h	Da	ay	Year	
		impleted line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the ren			-		
6		the minimum required contribution for this plan year (include any prior year accumulated functions of waived)	-	6a			
		the amount contributed by the employer to the plan for this plan year					
		act the amount in line 6b from the amount in line 6a. Enter the result r a minus sign to the left of a negative amount)		6c			
	,	ompleted line 6c, skip lines 8 and 9.			I .		
7	•	inimum funding amount reported on line 6c be met by the funding deadline?		П	Yes	No	N/A
8	If a chan authority	ge in actuarial cost method was made for this plan year pursuant to a revenue procedure or or providing automatic approval for the change or a class ruling letter, does the plan sponsor or eator agree with the change?	ther plan	П	Yes	□ No	
Р	art 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 check the "No" box		Decre		Both	No
Р	art IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7)	7) of 1	the Internal F	Revenue	Code, skip this	Part.
10	Were ur	nallocated employer securities or proceeds from the sale of unallocated securities used to repart	ay an	y exempt loa	n?	Yes	No
11	a Doe	es the ESOP hold any preferred stock?				Yes	No
		e ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "be 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

Pa	Part V Additional Information for Multiemployer Defined Benefit Pension Plans							
		r 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.						
	а	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						
	е	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):						
	а	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						
	е	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						
	е	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):						
	_	Name of contribution ampleyor						
	a b	Name of contributing employer 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 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):						
	а	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						
	е	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):						
	а	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						
	е	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year 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):						

Pad	е	3

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 material employer contribution during the current plan year to:	ke an							
	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							
	a Enter the number of employers who withdrew during the preceding plan year	100							
	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, c supplemental information to be included as an attachment.								
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans						
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see ir information to be included as an attachment	or in par	t) of liabilities to such participants						
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a	_% Oth	ner:%						

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

	Administration	the instructi	ons to the Form 55	00.		
Pensio	in Benefit Guaranty Corporation	5 400 4 5 4 6 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	enter de la company de la comp		This Form is Open to Pu Inspection	ıblic
Part I		ntification Information				
For caler	ndar 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			this box must attach a list of rdance with the form instructio	ns.)
		X a single-employer plan	a DFE (specify	')		
B This	return/report is:	the first return/report	the final return			
		x an amended return/report	a short plan ye	ear return/report (less than 1	2 months)	
C If the	plan is a collectively-bargain	ed plan, check here				
D Chec	k box if filing under:	Form 5558	automatic exter	nsion	the DFVC program	
		special extension (enter description)	<u> </u>			
Part II	Basic Plan Informa	ation—enter all requested informatio	n			
	ne of plan ERVICE INC. 401(K	() PLAN			1b Three-digit plan number (PN) ▶	003
					1c Effective date of pl 12/01/1986	an
Mail City	ing address (include room, a or town, state or province, co	if for a single-employer plan) pt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code	(if foreign, see instr	uctions)	2b Employer Identifica Number (EIN) 26-0543608	ition
C&A S	ERVICE INC.				2c Plan Sponsor's tele number (516) 354 - 12	201000
	UTH TYSON AVENUE		NY I	11001	2d Business code (see instructions) 311900	е
Caution	: A penalty for the late or in	ncomplete filing of this return/repor	t will be assessed	unless reasonable cause i	is established.	
		penalties set forth in the instructions, I as the electronic version of this return				
SIGN HERE	1/2/4	22 AP/CF0	19/18/19	Mearon t.	Duck valore	>
I I LIKE	Signature of plan adminis	strator	Date	Enter name of individual s	signing as plan administrator	
SIGN HERE	MA	? Captura	(0/14/19	Microson A	. Duck NP/CH	20
	Signature of employer/pla	an sponsor	Date		signing as employer or plan sp	onsor
SIGN HERE						
neke	Signature of DEE		Data	Enter name of individual s	signing as DEE	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)

	Form 5500 (2018)	F	age 2			
3a	Plan administrator's name and address X Same as Plan Sponsor				3b Administr	ator's EIN
					3c Administrator's telephone number	
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	If the name and/or EIN of the plan sponsor or the plan name has changed since enter the plan sponsor's name, EIN, the plan name and the plan number from the plan name and the pl			•	4b EIN	
	Sponsor's name Plan Name	ine last ret	ummep		4d PN	
5	Total number of participants at the beginning of the plan year				5	199
6	Number of participants as of the end of the plan year unless otherwise stated (6a(2), 6b, 6c, and 6d).	welfare pla	ins con	nplete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year	•••••			<mark>6a(1)</mark>	174
a(2) Total number of active participants at the end of the plan year	•••••			6a(2)	161
b	Retired or separated participants receiving benefits	••••••	•••••		6b	0
С	Other retired or separated participants entitled to future benefits				6c	30
d	Subtotal. Add lines 6a(2), 6b, and 6c	************	•••••		6d	191
e	Deceased participants whose beneficiaries are receiving or are entitled to receive	ive benefit	s		6e	0
f	Total. Add lines 6d and 6e.	********	••••••		6f	191
g	Number of participants with account balances as of the end of the plan year (or complete this item)				6g	189
h	Number of participants who terminated employment during the plan year with a less than 100% vested				6h	0
7	Enter the total number of employers obligated to contribute to the plan (only mu	ultiemploye	er plans	s complete this item)	7	
b	If the plan provides pension benefits, enter the applicable pension feature code 2E 2F 2G 2J 2K 2S 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes	s from the	List of I	Plan Characteristics Cod	es in the instruct	
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts	9b Plan I (1) (2)	enefit	arrangement (check all t Insurance Code section 412(e)(3		racts
	(3) X Trust	(3)	X	Trust		
40	(4) General assets of the sponsor	(4)		General assets of the	•	Dan instrument
10	Check all applicable boxes in 10a and 10b to indicate which schedules are atta				iver attached. (see instructions)
а	Pension Schedules (1) R (Retirement Plan Information)	b Gene	ral Sci	hedules H (Financial Info	mation)	
		(2)		I (Financial Info	•	Plan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(3)		A (Insurance Info		
	actuary	(4)	×	C (Service Provi	•	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	×	D (DFE/Participa	iting Plan Inform	ation)
	Information) - signed by the plan actuary	(6)	ō	G (Financial Tra	nsaction Schedu	les)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
	plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 101-2.)
If "Ye	es" 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.)
Recei	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 pt 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 pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)
Rece	ipt Confirmation Code

Page 3

Form 5500 (2018)

SCHEDULE C

Service Provider Information

OMB No. 1210-0110

(Form 5500)			2018			
Department of the Treasury Internal Revenue Service						
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation File as an attachment to Form 5500.				This Form is Open to Public Inspection.		
For calendar plan year 2018 or fiscal pla	an year beginning 01/	01/2018	and ending	12/31	/2018	
A Name of plan			Three-digit			
C&A SERVICE INC. 401(K)	PLAN		plan number (PN))	003	
<u></u>			<u> </u>			
C Plan sponsor's name as shown on line 2a of Form 5500 C&A SERVICE INC.			Employer Identificat 26-0543608	ion Number (l	EIN)	
Part I Service Provider Info	ormation (see instructions)	<u> </u>			
Information on Persons Real Check "Yes" or "No" to indicate whether indirect compensation for which the property of the p	ner you are excluding a person from plan received the required disclosure the name and EIN or address of ea esation. Complete as many entries	n the remainder of this es (see instructions for ach person providing th as needed (see instruc	Part because they rece definitions and condition e required disclosures tions).	ons)	図Yes No e providers who	
ALPS DISTRIBUTORS, INC.	me and EIN or address of person w	no provided you disclo	sures on eligible indire	ct compensat	ion	
1290 BROADWAY SUITE 1100 DENVER				CO 802	203	
(b) Enter na	me and EIN or address of person w	ho provided you disclo	sures on eligible indire	ct compensati	ion	
AMERICAN CENTURY INVEST	MENT SERVICE					
(b) Enter name	me and EIN or address of person w	ho provided you disclo	sures on eligible indire	ct compensat	on	
AMERICAN FUNDS DISTRIBU 95-2769620	TORS, INC.					
(b) Enter nar	me and EIN or address of person w	ho provided you disclo	sures on eligible indire	ct compensati	ion	
BLACKROCK INVESTMENTS, 23-2784752		<u> </u>		., .		

Schedule C (Form 5500) 2018	Page 2-	
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
DELAWARE INVESTMENTS		
2005 MARKET STREET		
PHILADELPHIA	PA	19103
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
EAGLE FUND DISTRIBUTORS, INC. 59-2385219		
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
FIDELITY DISTRIBUTORS CORP.		
500 SALEM STREET		
MAIL ZONE O3N		
SMITHFIELD	RI	02917
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
FRANKLIN TEMPLETON DISTRIBUTORS, IN		
100 FOUNTAIN PARKWAY		
ST. PETERSBURG	FL	33716
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MBSC SECURITIES CORPORATION, DISTRI	3	
ONE BOSTON PLACE		
24TH FLOOR BOSTON	ΔМ	02108
BOSTON	PAR	02100
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MFS FUND DISTRIBUTORS, INC.		
04-2747644		
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MORELY FINANCIAL SERVICES		
1200 GU DIDEN ANDANIA		
1300 SW FIFTH AVENUE SUITE 3300		
PORTLAND	OR	97201
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
OPPENHEIMER FUNDS INC. 13-2527171		

Schedule C	(Form 5500) 2018		Page 2-		
	(b) Enter name and EIN or address	ss of person who provided yo	u disclosures on eli	gible indirect comper	nsation
PRUDENTIAL INV 22-3468527	ESTMENTS LLC				
T. ROWE PRICE	(b) Enter name and EIN or address	ss of person who provided yo	u disclosures on eli	gible indirect comper	nsation
100 EAST PRATT	STREET				
BALTIMORE				MD	21202
	(b) Enter name and EIN or address	ss of person who provided yo	u disclosures on eli	gible indirect compe	nsation
VANGUARD					
455 DEVON PARK	DRIVE				
WAYNE				PA	19087
Arthur and Transfer and Arthur an	(b) Enter name and EIN or address	ss of person who provided yo	u disclosures on eli	gible indirect comper	nsation
WELLS FARGO FU	NDS DISTRIBUTOR, LLC				
525 MARKET STR 12TH FLOOR SAN FRANCISO	SET			CA	94105
	(b) Enter name and EIN or address	ss of person who provided yo	u disclosures on eli	gible indirect compe	nsation
	(b) Enter name and EIN or addres	ss of person who provided yo	u disclosures on el	igible indirect compe	nsation
	100				***************************************
	(b) Enter name and EIN or addres	ss of person who provided yo	u disclosures on eli	igible indirect compe	nsation
			Car Control Section Control Co		
	(b) Enter name and EIN or addres	ss of person who provided yo	u disclosures on el	igible indirect compe	nsation
				1 Control of Control o	

	Schedule C (Form 550	00) 2018		Page 3 -		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ADP, LL 13-3036						
(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	19,904	Yes 🛭 No 🗍	Yes 🛛 No 🗌	0	Yes No 🛚
			a) Enter name and FIN or	address (see instructions)	• 44.7	1 1
04-3422					·	
(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/FINANC	15,313	Yes No 🛚	Yes No 🗓	0	Yes No X
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a

Yes 📗 No 🗍

Yes 📗 No 📗

Yes No

:	Schedule C (Form 550	00) 2018		Page 3 -		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or ne plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ADP BRO 22-3319	KER-DEALER 984					
(b) Service Code(s)	(c) Relationship to employer, employer 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?	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?
60 59	RECORD KEEPER	0	Yes 🛛 No 🗍	Yes No 🗓	0	Yes 🛭 No 🗌
	 		2) 5.4	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employer,		(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
			Yes 📗 No 🗍	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u></u>
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Schedule C (Form 5500) 2018 Page 4 -

Part I Service Provider Information (continued)		
3. If you reported on line 2 receipt of indirect compensation, other to provides contract administrator, consulting, custodial, investme questions for (a) each source from whom the service provider receipt provider gave you a formula used to determine the indirect compensation as needed to report the required information for each provider.	ent advisory, investment mar beived \$1,000 or more in indi ensation instead of an amou	nagement, broker, or recordkeeping irect compensation and (b) each so	services, answer the following surce for whom the service
(a) Enter service provider name as it appear	s on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indi	rect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appear	s on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
		60 59	
ADD DROVED DEALER			
ADP BROKER-DEALER		(a) Describe the indicate	0
(d) Enter name and EIN (address) of source of indi	rect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE		ANNUAL RATE 0.00050 OF AV	ERAGE DAILY ASSETS
44-0040407			
(a) Enter service provider name as it appear	s on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
		60 59	
ADP BROKER-DEALER			
(d) Enter name and EIN (address) of source of indi	rect compensation	(e) Describe the indirect	compensation, including any
	·	formula used to determine	the service provider's eligibility he indirect compensation.
FIDELITY DISTRIBUTORS CORP.		ANNUAL RATE 0.00250 OF AV	ERAGE DAILY ASSETS
500 SALEM STREET			
MAIL ZONE O3N SMITHFIELD	RI 02917		

Schedule C (Form 5500) 2018

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Part I	Service Provider Information (continued)		
or provide questions provider	ported on line 2 receipt of indirect compensation, other than eligible indirect comp es contract administrator, consulting, custodial, investment advisory, investment n s for (a) each source from whom the service provider received \$1,000 or more in i gave you a formula used to determine the indirect compensation instead of an am tries as needed to report the required information for each source.	nanagement, broker, or recordkeeping indirect compensation and (b) each so	services, answer the following urce for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
		60 59	
ADP BRO	KER-DEALER		0
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
MBSC SE	CURITIES CORPORATION, DISTRI	ANNUAL RATE 0.00400 OF AV	ERAGE DAILY ASSETS
24TH FL			
BOSTON	MA 02108		
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BRO	OKER - DEALER (d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility
WELLS F	ARGO FUNDS DISTRIBUTOR, LLC	ANNUAL RATE 0.00150 OF AV	he indirect compensation.
	KET STREET	Allow Kare 0.00130 of Av	DONGE DATE! ASSETS
	(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	formula used to determine	compensation, including any the service provider's eligibility
		for or the amount of t	he indirect compensation.

THE CONTROL WAY AND	-	Commence of the Commence of th		
Schedule	C	(Form	5500	2018

Page 5 -

P	art II Service Providers Who Fail or Refuse to	Provide Inform	mation
4	Provide, to the extent possible, the following information for exthis Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
	(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
NI S	(a) Enter name and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to
, - -	instructions)	Service Code(s)	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

2000	^	
Page	0	-

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
planation:		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
planation:		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
planation:		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
planation:		
Name:	b EIN:	
Name: Position:	b ein:	
	e Telephone:	

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. 12/31/2018 01/01/2018 For calendar plan year 2018 or fiscal plan year beginning and ending A Name of plan Three-digit C&A SERVICE INC. 401(K) PLAN 003 plan number (PN) Employer Identification Number (EIN) C Plan or DFE sponsor's name as shown on line 2a of Form 5500 C&A SERVICE INC. 26-0543608 Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) Part I (Complete as many entries as needed to report all interests in DFEs) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQ INDEX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN 20-3802168 001 601,034 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST e Dollar value of interest in MTIA, CCT, PSA, or **d** Entity C EIN-PN 20-3802327 8 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C C EIN-PN 20-3802445 0.10code 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST e Dollar value of interest in MTIA, CCT, PSA, or d Entity C EIN-PN 20-3802495 007 4,077 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST d Entity Dollar value of interest in MTIA, CCT, PSA, or c EIN-PN 20-3802587 Ċ 7,091 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE - 25 I b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INV TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN 93-6274329 C 942,570 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: b Name of sponsor of entity listed in (a): d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN code 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	
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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	37 ***
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

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

Pension Benefit Guaranty Corporation			Inspecti	<u>on</u>
For calendar plan year 2018 or fiscal plan year begin	ning 01/01/2018	and ending	12/31/2018	
A Name of plan C&A SERVICE INC. 401(K) PLAN		B Three-d	igit mber (PN)	003
C Plan sponsor's name as shown on line 2a of Form C&A SERVICE INC.	1 5500	D Employe 26-054	r Identification Number	(EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	79,661	108,405
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		•
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):	1 .		
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	550,658	539,408
(9) Value of interest in common/collective trusts	1c(9)	1,577,790	1,554,789
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10,547,058	10,205,545
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12,755,167	12,408,147
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	12,755,167	12,408,147

Part II Income and Expense Statement

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:	100		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	108,405	
(B) Participants	2a(1)(B)	774,677	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		883,082
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	25,162	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25,162
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	576,124	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		576,124
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	e de la companya della companya della companya de la companya della companya dell	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

Page 3

			(a) Amou	nt		(b) T	otal
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						-10,123
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)					-	
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)				1 11		
-	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						-1,283,563
C	Other income	. 2c						
d	Total income. Add all income amounts in column (b) and enter total	. 2d	<u></u>					190,682
	Expenses							
e	Benefit payment and payments to provide benefits:		·					
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			488,3	29		
	(2) To insurance carriers for the provision of benefits	2e(2)						en e
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						488,329
f	Corrective distributions (see instructions)	2f			•			3,982
g	Certain deemed distributions of participant loans (see instructions)							5,630
h	Interest expense	2h	1					
i	Administrative expenses: (1) Professional fees	2i(1)						
	(2) Contract administrator fees	2i(2)						
	(3) Investment advisory and management fees	01/01						
	(4) Other	01/41			39,7	61		
	(5) Total administrative expenses. Add lines 2I(1) through (4)					_		39,761
i	Total expenses. Add all expense amounts in column (b) and enter total	'						537,702
•	Net Income and Reconciliation							
k	Net income (loss). Subtract line 2j from line 2d	2k						-347,020
_	Transfers of assets:		1	•				<u>·</u>
	(1) To this plan	21(1)						0
	(2) From this plan.							0
	· · · · · · · · · · · · · · · · · · ·							
	rt III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached t	o this Fo	m 5500. (Comple	te line 3d if a	in opinion is not
	The attached opinion of an independent qualified public accountant for this pla	an is (see in	structions):					
	(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4)	Adverse	·					
h r	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or	103-12/4\2			F	Yes	П №
	Enter the name and EIN of the accountant (or accounting firm) below:	o-o anaroi	100-12(0):				3	
	(1) Name: NUSSBAUM BERG KLEIN & WOLPOW, CPAs	· · ·	(2) EIN	:26-02	221653	-		· *
d 1	The opinion of an independent qualified public accountant is not attached be	cause:						
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		next Form 5	500 purs	uant to 29	CFR 2	520.104-50.	
Da	rt IV Compliance Questions							
<u>га</u> 4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do	not comple	e lines 4a, 4	e, 4f, 4g,	4h, 4k, 4n	n, 4n, o	г 5.	
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complet		·					
	During the plan year:			\	es No		Amo	unt
а	Was there a failure to transmit to the plan any participant contributions with							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a	×			
b	Were any loans by the plan or fixed income obligations due the plan in defai	•					-: 4-2	
-	close of the plan year or classified during the year as uncollectible? Disrega	ard participa					• . • • . • . • .	
	secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Ye	s" is		x			
	••••••••••••••••••••••••••••••••••••••	•••••	•••••	4b		1		

Schedule H (Form 5500) 2018

Page 4-

			111111111111111111	15518.551	7.1110	unt
С	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	2.86	х		
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		х		
е	Was this plan covered by a fidelity bond?	4e	х			500,000
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		х		
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	15.00	х		
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		х		
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	Х			
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		х		
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		х		
I	Has the plan failed to provide any benefit when due under the plan?	41		Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		х		
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	ERIF			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year	· 🛚	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify th	ne plant	(s) to w	hich assets or liabil	lities were
_	5b(1) Name of plan(s)			+	5b(2) EIN(s)	5b(3) PN(s)
11 41				+		
				+		-
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section of "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year.					Not determined a instructions.)

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	r's Name	C&A	SERVICE INC.	PN:	003

		(e) Description of investment including maturity data		(a) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
(4)	(b) theritisy of issue, borrower, lesson, or similar party	INTEREST RATES (4.25% TO 6.25%)	(a) Cost	Agroe
		1		
	PARTICIPANT LOANS			539,408
		REGISTERED INVESTMENT COMPANY		
]		
		1		
		ĺ		309,509
	CARILLON EAGLE MID CAP GRTH R6			309,309
		REGISTERED INVESTMENT COMPANY		
	MFS TOTAL RETURN - R6	i		847,345
		REGISTERED INVESTMENT COMPANY		
	FRANKLIN UTILITIES FUND - R6			180,614
		REGISTERED INVESTMENT COMPANY		
				964,402
	TRP RETIREMENT I 2030 I	DEGLEGATION CONDAIN		304,402
		REGISTERED INVESTMENT COMPANY		
	WF SPECIAL SMALL CAP VALUE R6			42,823
		REGISTERED INVESTMENT COMPANY		
		j		
	FIDELITY CONTRAFUND			580,242

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	or's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date.		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
(-/	()	REGISTERED INVESTMENT COMPANY	(11) 000.	10.00
				100.06
	TRP RETIREMENT I 2050 - I			102,264
		REGISTERED INVESTMENT COMPANY		
				1
	OPPENHEIMER INTERNATIONAL GR I			374,007
		REGISTERED INVESTMENT COMPANY		
				96,270
	TRP RETIREMENT I 2040 - I			36,270
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS NEW WORLD R6			84,167
		REGISTERED INVESTMENT COMPANY		
		i		
	l			410,598
	WELLS FARGO PRECIOUS METALS I	THE STATE OF THE S	• •	410,390
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS WAMU - R6			777,891
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2010 - I			502,384
	INF REITREMENT I ZUIV - I			1 302,30

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	r's Name	C&A	SERVICE INC.	PN:	003

(b) Identity of issue, borrower, lossor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
(b) Identity of Issue, borrower, Idesor, or similar part	REGISTERED INVESTMENT COMPANY	(d) Cost	Value
T ROWE PRICE SC STK I			814,2
	REGISTERED INVESTMENT COMPANY		
AMFUNDS CAP WRLD GR INC - R6			1,180,7
	REGISTERED INVESTMENT COMPANY		
MFS MID CAP VALUE FUND - R6			15,1
	REGISTERED INVESTMENT COMPANY		
MFS INTERNATIONAL VALUE R6	DECLORADE AND		19,7
	REGISTERED INVESTMENT COMPANY		
	1		
DREYFUS NATURAL RESOURCES I	REGISTERED INVESTMENT COMPANY		275,5
DELAWARE DIVERSIFIED INCOME R6			387,9
DELAMARE DIVERSIFIED INCOME RO	REGISTERED INVESTMENT COMPANY		301,5
TRP RETIREMENT I 2060 - I			58,1

Plan Name ca	&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponsor	's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date,		(e) Current
<u>(a)</u>	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2020 - I			922,403
	THE RESTRESSES 1 2020 - 1	REGISTERED INVESTMENT COMPANY	 	322,103
		REGISTERED INVESTMENT COMPANY		
	VANGUARD GROWTH & INCOME ADMIR			535,979
		REGISTERED INVESTMENT COMPANY		333,333
		REGISTERED INVESTMENT COMPANY		
	BR STRATEGIC INC OPPS K			347,198
		REGISTERED INVESTMENT COMPANY		
	PGIM GLOBAL REAL ESTATE R6			197,203
		REGISTERED INVESTMENT COMPANY		
		AUGIOTEMED INVESTMENT CONTRACT		
				ľ
	AMERCENT INFL ADJ BD R5			178,878
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK EQ INDEX R			601,034
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK MID CAP EQ IDX R	1		8

Plan Name C&A SERV	VICE INC. 401(K) PLAN	EIN:	26-0543608
Plan Sponsor's Nam	e C&A SERVICE INC.	PN:	003

		(c) Description of invostment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		COMMON/COLLECTIVE TRUST		
				9
	BLACKROCK US DEBT IDX R			J
		COMMON/COLLECTIVE TRUST		
	BLACKROCK EAFE EQ IDX R			4,077
	The state of the s	COMMON/COLLECTIVE TRUST		
		Coration, Cozzacia va incor		
				•
	BLACKROCK RUSSELL 2000 IDX R			7,091
		COMMON/COLLECTIVE TRUST		
	MORLEY STABLE VALUE - 25 I			942,570
				

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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.

2018

OMB No. 1210-0110

This Form is Open to Public

	Pension Ber	nefit Guaranty Corporation	· ·	The as an attachment to ron		į į		inspection.	
For		plan year 2018 or fiscal p	lan year beginning	01/01/2018	and end	ding	12/3	1/2018	
	Name of pl	an RVICE INC. 401()	K) PLAN			B Three-di plan nu (PN)	-	003	
C F	Plan spons	or's name as shown on li	ine 2a of Form 5500	<u> </u>		D Employe	r Identific	ation Number (EIN	 I)
	-	RVICE INC.						•	•
	-					26-05	43608		
	Part I	Distributions							
All	reference	s to distributions relate	only to payments of t	penefits during the plan year.	•				
1		•	, , , ,	cash or the forms of property sp					0
2		e EIN(s) of payor(s) who payor (s) who paid the greatest dollars.		of the plan to participants or be	neficiaries durin	g the year (if	more thar	two, enter EINs o	if the two
	EIN(s):	57-1	198022						
	Profit-sl	haring plans, ESOPs, ar	nd stock bonus plans,	skip line 3.					
3	Number	of participants (living or o	leceased) whose benefi	ts were distributed in a single s	. •		3		
F	Part II		tion (If the plan is not s	subject to the minimum funding			of the Int	ernal Revenue Co	de or
4	Is the pla	n administrator making an	election under Code sect	ion 412(d)(2) or ERISA section 3	302(d)(2)?	*************	Yes	No	N/A
		an is a defined benefit p							
5			•	ar is being amortized in this g letter granting the waiver.	Date: Month		Day	Year	
	If you co	ompleted line 5, comple	te lines 3, 9, and 10 of	Schedule MB and do not cor	mplete the rem	ainder o <u>f thi</u>	s schedu	le.	
6			, ,	year (include any prior year acc		- 16	a		
	b Ente	r the amount contributed	by the employer to the	plan for this plan year	***************************************	6	b		
		ract the amount in line 6ber a minus sign to the left		6a. Enter the result		6	С		
	•	ompleted line 6c, skip li	-				1		
7	Will the m	ninimum funding amount	reported on line 6c be m	net by the funding deadline?			Yes	∏ No	N/A
8	If a chan	ge in actuarial cost methor providing automatic app	od was made for this pla roval for the change or a	an year pursuant to a revenue particular and a class ruling letter, does the pl	procedure or oti lan sponsor or p	her olan	Yes	☐ No	□ N/A
Р	art III	Amendments							
9			plan were any amendr	ments adopted during this plan					
	year that	t increased or decreased	the value of benefits? If	yes, check the appropriate	п.	se D	ecrease	Both	□ No
P	art IV	ESOPs (see instruct	tions). If this is not a pla	n described under section 409((a) or 4975(e)(7) of the Intern	al Revenu	e Code, skip this	Part.
10	Were u	nallocated employer secu	rities or proceeds from	the sale of unallocated securition	es used to repa	y any exempt	loan?	Yes	☐ No
11	a Do	es the ESOP hold any pre	eferred stock?	***************************************				Yes	No No
				e employer as lender, is such lo				Yes	∏ No
12	Does the	ESOP hold any stock th	at is not readily tradable	on an established securities n	narket?	•••••		Yes	☐ No

Page	2 -	
------	-----	--

P	Part V Additional Information for Multiemployer Defined Benefit Pension Plans						
13		er the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in					
	dol	ars). 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					
	е	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					
	е	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):					
	а	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					
	е	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):					
	3	Name of contributing employer					
	a 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					
	е	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):					
	а	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					
	е	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):					
	а	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					
	е	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):					

	Schedule R (Form 5500) 2018	Page 3		
14	Enter the number of participants on whose behalf no contributions w of the participant for:	rere made by an employer as an employer		
	a The current year		14a	
	b The plan year immediately preceding the current plan year		14b	
	C The second preceding plan year		14c	
15				
	a The corresponding number for the plan year immediately preced	ling 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 plant	an during the preceding plan year:		
	a Enter the number of employers who withdrew during the precedi	ing plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of without assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or supplemental information to be included as an attachment			
Р	art VI Additional Information for Single-Employer	and Multiemployer Defined Benef	it Pens	sion Plans
18	If any liabilities to participants or their beneficiaries under the plan as and beneficiaries under two or more pension plans as of immediately information to be included as an attachment	y before such plan year, check box and see i	nstruction	ns regarding supplemental
19	If the total number of participants is 1,000 or more, complete lines (a	a) through (c)		

☐ 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

____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: ___

C What duration measure was used to calculate line 19(b)?

Provide the average duration of the combined investment-grade and high-yield debt:

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

(Rev. September 2018)

Department of the Treasury Internal Revenue Service

Signature ►

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Ра	Identification				
A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's ide	ntifying number (see instruction	15)
	C&A SERVICE INC.	Employer i	dentification numb	er (EIN) (9 digit	s XX-XXXXXX)
	Number, street, and room or suite no. (If a P.O. box, see instructions)	26-05436	08		
	65 SOUTH TYSON AVENUE	Social sec	urity number (SSN	l) (9 digits XXX-	XX-XXXXI
	City or town, state, and ZIP code	1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	FLORAL PARK NY 11001				
C		Plan	Pla	n year endir	ng
	Plan name	number	мм	DD	7777
	C&A SERVICE INC. 401(K) PLAN	0 0 3	12	31	2018
	t II Extension of Time To File Form 5500 Series, and/or Form 89)55-SSA		•	
1	Check this box if you are requesting an extension of time on line 2 to file the in Part I, C above.	e first Form 550	0 series return/	report for the	e plan listed
2	I request an extension of time until 10 / 15 / 2019 to file Form Note: A signature IS NOT required if you are requesting an extension to file Form	5500 series. Se m 5500 series.	e instructions.		
3	I request an extension of time until 10 / 15 / 2019 to file Form Note: A signature IS NOT required if you are requesting an extension to file Form	8955-SSA. See m 8955-SSA.	instructions.		
	The application is automatically approved to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal date.	this extension	if (a) the Form is requested; a	5558 is filed and (b) the d	on or before late on line 2
4	I request an extension of time until // to file Form You may be approved for up to a 6-month extension to file Form 5330, after the		ite of Form 533	R O.	
a		▶ a			
b			•	b	
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	'amendment da	te	С	

			· · · · · · · · · · · · · · · · · · ·		

l le de	recelling of parion, I deploy that to the heat of an instituted and ball of the statement	this form are true	sawast and area	ploto and that	l nen outbooks
	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or pare this application.	i uas iorm are irue,	correct, and com	piete, and that	GITT BUILTOTIZEC

Date ▶

Schedule C, Line 2(h) Formula Description

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

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

SUMMARY ANNUAL REPORT

For C&A SERVICE INC. 401(K) PLAN

This is a summary of the annual report for C&A SERVICE INC. 401(K) PLAN, EIN 26-0543608, Plan No. 003, for period January 01, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$537,702. These expenses included \$39,761 in administrative expenses, \$488,329 in benefits paid to participants and beneficiaries, and \$9,612 in other expenses. A total of 191 persons were participants in or beneficiaries of the plan at the end of the plan year, although some of these persons may not yet have earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$12,408,147 as of December 31, 2018, compared to \$12,755,167 as of January 01, 2018. During the plan year the plan experienced a decrease in its net assets of \$347,020. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plans assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$190,682, including employer contributions of \$108,405, employee contributions of \$774,677, and earnings from investments of (\$692,400).

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountants report;
- financial information;
- information on payments to service providers;
- assets held for investment:
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of C&A SERVICE INC. at 65 SOUTH TYSON AVENUE, FLORAL PARK, NY 11001, or by telephone at (516) 354-1200. The charge to cover copying costs will be \$2.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (C&A SERVICE INC., 65 SOUTH TYSON AVENUE, FLORAL PARK, NY 11001) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT AUDITORS

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2018

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

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Note: All other schedules required by Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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One Penn Plaza 250 W. 34th Street, Suite 2420 New York, NY 10119 212.684.2414 | Fax 212.684.5433 www.nussbaumcpa.com

Report of Independent Auditors

To the Plan Administrator, Trustees and Participants C&A Service Inc. 401(k) Plan Floral Park, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C&A Service, Inc. 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 or provided by Reliance Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications 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 these financial statements.



Other Matters

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Nussbaum Berg Klein & Wolpow, CPAS LLP

Melville, New York October 14, 2019

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2018 AND 2017

Assets:	2018	2017
Investments: At fair value	<u>\$ 11,760,334</u>	<u>\$ 12,124,848</u>
Receivables: Notes receivable from participants Employer's contribution receivable	539,408 108,405	550,658 79,661
Total receivables	<u>647,813</u>	630,319
Total assets	12,408,147	12,755,167
Liabilities: Excess contributions payable	25,838	3,982
Net assets available for benefits	<u>\$ 12,382,309</u>	<u>\$ 12.751.185</u>

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2018

Additions to net assets attributed to:	
Investment income (loss): Net decline in fair value of investments Dividends	\$ (1,293,686) <u>576,124</u>
Total investment loss	<u>(717,562</u>)
Interest income on notes receivable from participants	25,162
Contributions: Participant deferrals Employer	748,839 108,405
Total contributions	857,244
Total additions	164,844
Deductions from net assets attributed to: Benefits paid to participants Administrative expenses	493,959 39,761
Total deductions	533,720
Net decrease in net assets available for benefits	(368,876)
Net assets available for benefits: Beginning of year	12,751,185
End of year	<u>\$ 12.382.309</u>

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan</u>

The following description of C&A Service, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established on December 1, 1986, and restated on October 1, 2014, is a defined contribution plan covering eligible employees of C&A Service, Inc. (the "Company," "Employer" or "Plan Sponsor"). Full-time employees not covered by a collective bargaining agreement who have attained the age of twenty-one with six months of service are eligible to participate in the Plan. An employee's entry date into the Plan is the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or following the date of eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The recordkeeper of the Plan is ADP Retirement Services as of December 31, 2018 and was Sentinel Benefits Financial Group at December 31, 2017. The Trustee of the Plan is Reliance Trust Company (the "Trustee," "Reliance") as of December 31, 2018 and 2017.

Contributions

Each year, participants may contribute to the Plan a percentage of compensation, as defined, up to a maximum percentage allowable under the Internal Revenue Code ("IRC") on a pre-tax basis, with dollar limits established by the IRC. Such contributions are excluded from the participant's Federal taxable income until received as a withdrawal or distribution from the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company makes matching contributions based on the active participant's yearly contributions. During the year ended December 31, 2018, the Company made matching contributions equal to the lesser of 100% of a participant's elective deferrals or \$750. The matching contribution is made on an annual basis and totaled \$108,405 for the Plan year ended December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (i) employer's 401(k) matching contributions and (ii) the participant's share of earnings or losses on both company and employee contributions. Each participant directs all amounts credited into their account into one or more of the investment options available under the Plan. Accordingly, as a participant-directed plan, each participant's investments determine their share of earnings or losses. 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 in their contributions and all company contributions plus actual earnings thereon.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan (Continued)</u>

Investment Options

Upon enrollment in the Plan, participants may direct the Trustee to invest contributions in various investment options offered by the Plan. Participants may change their contribution investment options daily; transfer part or all of past investments to other funds daily; and may change their deferral percentage at any time.

Notes Receivable from Participants

Participant loans are valued at the outstanding loan balance, which approximates fair value. Participants may borrow from their vested fund account balance a minimum of \$1,000 and up to a maximum equal to the lesser of (a) \$50,000 or (b) 50% of the value of their vested fund account balance attributable to salary deferrals and rollovers from other plans. A participant may have no more than two loans outstanding at any time. The maximum payment term allowed for any loan will be five years (unless the loan is for the purchase of a principal residence in which case the term may not exceed 30 years) with the fixed interest rate determined each calendar quarter. The loans are secured by the balance in the participant's account and bear interest at the prevailing prime rate (5.5% and 4.25% at December 31, 2018 and 2017, respectively) plus 1%. Interest rates range from 4.25% to 6.25% and mature at various dates through May 2035.

Distribution

Distributions from the Plan are permitted under the following circumstances: (i) attainment of age 59 ½, (ii) termination of employment, (iii) death or permanent disability, and (iv) a proven hardship. Distributions from a participant's account are made in the form of a lump-sum payment or installments over a period of not more than the participant's assumed life expectancy (or the assumed life expectancy of a beneficiary). If a participant's account balance does not exceed \$5,000, the distributions can only be made in the form of a lump-sum payment and may be distributed to a terminated participant without consent.

Benefit Payments

On termination of service due to death, disability, retirement or other reasons, participants are generally entitled to a lump-sum payment of their vested account balance. 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 or installment payments. Total amounts for participants who were terminated as employees of the Company as of December 31, 2018 and 2017 but still maintained a balance in the Plan were \$398,855 and \$804,364, respectively. As of December 31, 2018 and 2017, all employees who elected to withdraw from the Plan had been paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan (Continued)</u>

Recent Accounting Pronouncements

In January 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2016-01, *Financial Instruments - Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities,* which makes targeted improvements in the recognition, measurement, presentation and disclosure of financial instruments. ASU 2016-01 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted for fiscal years beginning after December 15, 2017. The Plan Administrator is currently evaluating the impact that this new guidance will have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement which amends ASC 820 to add, remove, and modify fair value measurement disclosure requirements. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. The manner of adoption varies, with certain provisions applied retrospectively, while others applied prospectively. The Plan Administrator is currently evaluating the impact that this new guidance will have on the Plan's financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

All Plan investments are held by the Trustee. The Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4 for discussion of fair value measurements).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

Payment Benefits

On termination of service due to death, disability, retirement or other reasons, participants are generally entitled to a lump sum payment of their account balance. Benefits are recorded when paid.

Expenses of the Plan

Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. Certain plan expenses are deducted from participant accounts, and the remainder of the Plan expenses are generally paid by the Employer.

Risks and Uncertainties

The Plan offers investments in securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities, and thus the net asset value ("NAV") of the funds, will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. The fair values assigned to the investments by the Plan are based upon available information believed to be reliable, which may be affected by conditions in the financial markets. The Plan may not be able to sell its investments when it desires to do so or to realize what it perceives to be its fair value in the event of a sale.

Reclassifications

Certain reclassifications have been made to the 2017 amounts to conform to the 2018 presentation.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through the date these financial statements were available to be issued, October 14, 2019.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

3. Information Certified by the Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance, the Trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017;
- Net decline in the fair value of the investments, dividends and interest income on notes
 receivables from participants reflected on the accompanying statement of changes in
 net assets available for benefits for the year ended of December 31, 2018;
- Investments reflected on the schedule of assets (held at end of year).

4. Fair Value Measurements

The FASB authoritative guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- 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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

4. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the daily closing price as reported by the fund. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and categorized as Level 1.

Common collective trust: Fair value is based on net asset value ("NAV"). The NAV is based on the value of the underlying assets owned by the Fund, minus its liabilities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets required to be measured at fair value on a recurring basis:

As of December 31, 2018:				
	Level 1	Level 2	Level 3	<u>Total</u>
Mutual funds	\$10,205,545	\$ -	\$ -	\$10,205,545
Total assets in the fair value hierarchy	<u>\$10,205,545</u>	<u>\$</u> -	\$ -	
Investments measured at NAV practical expedient (1)				1,554,789
Investments at fair value				<u>\$11,760,334</u>
As of December 31, 2017:				
	Level 1	Level 2	Level 3	<u>Total</u>
Mutual funds	\$10,547,058	\$ -	<u>\$</u> -	\$ 10,547,058
Total assets in the fair value hierarchy	<u>\$10,547,058</u>	<u>\$ -</u>	\$ -	
Investments measured at NAV practical expedient (1)				1,577,790
Investments at fair value				\$12,124,848

(1) In accordance with FASB Accounting Standards Codification ("ASC") Subtopic 820-10 "Fair Value Measurements," certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

4. Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on NAV per share (or its equivalent):

As of December 31, 2018:

	Fair Value	2018 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type				
Common/collective trusts	<u>\$ 1,554,789</u>	<u>\$ -</u>	Daily	Daily
As of December 31, 2017:		2017		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type				
Common/collective trusts	<u>\$ 1,577,790</u>	<u>\$ -</u>	Daily	Daily

5. Exempt Party-in-Interest

At December 31, 2018, certain Plan investments were managed by Reliance, the Trustee and Fidelity and ADP Investments, the Custodians of the Plan and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the Trustee and Custodians were \$39,761 for the year ended December 31, 2018. Notes receivable from participants also qualify as party-in-interest transactions.

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the ERISA.

7. Tax Status

On October 1, 2014, the Company adopted a non-standardized prototype profit sharing plan with Cash or Deferred Arrangement ("CODA"), sponsored by ADP, LLC. The IRS has issued a favorable opinion letter dated July 16, 2014 on the prototype plan that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

7. Tax Status (Continued)

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 DOL. The Plan does not believe it has any uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to tax examinations for years prior to 2015.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31:

		2018	 2017
Net assets available for benefits per the financial statements	\$	12,382,309	\$ 12,751,185
Add: adjustment for excess contributions payable		25,838	 3,982
Net assets available for benefits per the Form 5500	<u>\$</u>	12,408,147	\$ 12,755,167

The following is a reconciliation of changes in net asset available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2018:

Net decrease in net assets available for benefits per the financial statements	\$	(368,876)
Add: adjustment for excess contributions		25,838
Less: adjustment for excess contributions received in 2018		(3,982)
Net decrease in net assets available for benefits per the Form 5500	<u>\$</u>	(347,020)

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2018

(c)
Description of Investment,
Including Maturity Date,

	(6)	Description of investment,			
	(b)	Including Maturity Date,			(-)
	Identity of Issuer,	Rate of Interest,	<i>(</i> 1)		(e)
(2)	Borrower, Lessor, or Similar Party	Collateral, Par, or Maturity Value	(d) Cost		Current Value
<u>(a)</u>	Common Collective Trust:	Or Maturity value	Cost	_	value
	Union Bond & Trust Company	Morley Stable Value Series II	**	\$	942,570
	BlackRock, Inc.	BLACKROCK RUSSELL 2000 INDEX - CCT	**	Ψ	7,091
	BlackRock, Inc.	BLACKROCK MID CAP EQ INDX - CCT	**		8
	BlackRock, Inc.	BLACKROCK US DEBT INDEX - CCT	**		9
	BlackRock, Inc.	BLACKROCK EAFE EQ INDX R - CCT	**		4,077
	BlackRock, Inc.	BLACKROCK EQ INDX R - CCT	**		601,034
	Registered Investment Companies:	BEAGRINGER EQ INDX IX - CCT			001,004
	American Century	AMERICAN CENTURY INFLATION ADJ	**		178,878
	American Funds	AMERICAN FUNDS CAPITAL WORLD			170,070
	American Fanas	GROWTH AND INC	**		1,180,731
	Delaware Investments	DELAWARE DIVERSIFIED INCOME CI A	**		387,937
	Fidelity Investments	FIDELITY CONTRAFUND	**		580,242
	MFS Investment Management	MFS TOTAL RETURN CIA	**		847,345
	T. Rowe Price	T ROWE PRICE RTMT 2010 CLASS R	**		502,384
	T. Rowe Price	T ROWE PRICE RTMT 2020 CLASS R	**		922,403
	T. Rowe Price	T ROWE PRICE RTMT 2030 CLASS R	**		964,402
	T. Rowe Price	T ROWE PRICE RTMT 2040 CLASS R	**		96,270
	T. Rowe Price	T ROWE PRICE RTMT 2050 CLASS R	**		102,264
	T. Rowe Price	T ROWE PRICE RTMT 2060 CLASS R	**		58,128
	T. Rowe Price	T ROWE PRICESMALL CAP STOCK	**		814,204
	Wells Fargo Investments	WELLS FARGO PRECIOUS METALS	**		410,598
	MFS Investments	MFS INTERNATIONAL VALUE	**		19,705
	Oppenheimer Investments	Oppenheimer International Growth FD Y	**		374,007
	Blackrock Investments	BLACKROCK STRATEGIC INCOME	**		347,195
	Prudential Investments	PRUDENTIAL GLOBAL REAL ESTATE	**		197,203
	American Investments	AMERICAN FUNDS WASHINGTON MUTUAL	**		777,891
	MFS Investments	MFS Midcap Value R4	**		15,153
	Franklin Investments	FRANKIN UTILITIES FUND - R6	**		180,614
	Wells Fargo Investments	WF SPECIAL SMALL CAP VALUE R6	**		42,823
	American Investments	AMERICAN FUNDS NEW WORLD R6	**		84,167
	Dreyfus Investments	DREYFUS NATIONAL RESOURCES	**		275,513
	Vanguard Investments	VANGUARD GROWTH & INCOME ADMI	**		535,979
	3. 3. 4. 4. 4. 4. 4.	CARILLON EAGEL MID CAP GRTH R	**		309,509
*	Participant loans	Maturing through May 2035 with interest rates	-0-		
	·	of 4.25% to 6.25%			539,408
				\$	12,299,742

* Indicates a party-in interest.

^{**} Cost information is not required for participant-directed investments and, therefore, is not included.

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

	Administration	the instruction	ons to the Form 55	00.		
Pensio	in Benefit Guaranty Corporation	- 488600400000000000000000000000000000000	and the state of t		This Form is Open to Pu Inspection	ıblic
Part I		ntification Information				
For caler	ndar plan year 2018 or fiscal	plan year beginning 01/	01/2018	and ending	12/31/2018	
A This r	return/report is for:	a multiemployer plan			this box must attach a list of rdance with the form instructio	ns.)
		X a single-employer plan	a DFE (specify	')		
B This	return/report is:	the first return/report	the final return			
		x an amended return/report	a short plan ye	ear return/report (less than 1	2 months)	
C If the	plan is a collectively-bargain	ed plan, check here				
D Chec	k box if filing under:	Form 5558	automatic exter	nsion	the DFVC program	
		special extension (enter description)	<u> </u>			
Part II	Basic Plan Informa	ation—enter all requested information	n			
	ne of plan ERVICE INC. 401(K	() PLAN			1b Three-digit plan number (PN) ▶	003
					1c Effective date of pl 12/01/1986	an
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) 2b Employer Identification Number (EIN) 26-0543608						ition
C&A S	ERVICE INC.				2c Plan Sponsor's tele number (516) 354 - 12	201000
	UTH TYSON AVENUE		NY I	11001	2d Business code (seinstructions) 311900	е
Caution	: A penalty for the late or in	ncomplete filing of this return/report	t will be assessed	unless reasonable cause i	is established.	
		penalties set forth in the instructions, I as the electronic version of this return.				
SIGN HERE	1/2/4	27 19/40	19/18/19	Mearon t.	Duck volce	2
I I LIKE	Signature of plan adminis	strator	Date	Enter name of individual s	signing as plan administrator	
SIGN HERE	MA	2 Lalua	10/14/19	Micron A	. Duck vP/CH	20
	Signature of employer/pla	an sponsor	Date		signing as employer or plan sp	onsor
SIGN HERE						
neke	Signature of DEE		Data	Enter name of individual s	signing as DEE	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)

	Form 5500 (2018)	P	age 2			
3a	Plan administrator's name and address X Same as Plan Sponsor			·	3b Administ	rator'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 enter the plan sponsor's name, EIN, the plan name and the plan number from the			,	4b EIN	
	Sponsor's name Plan Name	ic last rete	шир	or	4d PN	
5	Total number of participants at the beginning of the plan year				5	199
6	Number of participants as of the end of the plan year unless otherwise stated (w 6a(2), 6b, 6c, and 6d).	veifare pla	ns con	nplete only lines 6a(1),		
a(1) Total number of active participants at the beginning of the plan year				6a(1)	174
a(2) Total number of active participants at the end of the plan year				6a(2)	161
b	Retired or separated participants receiving benefits				6b	0
С	Other retired or separated participants entitled to future benefits				6c	30
d	Subtotal. Add lines 6a(2), 6b, and 6c		•••••		6d	191
е	Deceased participants whose beneficiaries are receiving or are entitled to receiv	ve benefits			6e	0
f	Total. Add lines 6d and 6e	••••••		•••••••••••••••••••••••••••••••••••••••	6f	191
g	Number of participants with account balances as of the end of the plan year (onl complete this item)				6g	189
h	Number of participants who terminated employment during the plan year with ac less than 100% vested				6h	0
7	Enter the total number of employers obligated to contribute to the plan (only mul	ltiemploye	r plans	s complete this item)	7	
b	If the plan provides pension benefits, enter the applicable pension feature codes 2E 2F 2G 2J 2K 2S 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare feature codes f	from the L	ist of F	Plan Characteristics Coo	les in the instruc	
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts	b Plan b (1) (2)	enefit	arrangement (check all Insurance Code section 412(e)(3		tracts
	(3) X Trust	(3)	X	Trust		
40	(4) General assets of the sponsor	(4)		General assets of the	-	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attac	med, and,	wnere	noicated, enter the nul	mper attached. (, See instructions)
а				hedules	amatica)	
	(1) A (Retirement Plan Information)	(1) (2)	X \(\)	H (Financial Info	•	Plan)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(3)		A (Insurance In		
	Purchase Plan Actuarial Information) - signed by the plan actuary	(4)	X	C (Service Prov	•	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	Ø	D (DFE/Particip	•	
	Information) - signed by the plan actuary	(6)	Ö	G (Financial Tra	_	•

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.)					
If "Ye	es" 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.)				
Recei	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 pt 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 pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)				
Rece	ipt Confirmation Code				

Page 3

Form 5500 (2018)

SCHEDULE C

Service Provider Information

OMB No. 1210-0110

(Form 5500)				2018		
Department of the Treasury Internal Revenue Service This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					20.0	
Department of Lobor Employee Benefits Security Administration Pension Benefit Guaranty Corporation File as an attachment to Form 5500.				This Form is Open to Public Inspection.		
For calendar plan year 2018 or fiscal pla	an year beginning 01/	01/2018	and ending	12/31	/2018	
A Name of plan			Three-digit			
C&A SERVICE INC. 401(K)	PLAN		plan number (PN)	>	003	
<u></u>			<u> </u>			
C Plan sponsor's name as shown on lie C&A SERVICE INC.	ne 2a of Form 5500	Ī	Employer Identificat 26-0543608	ion Number (l	EIN)	
Part I Service Provider Info	ormation (see instructions	5)			***	
Information on Persons Real Check "Yes" or "No" to indicate whether indirect compensation for which the property of the p	ner you are excluding a person from plan received the required disclosure the name and EIN or address of ea psation. Complete as many entries	n the remainder of this es (see instructions for ach person providing the as needed (see instruc-	Part because they rece definitions and condition e required disclosures tions).	ons)	図Yes No e providers who	
ALPS DISTRIBUTORS, INC.	me and EIN or address of person w	no provided you disclo	sures on eligible indire	ct compensat	ion	
1290 BROADWAY SUITE 1100 DENVER				CO 802	203	
(b) Enter na	me and EIN or address of person w	no provided you disclo	sures on eligible indire	ct compensati	ion	
AMERICAN CENTURY INVEST	MENT SERVICE					
(b) Enter name	me and EIN or address of person w	ho provided you disclo	sures on eligible indire	ct compensat	on	
AMERICAN FUNDS DISTRIBU 95-2769620	TORS, INC.					
(b) Enter nar	me and EIN or address of person w	ho provided you disclo	sures on eligible indire	ct compensati	ion	
BLACKROCK INVESTMENTS, 23-2784752	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		., .		

Schedule C (Form 5500) 2018	Page 2-	
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
DELAWARE INVESTMENTS		
2005 MARKET STREET		
PHILADELPHIA	PA	19103
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
EAGLE FUND DISTRIBUTORS, INC. 59-2385219		
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
FIDELITY DISTRIBUTORS CORP.		
500 SALEM STREET		
MAIL ZONE O3N		
SMITHFIELD	RI	02917
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect comper	nsation
FRANKLIN TEMPLETON DISTRIBUTORS, IN		
100 FOUNTAIN PARKWAY		
ST. PETERSBURG	FL	33716
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MBSC SECURITIES CORPORATION, DISTRI	3	
ONE BOSTON PLACE		
24TH FLOOR BOSTON	ΔМ	02108
BOSTON	PAR	02100
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MFS FUND DISTRIBUTORS, INC.		
04-2747644		
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
MORELY FINANCIAL SERVICES		
1200 GU DIDEN ANDANIA		
1300 SW FIFTH AVENUE SUITE 3300		
PORTLAND	OR	97201
(b) Enter name and EIN or address of person who provided yo	u disclosures on eligible indirect compe	nsation
OPPENHEIMER FUNDS INC. 13-2527171		

Schedule C	(Form 5500) 2018		Page 2-		
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect comper	nsation
PRUDENTIAL INVI 22-3468527	ESTMENTS LLC				
T. ROWE PRICE	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
100 EAST PRATT	STREET				
BALTIMORE				MD	21202
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
VANGUARD		In the second			
455 DEVON PARK	DRIVE				
WAYNE		Mario La recollida e como que le ser en esta de la mario de la mario		PA	19087
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
WELLS FARGO FU	NDS DISTRIBUTOR, LLC				
525 MARKET STR 12TH FLOOR SAN FRANCISO	SET			CA	94105
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation
					bodensonism della se
	(b) Enter name and EIN or add	ress of person who provided yo	ou disclosures on e	ligible indirect compe	nsation

	Schedule C (Form 550	00) 2018		Page 3 -		
answered	l "Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	r address (see instructions)		
ADP, LL 13-3036						
(b) Service Code(s)	(c) Relationship to employer, employer 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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	19,904	Yes 🛭 No 🗍	Yes 🛛 No 🗌	0	Yes No 🛚
			a) Enter name and FIN or	address (see instructions)	• 44.4	1 1
04-3422						
(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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 49 50 64 99	INVESTMENT/FINANC	15,313	Yes No 🛚	Yes No 🗓	0	Yes No 🗓
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or	(d) Enter direct compensation paid by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a

Yes 📗 No 🗍

Yes 📗 No 📗

Yes No

:	Schedule C (Form 550	00) 2018		Page 3 -		
answered	"Yes" to line 1a above	e, complete as many	entries as needed to list ea	r Indirect Compensation ich person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
		((a) Enter name and EIN or	r address (see instructions)		
ADP BRO 22-3319	KER-DEALER 984					
(b) Service Code(s)	(c) Relationship to employer, employer 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?	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?
60 59	RECORD KEEPER	0	Yes 🛛 No 🗍	Yes No 🗓	0	Yes 🛭 No 🗌
			2) 5.4	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employer,		(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service provider give you a
	organization, or person known to be a party-in-interest	by the plan. If none, enter -0	compensation? (sources other than plan or plan sponsor)	compensation, for which the plan received the required disclosures?	service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or
			Yes 📗 No 🗍	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		<u></u>
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

Schedule C (Form 5500) 2018 Page 4 -

Part I Service Provider Information (continued)		
3. If you reported on line 2 receipt of indirect compensation, other to provides contract administrator, consulting, custodial, investment questions for (a) each source from whom the service provider reprovider gave you a formula used to determine the indirect compensation as needed to report the required information for each provider.	ent advisory, investment mai ceived \$1,000 or more in ind ensation instead of an amou	nagement, broker, or recordkeeping irect compensation and (b) each so	services, answer the following surce for whom the service
(a) Enter service provider name as it appear	s on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indi	rect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
(a) Enter service provider name as it appear	rs on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
		60 59	
ADD DROVED DEALER			
ADP BROKER-DEALER		(a) Describe the indicat	0
(d) Enter name and EIN (address) of source of indi	rect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE		ANNUAL RATE 0.00050 OF AV	ERAGE DAILY ASSETS
44-0040407			
(a) Enter service provider name as it appear	s on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
		60 59	
ADP BROKER-DEALER			
(d) Enter name and EIN (address) of source of indi	rect compensation	(e) Describe the indirect	compensation, including any
	·	formula used to determine	the service provider's eligibility he indirect compensation.
FIDELITY DISTRIBUTORS CORP.		ANNUAL RATE 0.00250 OF AV	ERAGE DAILY ASSETS
500 SALEM STREET			
MAIL ZONE O3N SMITHFIELD	RI 02917		

Schedule C (Form 5500) 2018

Page 4 -

Part I	Service Provider Information (continued)		
or provider provider	ported on line 2 receipt of indirect compensation, other than eligible indirect compes contract administrator, consulting, custodial, investment advisory, investment is for (a) each source from whom the service provider received \$1,000 or more in gave you a formula used to determine the indirect compensation instead of an antries as needed to report the required information for each source.	management, broker, or recordkeeping indirect compensation and (b) each so	services, answer the following urce for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
		60 59	
ADP BRO	OKER-DEALER		0
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility ne indirect compensation.
MBSC SE	ECURITIES CORPORATION, DISTRI	ANNUAL RATE 0.00400 OF AV	ERAGE DAILY ASSETS
24TH FL	- · · · · · · · · · · · · · · · · · · ·		
BOSTON	MA 02108		
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BRO	OKER - DEALER (d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	0 compensation, including any the service provider's eligibility
WELLC	PARCO BINING DICERTINITOD II C		he indirect compensation.
		ANNUAL RATE 0.00150 OF AV	ERAGE DAILY ASSETS
	(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		compensation, including any the service provider's eligibility
			ne indirect compensation.

THE CONTROL WAY AND	-	Commence of the Commence of th		
Schedule	C	(Form	5500	2018

Page 5 -

Pa	rt II Service Providers Who Fail or Refuse to	Provide Inform	mation
4	Provide, to the extent possible, the following information for exthis Schedule.	ach service provide	er who failed or refused to provide the information necessary to complete
	(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
6			
	(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

2000	^	
Page	0	-

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
xplanation:		
Name:	b ein:	
Position:		
Address:	e Telephone:	
xplanation:		
Name:	b EIN:	
Position:		
Address:	e Telephone:	
xplanation:		
Name:	b ein:	
Position:		
Address:	e Telephone:	
xplanation:		
Name:	b EIN:	
Name: Position:	b ein:	
	b EIN: e Telephone:	

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. 12/31/2018 01/01/2018 For calendar plan year 2018 or fiscal plan year beginning and ending A Name of plan Three-digit C&A SERVICE INC. 401(K) PLAN 003 plan number (PN) Employer Identification Number (EIN) C Plan or DFE sponsor's name as shown on line 2a of Form 5500 C&A SERVICE INC. 26-0543608 Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) Part I (Complete as many entries as needed to report all interests in DFEs) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQ INDEX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN 20-3802168 001 601,034 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID CAP EQ IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST e Dollar value of interest in MTIA, CCT, PSA, or **d** Entity C EIN-PN 20-3802327 8 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C C EIN-PN 20-3802445 0.10code 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST e Dollar value of interest in MTIA, CCT, PSA, or d Entity C EIN-PN 20-3802495 007 4,077 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2000 IDX R b Name of sponsor of entity listed in (a): WILMINGTON TRUST **d** Entity Dollar value of interest in MTIA, CCT, PSA, or c EIN-PN 20-3802587 Ċ 7,091 103-12 IE at end of year (see instructions) a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE - 25 I b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INV TRUST d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN 93-6274329 C 942,570 103-12 IE at end of year (see instructions) code a Name of MTIA, CCT, PSA, or 103-12 IE: b Name of sponsor of entity listed in (a): d Entity e Dollar value of interest in MTIA, CCT, PSA, or C EIN-PN

103-12 IE at end of year (see instructions)

code

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	37 ***
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

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

Pension Benefit Guaranty Corporation			Inspecti	<u>on</u>
For calendar plan year 2018 or fiscal plan year begin	ning 01/01/2018	and ending	12/31/2018	
A Name of plan C&A SERVICE INC. 401(K) PLAN		B Three-d	igit mber (PN)	003
C Plan sponsor's name as shown on line 2a of Form C&A SERVICE INC.	1 5500	D Employe 26-054	r Identification Number	(EIN)

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	79,661	108,405
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		•
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):	1 .		
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	550,658	539,408
(9) Value of interest in common/collective trusts	1c(9)	1,577,790	1,554,789
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10,547,058	10,205,545
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12,755,167	12,408,147
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	12,755,167	12,408,147

Part II Income and Expense Statement

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:	100		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	108,405	
(B) Participants	2a(1)(B)	774,677	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		883,082
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	25,162	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25,162
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	576,124	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		576,124
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	e de la companya della companya della companya de la companya della companya dell	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

Page 3

			(a) Amou	nt		(b) T	otal
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						-10,123
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)					-	
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)				1 11		
-	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)						-1,283,563
C	Other income	. 2c						
d	Total income. Add all income amounts in column (b) and enter total	. 2d	<u></u>					190,682
	Expenses							
e	Benefit payment and payments to provide benefits:		·					
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			488,3	29		
	(2) To insurance carriers for the provision of benefits	2e(2)						en.
	(3) Other	2e(3)						
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)						488,329
f	Corrective distributions (see instructions)	2f			•			3,982
g	Certain deemed distributions of participant loans (see instructions)							5,630
h	Interest expense	2h	1					
i	Administrative expenses: (1) Professional fees	2i(1)						
	(2) Contract administrator fees	2i(2)						
	(3) Investment advisory and management fees	01/01						
	(4) Other	01/41			39,7	61		
	(5) Total administrative expenses. Add lines 2I(1) through (4)					_		39,761
i	Total expenses. Add all expense amounts in column (b) and enter total	'						537,702
•	Net Income and Reconciliation							
k	Net income (loss). Subtract line 2j from line 2d	2k						-347,020
_	Transfers of assets:		1	•				<u>·</u>
	(1) To this plan	21(1)						0
	(2) From this plan.							0
	· · · · · · · · · · · · · · · · · · ·							
	rt III Accountant's Opinion							
	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant	is attached t	o this Fo	m 5500. (Comple	te line 3d if a	in opinion is not
	The attached opinion of an independent qualified public accountant for this pla	an is (see in	structions):					
	(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4)	Adverse	·					
h r	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or	103-12/4\2			F	Yes	П №
	Enter the name and EIN of the accountant (or accounting firm) below:	o-o anaroi	100-12(0):				3	
	(1) Name: NUSSBAUM BERG KLEIN & WOLPOW, CPAs	· · ·	(2) EIN	:26-02	221653	-		· *
d 1	The opinion of an independent qualified public accountant is not attached be	cause:						
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		next Form 5	500 purs	uant to 29	CFR 2	520.104-50.	
Da	rt IV Compliance Questions							
<u>га</u> 4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do	not comple	e lines 4a, 4	e, 4f, 4g,	4h, 4k, 4n	n, 4n, o	г 5.	
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complet		·					
	During the plan year:			\	es No		Amo	unt
а	Was there a failure to transmit to the plan any participant contributions with							
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a	×			
b	Were any loans by the plan or fixed income obligations due the plan in defai	•					-: 4-2	
-	close of the plan year or classified during the year as uncollectible? Disrega	ard participa					• . • • . • . • .	
	secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Ye	s" is		x			
	••••••••••••••••••••••••••••••••••••••	•••••	•••••	4b		1		

Schedule H (Form 5500) 2018

Page 4-

			Yes	No	Amor	unt
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	15.788	х		
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		х		
е	Was this plan covered by a fidelity bond?	4e	Х			500,000
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		Х		
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	4.00	х		
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		х		
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	Х			
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		х		
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		х		
1	Has the plan failed to provide any benefit when due under the plan?	41		Х		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		Х		
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	ERE			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s 🛚	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify ti	ne plant	s) to w	hich assets or liabil	ities were
	5b(1) Name of plan(s)			-	5b(2) EIN(s)	5b(3) PN(s)
				+		
				_		
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yet.		21.)?	🛮 Y	hand hand	ot determined e instructions.)

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Spons	or's Name	C&A	SERVICE INC.	PN:	003

	<u> </u>	(c) Description of investment including maturity date.		(o) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	vatue
		INTEREST RATES (4.25% TO 6.25%)		
	PARTICIPANT LOANS			539,408
		REGISTERED INVESTMENT COMPANY		
	CARILLON EAGLE MID CAP GRTH R6			309,509
		REGISTERED INVESTMENT COMPANY		
	MFS TOTAL RETURN - R6			847,345
		REGISTERED INVESTMENT COMPANY	•	
	FRANKLIN UTILITIES FUND - R6			180,614
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2030 I			964,402
	TRE RETTREMENT 1 2030 1	REGISTERED INVESTMENT COMPANY		500,000
	WF SPECIAL SMALL CAP VALUE R6			42,823
	WE SPECIAL SMALL CAF VALUE RO	REGISTERED INVESTMENT COMPANY		12,020
	FIDELITY CONTRAFUND			580,242
	FIDENTI CONTRAFOND	<u> </u>		1 300,242

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	or's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date.		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
(-/	()	REGISTERED INVESTMENT COMPANY	(11) 000.	10.00
				100.06
	TRP RETIREMENT I 2050 - I			102,264
		REGISTERED INVESTMENT COMPANY		
				1
	OPPENHEIMER INTERNATIONAL GR I			374,007
		REGISTERED INVESTMENT COMPANY		
				96,270
	TRP RETIREMENT I 2040 - I			36,270
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS NEW WORLD R6			84,167
		REGISTERED INVESTMENT COMPANY		
		i		
	l			410,598
	WELLS FARGO PRECIOUS METALS I	THE STATE OF THE S	• •	410,390
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS WAMU - R6			777,891
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2010 - I			502,384
	INF REITREMENT I ZUIV - I			1 302,30

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	r's Name	C&A	SERVICE INC.	PN:	003

(b) Identity of issue, borrower, lossor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
(b) Identity of Issue, borrower, Idssor, or similar part	REGISTERED INVESTMENT COMPANY	(d) Cost	Value
T ROWE PRICE SC STK I			814,2
	REGISTERED INVESTMENT COMPANY		
AMFUNDS CAP WRLD GR INC - R6			1,180,7
	REGISTERED INVESTMENT COMPANY		
MFS MID CAP VALUE FUND - R6			15,1
	REGISTERED INVESTMENT COMPANY		
MFS INTERNATIONAL VALUE R6	DECLORADE AND		19,7
	REGISTERED INVESTMENT COMPANY		
	1		
DREYFUS NATURAL RESOURCES I	REGISTERED INVESTMENT COMPANY		275,5
DELAWARE DIVERSIFIED INCOME R6			387,9
DELAMARE DIVERSIFIED INCOME RO	REGISTERED INVESTMENT COMPANY		301,5
TRP RETIREMENT I 2060 - I			58,1

Plan Name ca	&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponsor	's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date,		(e) Current
<u>(a)</u>	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2020 - I			922,403
	THE RESTRESSES 1 2020 - 1	REGISTERED INVESTMENT COMPANY	 	322,103
		REGISTERED INVESTMENT COMPANY		
	VANGUARD GROWTH & INCOME ADMIR			535,979
		REGISTERED INVESTMENT COMPANY		333,610
		REGISTERED INVESTMENT COMPANY		
	BR STRATEGIC INC OPPS K			347,198
		REGISTERED INVESTMENT COMPANY		
	PGIM GLOBAL REAL ESTATE R6			197,203
		REGISTERED INVESTMENT COMPANY		
		AUGIOTEMED INVESTMENT CONTRACT		
				ľ
	AMERCENT INFL ADJ BD R5			178,878
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK EQ INDEX R			601,034
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK MID CAP EQ IDX R	1		8

Plan Name C&A SERV	VICE INC. 401(K) PLAN	EIN:	26-0543608
Plan Sponsor's Nam	e C&A SERVICE INC.	PN:	003

		(c) Description of invostment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		COMMON/COLLECTIVE TRUST		
				9
	BLACKROCK US DEBT IDX R			J
		COMMON/COLLECTIVE TRUST		
	BLACKROCK EAFE EQ IDX R			4,077
	The state of the s	COMMON/COLLECTIVE TRUST		
		Coration, Cozzacia va incor		
				•
	BLACKROCK RUSSELL 2000 IDX R			7,091
		COMMON/COLLECTIVE TRUST		
	MORLEY STABLE VALUE - 25 I			942,570
				
		1		

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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.

	Pension Ber	nefit Guaranty Corporation				
For	calendar	plan year 2018 or fiscal plan year beginning 01/0	1/2018 and end	ling	12/31/2018	
	Name of pl	an RVICE INC. 401(K) PLAN		B Three-digit plan numb (PN)	er •	003
	-	or's name as shown on line 2a of Form 5500 EVICE INC.		D Employer Id	dentification Numbe	er (EIN)
<u> </u>	Sout I	Dietributions	<u> </u>		-	
	Part I	Distributions s to distributions relate only to payments of benefits durin	o the nian year			
1	Total val	ue of distributions paid in property other than in cash or the for	ms of property specified in the	1		0
2		e EIN(s) of payor(s) who paid benefits on behalf of the plan to point paid the greatest dollar amounts of benefits): 57-1198022	articipants or beneficiaries durin	g the year (if mo	re than two, enter	EINs of the two
	Profit-sl	naring plans, ESOPs, and stock bonus plans, skip line 3.				
3		of participants (living or deceased) whose benefits were distrib				
F	Part II	Funding Information (If the plan is not subject to the ERISA section 302, skip this Part.)	minimum funding requirements o	of section 412 of	the Internal Reven	ue Code or
4	Is the pla	n administrator making an election under Code section 412(d)(2) o	r ERISA section 302(d)(2)?		Yes N	lo 📗 N/A
	If the pla	an is a defined benefit plan, go to line 8.				
5		er of the minimum funding standard for a prior year is being am r, see instructions and enter the date of the ruling letter grantin		Da	ау Үе	ear
	-	empleted line 5, complete lines 3, 9, and 10 of Schedule ME			chedule.	
6		r the minimum required contribution for this plan year (include a siency not waived)	* ' '	- I 6a		
	b Ente	r the amount contributed by the employer to the plan for this pl	an year	6b		
		ract the amount in line 6b from the amount in line 6a. Enter the		6c		
	If you co	ompleted line 6c, skip lines 8 and 9.				
7	Will the m	ninimum funding amount reported on line 6c be met by the fund	ing deadline?		Yes 🗍 N	lo 🗌 N/A
8	authority	ge in actuarial cost method was made for this plan year pursual providing automatic approval for the change or a class ruling larator agree with the change?	etter, does the plan sponsor or p	lan 🗖	Yes N	lo N/A
Р	art III	Amendments				
9	If this is	a defined benefit pension plan, were any amendments adopted	during this plan			
	year that box. If no	increased or decreased the value of benefits? If yes, check the, check the "No" box	e appropriate Increas			
<u> </u>	art IV	ESOPs (see instructions). If this is not a plan described up	ider section 409(a) or 4975(e)(7)	of the Internal F	Revenue Code, ski	
10	Were u	nallocated employer securities or proceeds from the sale of una	allocated securities used to repay	y any exempt loa	ın? ∐	Yes No
11		es the ESOP hold any preferred stock?				Yes 🗌 No
		e ESOP has an outstanding exempt loan with the employer as e instructions for definition of "back-to-back" loan.)				Yes No
12	Does the	ESOP hold any stock that is not readily tradable on an estable	shed securities market?			Yes No

Page	2 -	
------	-----	--

P	Part V Additional Information for Multiemployer Defined Benefit Pension Plans						
13							
	dol	ars). 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					
	е	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					
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required ettechment. 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):					
	а	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					
	е	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):					
	3						
	a b	Name of contributing employer 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					
	е	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):					
	а	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					
	е	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):					
	а	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					
	е	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):					

	Schedule R (Form 5500) 2018	Page 3		
14	Enter the number of participants on whose behalf no contributions w of the participant for:	rere made by an employer as an employer		
	a The current year		14a	
	b The plan year immediately preceding the current plan year		14b	
	C The second preceding plan year		14c	
15				
	a The corresponding number for the plan year immediately preced	ling 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 plant	an during the preceding plan year:		
	a Enter the number of employers who withdrew during the precedi	ing plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of without assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or supplemental information to be included as an attachment			
Р	art VI Additional Information for Single-Employer	and Multiemployer Defined Benef	it Pens	sion Plans
18	If any liabilities to participants or their beneficiaries under the plan as and beneficiaries under two or more pension plans as of immediately information to be included as an attachment	y before such plan year, check box and see i	nstructio	ns regarding supplemental
19	If the total number of participants is 1,000 or more, complete lines (a	a) through (c)		

☐ 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

____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: ___

C What duration measure was used to calculate line 19(b)?

Provide the average duration of the combined investment-grade and high-yield debt:

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

(Rev. September 2018)

Department of the Treasury Internal Revenue Service

Signature ►

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Ра	Identification				
A	Name of filer, plan administrator, or plan sponsor (see instructions)	B Filer's ide	ntifying number (see instruction	15)
	C&A SERVICE INC.	Employer i	dentification numb	er (EIN) (9 digit	s XX-XXXXXX)
	Number, street, and room or suite no. (If a P.O. box, see instructions)	26-05436	08		
	65 SOUTH TYSON AVENUE	Social sec	urity number (SSN	l) (9 digits XXX-	XX-XXXXI
	City or town, state, and ZIP code	1	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
	FLORAL PARK NY 11001				
C		Plan	Pla	n year endir	ng
	Plan name	number	MM	DD	7777
	C&A SERVICE INC. 401(K) PLAN	0 0 3	12	31	2018
	t II Extension of Time To File Form 5500 Series, and/or Form 89)55-SSA		•	
1	Check this box if you are requesting an extension of time on line 2 to file the in Part I, C above.	e first Form 550	0 series return/	report for the	e plan listed
2	I request an extension of time until 10 / 15 / 2019 to file Form Note: A signature IS NOT required if you are requesting an extension to file Form	5500 series. Se m 5500 series.	e instructions.		
3	I request an extension of time until 10 / 15 / 2019 to file Form Note: A signature IS NOT required if you are requesting an extension to file Form	8955-SSA. See m 8955-SSA.	instructions.		
	The application is automatically approved to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal date.	this extension	if (a) the Form is requested; a	5558 is filed and (b) the d	on or before late on line 2
4	I request an extension of time until // to file Form You may be approved for up to a 6-month extension to file Form 5330, after the		ite of Form 533	R O.	
a		▶ a			
b			•	b	
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/ State in detail why you need the extension:	'amendment da	te	С	

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	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made or pare this application.	i uas iorm are irue,	correct, and com	piete, and that	GITT BUILTOTIZEC

Date ▶

Schedule C, Line 2(h) Formula Description

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

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

SUMMARY ANNUAL REPORT

For C&A SERVICE INC. 401(K) PLAN

This is a summary of the annual report for C&A SERVICE INC. 401(K) PLAN, EIN 26-0543608, Plan No. 003, for period January 01, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$537,702. These expenses included \$39,761 in administrative expenses, \$488,329 in benefits paid to participants and beneficiaries, and \$9,612 in other expenses. A total of 191 persons were participants in or beneficiaries of the plan at the end of the plan year, although some of these persons may not yet have earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$12,408,147 as of December 31, 2018, compared to \$12,755,167 as of January 01, 2018. During the plan year the plan experienced a decrease in its net assets of \$347,020. This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plans assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$190,682, including employer contributions of \$108,405, employee contributions of \$774,677, and earnings from investments of (\$692,400).

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountants report;
- financial information;
- information on payments to service providers;
- assets held for investment:
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates;

To obtain a copy of the full annual report, or any part thereof, write or call the office of C&A SERVICE INC. at 65 SOUTH TYSON AVENUE, FLORAL PARK, NY 11001, or by telephone at (516) 354-1200. The charge to cover copying costs will be \$2.50 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (C&A SERVICE INC., 65 SOUTH TYSON AVENUE, FLORAL PARK, NY 11001) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT AUDITORS

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2018

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

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Note: All other schedules required by Section 2520.103-10 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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One Penn Plaza 250 W. 34th Street, Suite 2420 New York, NY 10119 212.684.2414 | Fax 212.684.5433 www.nussbaumcpa.com

Report of Independent Auditors

To the Plan Administrator, Trustees and Participants C&A Service Inc. 401(k) Plan Floral Park, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C&A Service, Inc. 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 or provided by Reliance Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications 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 these financial statements.



Other Matters

The supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2018, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Nussbaum Berg Klein & Wolpow, CPAS LLP

Melville, New York October 14, 2019

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2018 AND 2017

Assets:	2018	2017
Investments: At fair value	<u>\$ 11,760,334</u>	<u>\$ 12,124,848</u>
Receivables: Notes receivable from participants Employer's contribution receivable	539,408 108,405	550,658 79,661
Total receivables	<u>647,813</u>	630,319
Total assets	12,408,147	12,755,167
Liabilities: Excess contributions payable	25,838	3,982
Net assets available for benefits	<u>\$ 12,382,309</u>	<u>\$ 12.751.185</u>

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2018

Additions to net assets attributed to:	
Investment income (loss): Net decline in fair value of investments Dividends	\$ (1,293,686) 576,124
Total investment loss	<u>(717,562</u>)
Interest income on notes receivable from participants	25,162
Contributions: Participant deferrals Employer	748,839 108,405
Total contributions	<u>857,244</u>
Total additions	164,844
Deductions from net assets attributed to: Benefits paid to participants Administrative expenses	493,959 39,761
Total deductions	533,720
Net decrease in net assets available for benefits	(368,876)
Net assets available for benefits: Beginning of year	12,751,185
End of year	<u>\$ 12.382.309</u>

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan</u>

The following description of C&A Service, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established on December 1, 1986, and restated on October 1, 2014, is a defined contribution plan covering eligible employees of C&A Service, Inc. (the "Company," "Employer" or "Plan Sponsor"). Full-time employees not covered by a collective bargaining agreement who have attained the age of twenty-one with six months of service are eligible to participate in the Plan. An employee's entry date into the Plan is the first day of the Plan year or the first day of the seventh month of the Plan year coinciding with or following the date of eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The recordkeeper of the Plan is ADP Retirement Services as of December 31, 2018 and was Sentinel Benefits Financial Group at December 31, 2017. The Trustee of the Plan is Reliance Trust Company (the "Trustee," "Reliance") as of December 31, 2018 and 2017.

Contributions

Each year, participants may contribute to the Plan a percentage of compensation, as defined, up to a maximum percentage allowable under the Internal Revenue Code ("IRC") on a pre-tax basis, with dollar limits established by the IRC. Such contributions are excluded from the participant's Federal taxable income until received as a withdrawal or distribution from the Plan. Participants may also contribute amounts representing distributions from other qualified plans. The Company makes matching contributions based on the active participant's yearly contributions. During the year ended December 31, 2018, the Company made matching contributions equal to the lesser of 100% of a participant's elective deferrals or \$750. The matching contribution is made on an annual basis and totaled \$108,405 for the Plan year ended December 31, 2018.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (i) employer's 401(k) matching contributions and (ii) the participant's share of earnings or losses on both company and employee contributions. Each participant directs all amounts credited into their account into one or more of the investment options available under the Plan. Accordingly, as a participant-directed plan, each participant's investments determine their share of earnings or losses. 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 in their contributions and all company contributions plus actual earnings thereon.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan (Continued)</u>

Investment Options

Upon enrollment in the Plan, participants may direct the Trustee to invest contributions in various investment options offered by the Plan. Participants may change their contribution investment options daily; transfer part or all of past investments to other funds daily; and may change their deferral percentage at any time.

Notes Receivable from Participants

Participant loans are valued at the outstanding loan balance, which approximates fair value. Participants may borrow from their vested fund account balance a minimum of \$1,000 and up to a maximum equal to the lesser of (a) \$50,000 or (b) 50% of the value of their vested fund account balance attributable to salary deferrals and rollovers from other plans. A participant may have no more than two loans outstanding at any time. The maximum payment term allowed for any loan will be five years (unless the loan is for the purchase of a principal residence in which case the term may not exceed 30 years) with the fixed interest rate determined each calendar quarter. The loans are secured by the balance in the participant's account and bear interest at the prevailing prime rate (5.5% and 4.25% at December 31, 2018 and 2017, respectively) plus 1%. Interest rates range from 4.25% to 6.25% and mature at various dates through May 2035.

Distribution

Distributions from the Plan are permitted under the following circumstances: (i) attainment of age 59 ½, (ii) termination of employment, (iii) death or permanent disability, and (iv) a proven hardship. Distributions from a participant's account are made in the form of a lump-sum payment or installments over a period of not more than the participant's assumed life expectancy (or the assumed life expectancy of a beneficiary). If a participant's account balance does not exceed \$5,000, the distributions can only be made in the form of a lump-sum payment and may be distributed to a terminated participant without consent.

Benefit Payments

On termination of service due to death, disability, retirement or other reasons, participants are generally entitled to a lump-sum payment of their vested account balance. 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 or installment payments. Total amounts for participants who were terminated as employees of the Company as of December 31, 2018 and 2017 but still maintained a balance in the Plan were \$398,855 and \$804,364, respectively. As of December 31, 2018 and 2017, all employees who elected to withdraw from the Plan had been paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

1. <u>Description of Plan (Continued)</u>

Recent Accounting Pronouncements

In January 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2016-01, *Financial Instruments - Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities,* which makes targeted improvements in the recognition, measurement, presentation and disclosure of financial instruments. ASU 2016-01 is effective for fiscal years beginning after December 15, 2018 with early adoption permitted for fiscal years beginning after December 15, 2017. The Plan Administrator is currently evaluating the impact that this new guidance will have on the Plan's financial statements.

In August 2018, the FASB issued ASU 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement which amends ASC 820 to add, remove, and modify fair value measurement disclosure requirements. ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019. The manner of adoption varies, with certain provisions applied retrospectively, while others applied prospectively. The Plan Administrator is currently evaluating the impact that this new guidance will have on the Plan's financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

All Plan investments are held by the Trustee. The Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 4 for discussion of fair value measurements).

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

Payment Benefits

On termination of service due to death, disability, retirement or other reasons, participants are generally entitled to a lump sum payment of their account balance. Benefits are recorded when paid.

Expenses of the Plan

Certain administrative functions are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. Certain plan expenses are deducted from participant accounts, and the remainder of the Plan expenses are generally paid by the Employer.

Risks and Uncertainties

The Plan offers investments in securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities, and thus the net asset value ("NAV") of the funds, will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. The fair values assigned to the investments by the Plan are based upon available information believed to be reliable, which may be affected by conditions in the financial markets. The Plan may not be able to sell its investments when it desires to do so or to realize what it perceives to be its fair value in the event of a sale.

Reclassifications

Certain reclassifications have been made to the 2017 amounts to conform to the 2018 presentation.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through the date these financial statements were available to be issued, October 14, 2019.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

3. Information Certified by the Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance, the Trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017;
- Net decline in the fair value of the investments, dividends and interest income on notes
 receivables from participants reflected on the accompanying statement of changes in
 net assets available for benefits for the year ended of December 31, 2018;
- Investments reflected on the schedule of assets (held at end of year).

4. Fair Value Measurements

The FASB authoritative guidance establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- 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.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

4. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds: Valued at the daily closing price as reported by the fund. All of the mutual funds are open-ended and are registered with the Securities and Exchange Commission. These mutual funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and categorized as Level 1.

Common collective trust: Fair value is based on net asset value ("NAV"). The NAV is based on the value of the underlying assets owned by the Fund, minus its liabilities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets required to be measured at fair value on a recurring basis:

As of December 31, 2018:				
	Level 1	Level 2	Level 3	<u>Total</u>
Mutual funds	\$10,205,545	\$ -	\$ -	\$10,205,545
Total assets in the fair value hierarchy	<u>\$10,205,545</u>	<u>\$</u> -	\$ -	
Investments measured at NAV practical expedient (1)				1,554,789
Investments at fair value				<u>\$11,760,334</u>
As of December 31, 2017:				
	Level 1	Level 2	Level 3	<u>Total</u>
Mutual funds	\$10,547,058	\$ -	<u>\$</u> -	\$10,547,058
Total assets in the fair value hierarchy	<u>\$10,547,058</u>	<u>\$ -</u>	\$ -	
Investments measured at NAV practical expedient (1)				1,577,790
Investments at fair value				\$12,124,848

(1) In accordance with FASB Accounting Standards Codification ("ASC") Subtopic 820-10 "Fair Value Measurements," certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

4. Fair Value Measurements (Continued)

The following table summarizes investments measured at fair value based on NAV per share (or its equivalent):

As of December 31, 2018:

	Fair Value	2018 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type				
Common/collective trusts	<u>\$ 1,554,789</u>	<u>\$ -</u>	Daily	Daily
As of December 31, 2017:		2017		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investment type				
Common/collective trusts	<u>\$ 1,577,790</u>	<u>\$ -</u>	Daily	Daily

5. Exempt Party-in-Interest

At December 31, 2018, certain Plan investments were managed by Reliance, the Trustee and Fidelity and ADP Investments, the Custodians of the Plan and therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the Trustee and Custodians were \$39,761 for the year ended December 31, 2018. Notes receivable from participants also qualify as party-in-interest transactions.

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the ERISA.

7. Tax Status

On October 1, 2014, the Company adopted a non-standardized prototype profit sharing plan with Cash or Deferred Arrangement ("CODA"), sponsored by ADP, LLC. The IRS has issued a favorable opinion letter dated July 16, 2014 on the prototype plan that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

AS OF DECEMBER 31, 2018 AND 2017 AND FOR THE YEAR ENDED DECEMBER 31, 2018

7. Tax Status (Continued)

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 DOL. The Plan does not believe it has any uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to tax examinations for years prior to 2015.

8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31:

		2018	 2017
Net assets available for benefits per the financial statements	\$	12,382,309	\$ 12,751,185
Add: adjustment for excess contributions payable		25,838	 3,982
Net assets available for benefits per the Form 5500	<u>\$</u>	12,408,147	\$ 12,755,167

The following is a reconciliation of changes in net asset available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2018:

Net decrease in net assets available for benefits per the financial statements	\$	(368,876)
Add: adjustment for excess contributions		25,838
Less: adjustment for excess contributions received in 2018		(3,982)
Net decrease in net assets available for benefits per the Form 5500	<u>\$</u>	(347,020)

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2018

(c)
Description of Investment,
Including Maturity Date,

	(6)	Description of investment,			
	(b)	Including Maturity Date,			(-)
	Identity of Issuer,	Rate of Interest,	<i>(</i> 1)		(e)
(2)	Borrower, Lessor, or Similar Party	Collateral, Par, or Maturity Value	(d) Cost		Current Value
<u>(a)</u>	Common Collective Trust:	Or Maturity value	COSL	_	value
	Union Bond & Trust Company	Morley Stable Value Series II	**	\$	942,570
	BlackRock, Inc.	BLACKROCK RUSSELL 2000 INDEX - CCT	**	Ψ	7,091
	BlackRock, Inc.	BLACKROCK MID CAP EQ INDX - CCT	**		8
	BlackRock, Inc.	BLACKROCK US DEBT INDEX - CCT	**		9
	BlackRock, Inc.	BLACKROCK EAFE EQ INDX R - CCT	**		4,077
	BlackRock, Inc.	BLACKROCK EQ INDX R - CCT	**		601,034
	Registered Investment Companies:	BENOTING ON EQ INDXIN OOT			001,001
	American Century	AMERICAN CENTURY INFLATION ADJ	**		178,878
	American Funds	AMERICAN FUNDS CAPITAL WORLD			,
	, anonoan r ando	GROWTH AND INC	**		1,180,731
	Delaware Investments	DELAWARE DIVERSIFIED INCOME CI A	**		387,937
	Fidelity Investments	FIDELITY CONTRAFUND	**		580,242
	MFS Investment Management	MFS TOTAL RETURN CIA	**		847,345
	T. Rowe Price	T ROWE PRICE RTMT 2010 CLASS R	**		502,384
	T. Rowe Price	T ROWE PRICE RTMT 2020 CLASS R	**		922,403
	T. Rowe Price	T ROWE PRICE RTMT 2030 CLASS R	**		964,402
	T. Rowe Price	T ROWE PRICE RTMT 2040 CLASS R	**		96,270
	T. Rowe Price	T ROWE PRICE RTMT 2050 CLASS R	**		102,264
	T. Rowe Price	T ROWE PRICE RTMT 2060 CLASS R	**		58,128
	T. Rowe Price	T ROWE PRICESMALL CAP STOCK	**		814,204
	Wells Fargo Investments	WELLS FARGO PRECIOUS METALS	**		410,598
	MFS Investments	MFS INTERNATIONAL VALUE	**		19,705
	Oppenheimer Investments	Oppenheimer International Growth FD Y	**		374,007
	Blackrock Investments	BLACKROCK STRATEGIC INCOME	**		347,195
	Prudential Investments	PRUDENTIAL GLOBAL REAL ESTATE	**		197,203
	American Investments	AMERICAN FUNDS WASHINGTON MUTUAL	**		777,891
	MFS Investments	MFS Midcap Value R4	**		15,153
	Franklin Investments	FRANKIN UTILITIES FUND - R6	**		180,614
	Wells Fargo Investments	WF SPECIAL SMALL CAP VALUE R6	**		42,823
	American Investments	AMERICAN FUNDS NEW WORLD R6	**		84,167
	Dreyfus Investments	DREYFUS NATIONAL RESOURCES	**		275,513
	Vanguard Investments	VANGUARD GROWTH & INCOME ADMI	**		535,979
		CARILLON EAGEL MID CAP GRTH R	**		309,509
*	Participant loans	Maturing through May 2035 with interest rates	-0-		
		of 4.25% to 6.25%			539,408
				\$	12,299,742

* Indicates a party-in interest.

^{**} Cost information is not required for participant-directed investments and, therefore, is not included.

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Spons	or's Name	C&A	SERVICE INC.	PN:	003

	<u> </u>	(c) Description of investment including maturity date.		(o) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	vatue
		INTEREST RATES (4.25% TO 6.25%)		
	PARTICIPANT LOANS			539,408
		REGISTERED INVESTMENT COMPANY		
	CARILLON EAGLE MID CAP GRTH R6			309,509
		REGISTERED INVESTMENT COMPANY		
	MFS TOTAL RETURN - R6			847,345
		REGISTERED INVESTMENT COMPANY	•	
	FRANKLIN UTILITIES FUND - R6			180,614
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2030 I			964,402
	TRE RETTREMENT 1 2030 1	REGISTERED INVESTMENT COMPANY		500,000
	WF SPECIAL SMALL CAP VALUE R6			42,823
	WE SPECIAL SMALL CAF VALUE RO	REGISTERED INVESTMENT COMPANY		12,020
	FIDELITY CONTRAFUND			580,242
	FIDENTI CONTRAFOND	<u> </u>		1 300,242

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	or's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date.		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
(-/	()	REGISTERED INVESTMENT COMPANY	(11) 000.	10.00
				100.06
	TRP RETIREMENT I 2050 - I			102,264
		REGISTERED INVESTMENT COMPANY		
				1
	OPPENHEIMER INTERNATIONAL GR I			374,007
		REGISTERED INVESTMENT COMPANY		
				96,270
	TRP RETIREMENT I 2040 - I			36,270
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS NEW WORLD R6			84,167
		REGISTERED INVESTMENT COMPANY		
		i		
	l			410,598
	WELLS FARGO PRECIOUS METALS I	THE STATE OF THE S	• •	410,390
		REGISTERED INVESTMENT COMPANY		
	AMERICAN FUNDS WAMU - R6			777,891
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2010 - I			502,384
	INF REITREMENT I ZUIV - I			1 302,30

Plan Name	C&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponso	r's Name	C&A	SERVICE INC.	PN:	003

(b) Identity of issue, borrower, lossor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
(b) Identity of Issue, borrower, Idssor, or similar part	REGISTERED INVESTMENT COMPANY	(d) Cost	Value
T ROWE PRICE SC STK I			814,2
	REGISTERED INVESTMENT COMPANY		
AMFUNDS CAP WRLD GR INC - R6			1,180,7
:	REGISTERED INVESTMENT COMPANY		
MFS MID CAP VALUE FUND - R6			15,1
	REGISTERED INVESTMENT COMPANY		
MFS INTERNATIONAL VALUE R6	DECLORADE AND		19,7
	REGISTERED INVESTMENT COMPANY		
	1		
DREYFUS NATURAL RESOURCES I	REGISTERED INVESTMENT COMPANY		275,5
DELAWARE DIVERSIFIED INCOME R6			387,9
DELAMARE DIVERSIFIED INCOME RO	REGISTERED INVESTMENT COMPANY		301,5
TRP RETIREMENT I 2060 - I			58,1

Plan Name ca	&A SERVICE	INC.	401(K) PLAN	EIN:	26-0543608
Plan Sponsor	's Name	C&A	SERVICE INC.	PN:	003

		(c) Description of investment including maturity date,		(e) Current
<u>(a)</u>	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		REGISTERED INVESTMENT COMPANY		
	TRP RETIREMENT I 2020 - I			922,403
	THE RESTRESSES 1 2020 - 1	REGISTERED INVESTMENT COMPANY	 	322,103
		REGISTERED INVESTMENT COMPANY		
	VANGUARD GROWTH & INCOME ADMIR			535,979
		REGISTERED INVESTMENT COMPANY		333,610
		REGISTERED INVESTMENT COMPANY		
	BR STRATEGIC INC OPPS K			347,198
		REGISTERED INVESTMENT COMPANY		
	PGIM GLOBAL REAL ESTATE R6			197,203
		REGISTERED INVESTMENT COMPANY		
		AUGIOTEMED INVESTMENT CONTRACT		
				ľ
	AMERCENT INFL ADJ BD R5			178,878
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK EQ INDEX R			601,034
		COMMON/COLLECTIVE TRUST		
]		
	BLACKROCK MID CAP EQ IDX R	1		8

Plan Name C&A SERV	VICE INC. 401(K) PLAN	EIN:	26-0543608
Plan Sponsor's Nam	e C&A SERVICE INC.	PN:	003

		(c) Description of invostment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		COMMON/COLLECTIVE TRUST		
	BLACKROCK US DEBT IDX R			9
		COMMON/COLLECTIVE TRUST		
	BIACKBOOK EVEE BO TON B			4,077
	BLACKROCK EAFE EQ IDX R	COMON (COLL PORTUP RELIAM	<u> </u>	3,0//
		COMMON/COLLECTIVE TRUST		
	BLACKROCK RUSSELL 2000 IDX R			7,091
		COMMON/COLLECTIVE TRUST		
		COMMON/COLLECTIVE TROST		
	MORLEY STABLE VALUE - 25 I			942,570
				<u> </u>
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	<u> </u>			†
				1
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