Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		t Identification Information	1							
For calend	ar plan year 2018 or	fiscal plan year beginning 07/01/2	2018	and ending 00	6/30/2019					
A This ref	turn/report is for:	X a single-employer plan		olan (not multiemployer) (employer information in ac	_					
_										
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	X automatic extension		DFVC progra	am				
		special extension (enter desc	•							
Part II	Basic Plan Inf	ormation—enter all requested in	formation							
1a Name LOVEE DOL	•	, INC. PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶					
					1c Effective					
2a Plan s	ponsor's name (empl	loyer, if for a single-employer plan)			2b Employer	Identification Number				
,	`	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	,	structions)	(EIN)	13-1968013				
-	L & TOY COMPANY		aa oodo (ii foroigii, ooo iiic	on deliene)	2c Sponsor's telephone number 212-242-1545					
					2d Business	code (see instructions)				
39 WEST 38 NEW YORK,						423920				
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN				
					3c Administr	ator's telephone number				
		he plan sponsor or the plan name ha			4b EIN					
	lan, enter the plan sp or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN					
C Plan N										
Fo. Total					5a	8				
		ts at the beginning of the plan year. Its at the end of the plan year			5b	8				
		n account balances as of the end of			5c	8				
'	,				5d(1)	7				
` '		articipants at the beginning of the plearticipants at the end of the plan ye	-		5d(1) 5d(2)	7				
		to terminated employment during the			5e	0				
than	100% vested	e or incomplete filing of this return	n/report will be assesse	d unless reasonable car						
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	port, including, it	f applicable, a Schedule				
SIGN		d/valid electronic signature.	06/29/2020	SAM HOROWITZ						
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator				
SIGN	Filed with authorize	d/valid electronic signature.	06/29/2020	SAM HOROWITZ	Z					
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	e of individual signing as employer or					

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IC	PA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the							
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Eı	nd of Year
a	Total plan assets	7a	154	1546529				1342817
b	Total plan liabilities	7b		0				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	154	46529				1342817
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0	\perp			
	(2) Participants	8a(2)		1442				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	12	24941				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						126383
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	30095				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	_			
f	Administrative service providers (salaries, fees, commissions)	8f		0	_			
g	Other expenses	8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						330095
	Net income (loss) (subtract line 8h from line 8c)	8i						-203712
j	Transfers to (from) the plan (see instructions)	8j		0				
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	acteris	tic Cod	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			125000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A					
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan Department of the Treasury 2018 Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee This Form is Open to Public Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration Inspection the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ► Complete all entries in accordance with the instructions to the Form 5500-SF. Part Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning 06/30/2019 a multiple-employer plan (not multiemployer) (Filers checking this box must attach 07/01/2018 a list of participating employer information in accordance with the form instructions.) x a single-employer plan A This return/report is for: a one-participant plan a foreign plan This return/report is: the first return/report the final return/report a short plan year return/report (less than 12 months) an amended return/report DFVC program C Check box if filing under: Form 5558 x automatic extension special extension (enter description) Basic Plan Information -- enter all requested information 1b Three-digit Name of plan plan number 002 Lovee Doll & Toy Company, Inc. Profit Sharing Plan 1c Effective date of plan 07/01/1993 2b Employer Identification Number Plan sponsor's name (employer, if for a single-employer plan) (EIN) 13-1968013 Mailing Address (include room, apt., suite no. and street, or P.O. Box) 2c Sponsor's telephone number City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (212) 242-1545 Lovee Doll & Toy Company, Inc. 2d Business code (see instructions) 423920 39 West 38th St. 4W US New York NY 10018 3b Administrator's EIN Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 5e less than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enroted actuary, 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. SAM HOROWITZ SIGN Enter name of individual signing as plan administrator I signature of plan administratory DSAM HOROWITZ Enter name of individual signing as employer or plan sponsor HERE Langhature of employer plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF. Form 5500-SF (2018)

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							•••••	X Yes No	_		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Yes No			
_								□No	□ Not determin			
C	·	•	urance program (see ERISA section 4021)?					_				
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instructions.)			
Pa	art III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year			
а	Total plan assets	7a	1,54	46,5	29			1,342,817				
b	Total plan liabilities	7b			0							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,54	16,5	29		1,342,817					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_	(b) Total			_		
а	Contributions received or receivable from: (1) Employers	8a(1)			0							
	(2) Participants	8a(2)		1,4	42							
	(3) Others (including rollovers)	8a(3)			0							
b	Other income (loss)	8b	12	24,9	41							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				126,383			126,383			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	30,0	95							
е	Certain deemed and/or corrective distributions (see instructions)	8e			0							
f	Administrative service providers (salaries, fees, commissions)	8f			0							
g	Other expenses	8g			0							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							330,095			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							(203,712)			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0							
Pa	art IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	e instruction	ons:			
	2A 2E 2G 3D											
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic (Codes	in the	instruction	ns:			
Pá	art V Compliance Questions									_		
10	During the plan year:				Yes	No	N/A		Amount	_		
а		ions withir	n the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction									
	Program)			10a		Х						
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x						
				10c	х				125,00	0		
										_		
	by fraud or dishonesty?	-		10d		х						
е	, , , , , , , , , , , , , , , , , , , ,	•	,									
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x						
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х						
_ 0	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		x						
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	I notice or one of the	10i								
	, , , , , , , , , , , , , , , , , , , ,											

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

which assets or liabilities were transferred. (See instructions.)

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the

If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

control of the PBGC?

13c(1) Name of plan(s):

Part VI

Part VII

	Forr	m 5500-SF 2018		Page 3 - [
Part	t VI	Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding reception and line 11a below)					nedule S	SB	Yes	X No
11a	Enter th	he unpaid minimum required contributions for all yea	rs from Schedule SB (Fo	orm 5500) line	e 40	•••••	11a			
12	ERISA'	a defined contribution plan subject to the minimum for				de or section	n 302 c	of	Yes	X No
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e	below, as applicable.)							
а		iver of the minimum funding standard for a prior year g the waiver	· ·			-		the date of	the letter Year	J
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Sci	nedule MB (Form 5500)), and skip to	line 1	3.				
b	Enter th	he minimum required contribution for this plan year.	•••••	••••••	••••••	••••••	12b			
С	Enter th	he amount contributed by the employer to the plan fo	r the plan year	•••••	••••••	•••••	12c			
d		ct the amount in line 12c from the amount in line 12b	,	J			12d			
е	Will the	e minimum funding amount reported on line 12d be m	et by the funding deadli	ne?	••••••	•••••		Yes 🗌	No 🗌	N/A
Part	t VII	Plan Terminations and Transfers of A	ssets							
13a	Has a r	resolution to terminate the plan been adopted in any	plan year?			•••••	Г	Yes	X No	

13a

13c(2) EIN(s)

Yes

X No

13c(3) PN(s)