## 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** 

Parti	Allilual Repor	t identification information									
For calend	dar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	/31/2018						
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
D T.:	to me to a ment to										
<b>B</b> This ret	turn/report is	the first return/report	the final return/report								
		an amended return/report	rt								
C Check	box if filing under:	Form 5558	automatic extension		X DFVC program	n					
		special extension (enter desc	ription)								
Part II	Basic Plan Inf	ormation—enter all requested in	formation								
1a Name	of plan	·			1b Three-digit	t					
	•	IATES 401K INVESTMENT SAVIN	GS PLAN		plan numb						
					(PN) <b>•</b>	001					
					1c Effective d	ate of plan 03/01/1998					
22 Plan 6	noncor's nome (omn	lover if for a single employer plan			2h						
Mailin	ig address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0			(EIN)	dentification Number 13-3439947					
-		nce, country, and ZIP or foreign pos	tal code (if foreign, see inst	tructions)	, ,	telephone number					
AFFILIATE	O GROUP LLC					4-238-9694					
					2d Business of	ode (see instructions)					
867 BROAD NEW YORK					541600						
INEW TORK	i, NT 10003										
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor		<b>3b</b> Administra	tor's FIN					
		M came act ian ope									
					3c Administra	tor's telephone number					
4 If the	name and/or FIN of t	he plan sponsor or the plan name h	as changed since the last	return/report filed for	<b>4b</b> EIN						
		onsor's name, EIN, the plan name									
<b>a</b> Spons	sor's name				4d PN						
C Plan i	Name										
<b>5a</b> Total	number of participant	ts at the beginning of the plan year.			5a	2					
		s at the end of the plan year			5b	2					
C Numb	ber of participants with	n account balances as of the end of	the plan year (only defined	d contribution plans	5c	2					
•	,	articipants at the beginning of the p			5d(1)	2					
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan ye	ar		5d(2)	2					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0					
		or incomplete filing of this retur			se is establishe	ed.					
SB or Sch	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 enrolled 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.										
SIGN	Filed with authorize	d/valid electronic signature.	11/20/2020	BRUCE BLANK							
HERE	Signature of plan	administrator	Date	Enter name of individu	of individual signing as plan administrator						
SIGN											
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor					

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_			(See instructions.)				•••••	. X Ye	es 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 Ye	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ N								etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See inst	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year	
а	Total plan assets	7a	197	78533			•	1840424	ļ
b	Total plan liabilities	7b		0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c	197	78533		1840424			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-12	23173					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-123173	3
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0					
е	Certain deemed and/or corrective distributions (see instructions)	n deemed and/or corrective distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions)	inistrative service providers (salaries, fees, commissions) 8f 14936							
g	her expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14936	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	8i					-138109	)
<u>j</u>	Transfers to (from) the plan (see instructions)								
Par	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Cod	des in the ins	tructions:	
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		? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			50	0000
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 plan	n?		10f		X			
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	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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								
lf y	ou 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 plan which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

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

Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Informatio	n	ione to the rolling of		
or calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/201	8
A This return/report is for:	🕱 a single-employer plan	a multiple-employer pla a list of participating em	n (not multiemplover)	) (Filers checking th	is box must attach
<b>.</b>	a one-participant plan	a foreign plan	projet timetimation in	accordance with th	e form metractions.)
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 Check box if filing under:	Form 5558	automatic extension		x DFVC pr	ogram
	special extension (enter des	cription)		E3	-9
Part li Basic Plan In	formation enter all requeste	d information			
a Name of plan				1b Three-digit	
Affiliated Parago	n Associates 401k Inves	tment Savings Plan		plan numbe (PN) ▶	
				1c Effective da 03/01/19	
Mailing Address (include r	ployer, if for a single-employer plan com, apt., suite no. and street, or F ince, country, and ZIP or foreign po	O Royl	ctions)	2b Employer Id (EIN) 13-	dentification Number -3439947
Affiliated Group	LLC	otal oodo (ii loloigii, dee iiidid	otions		elephone number
867 Broadway			`.	2d Business co 541600	ode (see instructions)
US New York NY 10003			•		
Plan administrator's name	and address X Same as Plan S	oonsor		3b Administrate	or's EIN
				- Administrate	or a releptione number
triis plan, enter the plan sp	the plan sponsor or the plan name i consor's name, EIN, the plan name	nas changed since the last retu and the plan number from the	ırn/report filed for last return/report.	4b EIN	
a Sponsor's name			•	4d PN	
C Plan Name					
a Total number of participan	ts at the beginning of the plan year	***************************************		5a	2
I otal number of participan	ts at the end of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5b	2
<ul> <li>Number of participants with</li> </ul>	h account balances as of the end of	the plan year (only defined co	ntribution plans	5c	2
d(1) Total number of active p	articipants at the beginning of the p	an year	199779777777	5d(1)	2
	articipants at the end of the plan ye		1444441088844444444	5d(2)	2
Number of participants who less than 100% vested	terminated employment during the	e plan year with accrued benef	its that were	5e	0
	e or incomplete filing of this retu			use is established	
Jnder penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary	uctions I declare that I have o	vanninad this ustrum/		
SIGN CO	Shel	11/20/2021 B	ruce Blank		
HERE Signature of plan ad	ministrator		nter name of individua	al signing as plan ad	dministrator

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Form	<b>EEUU</b>	OE.	201	O

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	********		••••••		******	XYes	□No	
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public acco	untan	t (IQF	PA)			<u> </u>		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							********	<b>X</b> Yes	No	
	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan is it sovered under the DRCC in										
•	If the plan is a defined benefit plan, is it covered under the PBGC in										
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pi	remium filing for this year					<del></del>	(See instru	ctions.)	
P	rt III Financial Information							,			
7_	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	of Year		
<u>a</u>	Total plan assets	7a	1,97	78,5	33				1,840	424	
b	Total plan liabilities	7b			0					0	
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,97	78,5	33		1,840,424				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)			0			- 4			
	(2) Participants	8a(2)							-		
	(3) Others (including rollovers)	8a(3)						-160			
b	Other income (loss)	8b	(123	3,17	3)						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	THE STATE OF THE S						(123,1	73)	
d	Benefits paid (including direct rollovers and insurance premiums				_				(123).	-, -,	
_	to provide benefits)	8d			0	-					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	,		0					ile:	
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		.4,9							
g h	Other expenses (add lines 2d, 2s, 2f, and 2s)	8g	45.50		0				1.4	006	
<del>"</del>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								936	
<del>-</del>	Net income (loss) (subtract line 8h from line 8c)	8i	7249						(138,1	109)	
6.	Transfers to (from) the plan (see instructions)  Plan Characteristics	8j									
			lee from the List of Disc. O						••		
Vu	If the plan provides pension benefits, enter the applicable pension for 2E 2J 3D	eature cod	les from the List of Plan C	narac	xerist	IC CO	aes in i	ne instru	ctions:		
- h			f " I' + 151 O'								
	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Cod	es in th	e instruct	ions:		
	nt V Compliance Questions										
10	During the plan year:				Yes	NI.	ALC:		A		
<u></u> а		tions withi	n the time period		res	NO	N/A		Amount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo										
	Program)	-	•	10a		x					
k	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X			<del></del>		
C			······	10c	х				5	00,000	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
6	train any train or commissions paid to any pronoto, agonto, or our	ner person	s by an insurance								
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x					
f				10f		x					
				10g		<del> </del>					
h				.ug		X					
	2520.101-3.)			10h		x		178	est to		
i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the				i i i i i i i i i i i i i i i i i i i			and the second	
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i						A CONTRACTOR	

	Form 5500-SF 2018 Page <b>3 -</b>				
Par	VI Pension Funding Compliance			<del></del>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S (Form 5500 and line 11a below)	chedul	e SB	☐ Yes	X No
112	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 303	2 of	Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		er the date	of the lette _ Year _	r ruling
<u> </u>	ou 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			
C	Enter the amount contributed by the employer to the plan for the 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
Par	VII. Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Γ	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			<u> </u>
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		□ Y	es X	No
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to			
	\				

13c(2) EIN(s)

13c(3) PN(s)

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