Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Annual Report	identification information									
For calend	dar plan year 2017 or fi	scal plan year beginning 01/01/2	2017		and ending 12	2/31/2017					
A This re	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.)										
		•									
B This ref	turn/report is										
		an amended return/report	a s	hort plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558		tomatic extension		DFVC	program				
		special extension (enter descr	. ,								
Part II	Basic Plan Info	ormation—enter all requested inf	formatio	on		•					
1a Name CQR INC 4	e of plan 01(K) PROFIT SHARIN	NG PLAN				1b Thre plar (PN	number	001			
						1c Effe	ctive date of	f plan 1/2017			
Mailin	ig address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O		// familian and in the	tiono)	2b Employer Identification Number (EIN) 47-4871655					
CQR INC	or town, state or provinc	ce, country, and ZIP or foreign post	ai code	(if foreign, see instru	uctions)	2c Spo	nsor's telep	hone number I-5192			
						2d Bus	iness code (see instructions)			
250 PARK A 7TH FLOOF							5619	00			
	administrator's name a		3b Adm	ninistrator's E	=IN						
ou man	administrator s name a	A dadress A came as rian open	11001.			Tanimientale e Env					
						3C Adm	ninistrator's t	elephone number			
		e plan sponsor or the plan name ha				4b EIN					
	blan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	and the p	plan number from th	e last return/report.	4d PN					
C Plan I											
							1				
5a Total	number of participants	s at the beginning of the plan year				5a		1			
		s at the end of the plan year				5b		1			
		account balances as of the end of			-	5c		0			
d(1) To	tal number of active pa	articipants at the beginning of the plant	lan year			5d(1)		1			
	d(2) Total number of active participants at the end of the plan year						1				
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested										
Caution:	A penalty for the late	or incomplete filing of this return	n/report	t will be assessed i	ınless reasonable caı	use is esta	ablished.				
SB or Sch		ther penalties set forth in the instruc nd signed by an enrolled actuary, a									
SIGN		l/valid electronic signature.		10/09/2018	CALLAN ROGERS						
HERE	Signature of plan a			Date	Enter name of individ	ual signing	as plan adr	ninistrator			
SIGN		/valid electronic signature.		10/09/2018	CALLAN ROGERS		, p				

Date

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									No
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									110
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this pl	lan yea	r			(See	instructio	ns.)
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) En	d of Yea	r	
<u>.</u>	Total plan assets	7a	(a) Deginning (0			(5) =1	10 01 100	0	
	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)) Total		
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			-					
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b			_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ir	struction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Plan	n Chara	cteris	tic Code	es in the ins	tructions		
	V O markana o O markana									
Par					V	N.		_	_	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	itione with	in the time period		Yes	No		Amour	t	
a	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		Х				
	reported on line 10a.) C Was the plan covered by a fidelity bond?					Х				
d				10c						
	by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)									
f	Has the plan failed to provide any benefit when due under the pla	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		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
	SACOPILOTIO TO PROVIDING THE HOUSE APPRICA ANALYZO OF IN 2020. TO			101		ш				

Form 5500-SF 2017	Page 3- 1		
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Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40										
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.)										
a 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	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 X N	0					
	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 the control of the PBGC?			Yes X	No					
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) 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 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

2017

This Form is Open to Public Inspection

			Complete all entries in acc	orga	ince with the instru	CTIC	ons to the Form	5500-SF.	•				
		_	entification Information										
For	calendar plan year 2017 or fis	scal	plan year beginning		01/01/2017		and ending	1	12	/31/2017			
АТ	A This return/report is for: x 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.)												
□ a one-participant plan □ a foreign plan B This return/report is: □ the final return/report □ the final return/report													
an amended return/report a short plan year return/report (less than 12 months)													
		Ш	an amonada rotan moport	Ш.~	onor plan your rota		oport (loco trair	- monare	-,				
C	Check box if filing under:	X	Form 5558	а	utomatic extension					DFVC progra	am		
		П	special extension (enter descrip	otion)						_			
Da	rt II Basic Plan Info	rm	ation enter all requested in	form	otion								
Salt	Name of plan	/ 111	ation enter all requested in	ПОПП	alion			1h		Three-digit	T		
ıu	Section of the sectio							16		olan number			
	CQR INC 401(K) PROB	TT	SHARING PLAN						((PN) ►	001		
								10		Effective date of 01/01/2017			
2a	Plan sponsor's name (emplo	yer	, if for a single-employer plan)	_				2b) E	Employer Ident	ification Number		
			apt., suite no. and street, or P.O. country, and ZIP or foreign postal			ruc	tions)		(EIN) 47-48	71655		
	COR INC	, ,	ountry, and zir or loreign postal	lood	c (ii lorcigii, acc illat	iuc	110113)	2c	; ;	Sponsor's telep	hone number		
	CON THE									(212) 364-			
								2d	d E	Business code	(see instructions)		
	250 Park Avenue								5	561900			
	7TH FLOOR US NEW YORK NY 10177												
3a		nd a	ddress X Same as Plan Spor	nsor				3b	3b Administrator's EIN				
								"	ob / taministrator o Env				
								20	30 Administratorio tolonhono number				
								30	3c Administrator's telephone number				
4			an sponsor or the plan name has		•			4b	4b EIN				
	The street of th	1501	's name, EIN, the plan name and	une	plan number from th	ie ie	ast return/report.	4 4		201			
	Sponsor's name							4d	1 1	PN .			
С	Plan Name												
5a	Total number of participants	at t	he beginning of the plan year 🕠	*******	***************************************	*****	*******************************		a		1		
b			he end of the plan year					5	b		1		
С	Number of participants with a complete this item)	acco	ount balances as of the end of th	e pla	n year (only defined	cor	ntribution plans	5	c		0		
d(1) Total number of active par	ticip	ants at the beginning of the plan	year		*****	••••••••	5d	1(1	1)	1		
d(2	2) Total number of active par	ticip	ants at the end of the plan year	•••	*******************************	*****	***************************************	5d	1(2	2)	1		
e .		term	ninated employment during the p	lan y	ear with accrued ber	nefit	ts that were						
_	less than 100% vested		noomplete filing of this veture		urt will be appeared				5e				
			ncomplete filing of this return								abla a Cabadula		
			penalties set forth in the instruct										
	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.												
	1/10					C.	allan Rogers						
10175596	GN V				inhlin					and an all opposite the second			
HE	RE Signature of plan adm	unis	strator		Date (0/4//8	Er	nter name of indiv	ıdual sigr	nin	g as plan admi	nistrator		
SI	GN		*		. /	Sa	ame						
HE	RE Signature of employer	r/pla	an sponsor		Date	Er	nter name of indiv	idual sigr	nin	g as employer	or plan sponsor		
									_				

Form	550	2017

Page	2
ı auc	4

6a	Were all of the plan's assets during the plan year invested in eligible	,	•				••••••	X]Yes □No
b	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•					<u>X</u>	Yes No
С	If you answered "No" to either line 6a or line 6b, the plan canno If the plan is a defined benefit plan, is it covered under the PBGC ins								
·									
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pro	emium filing for this year					(See	instructions.)
P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	r			(b) End of Y	ear
а	Total plan assets	. 7a			0.				0
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		_	0	T			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total	
а	Contributions received or receivable from:	0-(4)							14-15-140-14
	(1) Employers	8a(1)				#4.50 8657			
	(2) Participants	8a(2)				機能		A CANTESON AS	restate l'asses del La company della val
b	(3) Others (including rollovers)	8a(3)					and the		
	Other income (loss)	8b		a jergi indranaji in	Apply 198	Free C	i ye ki (g)	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		#2014P	e duni	1	er K., 8.15	r ve to the district of	-15-17-18-18-18-18-18-18-18-18-18-18-18-18-18-
	to provide benefits)	8d				1.000	nder 15.	460	
е	Certain deemed and/or corrective distributions (see instructions)	8e						55775	
f	Administrative service providers (salaries, fees, commissions)	8f				400	1		
g	Other expenses	. 8g					ordalistics Milesayan		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			Marie.				
j	Transfers to (from) the plan (see instructions)	. 8j				10.42 10.62	CAST.		
P	art IV Plan Characteristics	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan	Charact	eristic	Code	es in the	instructions:	
	2A 2E 2G 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan C	haracte	ristic (Codes	in the	instructions:	
i i i	Compliance Overtions								
	art V Compliance Questions						[42.276a]		
<u>10</u>	During the plan year: Was there a failure to transmit to the plan any participant contribut	tione within	the time period	\neg	Yes	No	N/A	Am	ount
•	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						78,135.4		
	reported on line 10a.)			. 10b	_	х	100		
				. 10c		х	435.0	-114	
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		. 10d		х			
•	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.)					х			
f	f Has the plan failed to provide any benefit when due under the plan?					х			
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					х	100		
ł	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	ne required	I notice or one of the	. 10i				i isani	

	Form 5500-SF 2017	Page 3 -							
Par	VI Pension Funding Compliance								
11									
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Fo	rm 5500) line 40)	11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of set ERISA?	ection 412 of the	Code or section	on 302 d	of	Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	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 DayYear								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	and skip to lin	e 13.						
b	Enter the minimum required contribution for this plan year.	······································	***************************************	12b					
С	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 negative amount)	12d							
_е	e 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?				Yes	X No	<u> </u>		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************		13a		-			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					Yes X N	lo		
	If, during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ide	entify the plan(s) to					
1;	3c(1) Name of plan(s):		13c(2) El	N(s)		13c(3) Pi	V(s)		